

THE INITIATION AND DEVELOPMENT
OF A
COMPREHENSIVE, COUNTY-WIDE
SYSTEM OF SERVICES
FOR THE MENTALLY RETARDED
OF

DOUGLAS COUNTY

VOLUME II

Submitted by

GREATER OMAHA ASSOCIATION FOR RETARDED CHILDREN, INC.

608 BARKER BUILDING

OMAHA, NEBRASKA 68702

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SYSTEMS OF SERVICES FOR THE MENTALLY RETARDED OF DOUGLAS COUNTY

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PREFACE

In Volume I of a two-volume report entitled The Initiation and Development of a Comprehensive County-Wide System of Services for the Mentally Retarded of Douglas County, a proposal for county-supported and county-administered local services for the mentally retarded was presented by the Greater Omaha Association for Retarded Children, Inc. to the Douglas County Board of Commissioners. Included in this proposal were specific budget and program requests for Year One (1968-1969) of this plan as well as a six-year timetable for the total implementation of this program.

Volume II of this report presents further elaboration and details, as well as the source data upon which the plan was based. This material is presented as it was submitted to the Action Study Committee in report form by the various subcommittees which were established to examine specific areas or problems in depth.

ACKNOWLEDGEMENTS

In addition to the acknowledgements in Volume I, special recognition is due the following Subcommittee Chairmen:

| | |
|---|--|
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| Citizen Advocacy Services Division | Robert Mullin, L.L.D. |
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| Vocational Services Division | Mrs. Dorothy Cheyne Mrs. Mary Harr |
| Transportation Services Division | Frank J. Menolascino, M.D. Mrs. Sandra Wallar |

ACTION STUDY COMMITTEE MEMBERS

Considerable credit is due the Action Study Committee members who volunteered their time and energies to this study and who are dedicated to the goals expressed in this report.

Two Douglas County Commissioners were members of the Committee: George Buglewicz and John McCollister.

Other Committee members were chosen from the Board of Directors of the Greater Omaha Association for Retarded Children, Inc. They included:

DOROTHY CHEYNE, housewife and parent of a retarded child; past president of the Nebraska State Association for Retarded Children; present Corresponding Secretary, Greater Omaha Association for Retarded Children, Inc.

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EXTENT OF MENTAL RETARDATION IN DOUGLAS COUNTY

Characteristics of Douglas County Residents at Beatrice State Home

Observations of School Census Data

I. EXTENT OF MENTAL RETARDATION IN DOUGLAS COUNTY

Characteristics of Douglas County Residents at Beatrice State Home

The characteristics of Douglas County's Beatrice State Home residents were studied in detail during the preparation of this report. A summary of general data resulting from this survey can be found in Volume I (Appendix A, Table 2, page 48). This table shows the frequency distribution by age and degree of retardation of the Douglas County residents at Beatrice as of May 1, 1968.

Much detailed information regarding these residents from the County was obtained and this data influenced planning and service recommendations. For each individual resident from Douglas County at Beatrice, we obtained via review of clinical chart information and/or client examination, the following information: birthdate, sex, race, previous institutional placement, months pending on the waiting list, type of commitment, medical classification, genetic component, secondary cranial anomaly, impairment of senses, motor dysfunction (type, location, and severity) convulsive disorder, psychiatric impairment, degree of ambulation, measured intelligence, and family and social history data.

This data has been tabulated into table form and is found on the following pages.

TABLE 1

A FREQUENCY DISTRIBUTION BY AGE, SEX, AND DEGREE OF RETARDATION

AS OF MARCH 1, 1968

OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

| AGE IN YEARS as of 1 January, 1968 | DEGREES OF RETARDATION | | | | | | | | | | | | TOTAL | | GRAND TOTAL |
|--|------------------------|----|------|----|----------|----|--------|----|----------|----|--------------|----|-------|-----|--------------------|
| | BORDERLINE | | MILD | | MODERATE | | SEVERE | | PROFOUND | | UNDETERMINED | | | | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| Under 2 years | | 1 | | | | | | | 1 | | 3 | 2 | 4 | 3 | 7 |
| 2 - 4 | 1 | | | | | | 2 | 1 | | | 9 | 5 | 12 | 6 | 18 |
| 5 - 7 | | 3 | 1 | | 2 | | 3 | 4 | 6 | 1 | 3 | 1 | 15 | 9 | 24 |
| 8 - 10 | 1 | | | | 6 | 2 | 7 | 4 | 6 | 5 | 3 | 2 | 23 | 13 | 36 |
| 11 - 13 | 2 | 2 | 3 | 2 | 8 | 7 | 11 | 2 | 5 | 2 | 4 | 6 | 33 | 21 | 54 |
| 14 - 15 | 4 | 1 | 3 | | 6 | 6 | 8 | 4 | 2 | 2 | | 3 | 23 | 16 | 39 |
| 16 - 20 | 2 | 4 | 11 | 9 | 18 | 6 | 13 | 12 | 7 | 7 | 3 | | 54 | 38 | 92 |
| 21 - 29 | 18 | 7 | 24 | 13 | 16 | 7 | 8 | 15 | 11 | 17 | 2 | | 79 | 59 | 138 |
| 30 - 44 | 6 | 5 | 14 | 9 | 19 | 19 | 16 | 9 | 4 | 12 | 1 | 1 | 60 | 55 | 115 |
| 45 - 54 | | 7 | 6 | 8 | 14 | 7 | 7 | 5 | 2 | 2 | 3 | | 32 | 29 | 61 |
| 55 - 64 | | 4 | 6 | 5 | 8 | 7 | 6 | 3 | | 2 | | | 20 | 21 | 41 |
| 65 years & over | 2 | 1 | 2 | 3 | 3 | 1 | 1 | 2 | 1 | | 2 | | 11 | 7 | 18 |
| TOTAL | 36 | 35 | 70 | 49 | 100 | 62 | 82 | 61 | 45 | 50 | 33 | 20 | 366 | 277 | 643 |

TABLE 2
FREQUENCY DISTRIBUTION BY DEGREE OF RETARDATION
AS OF MARCH 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

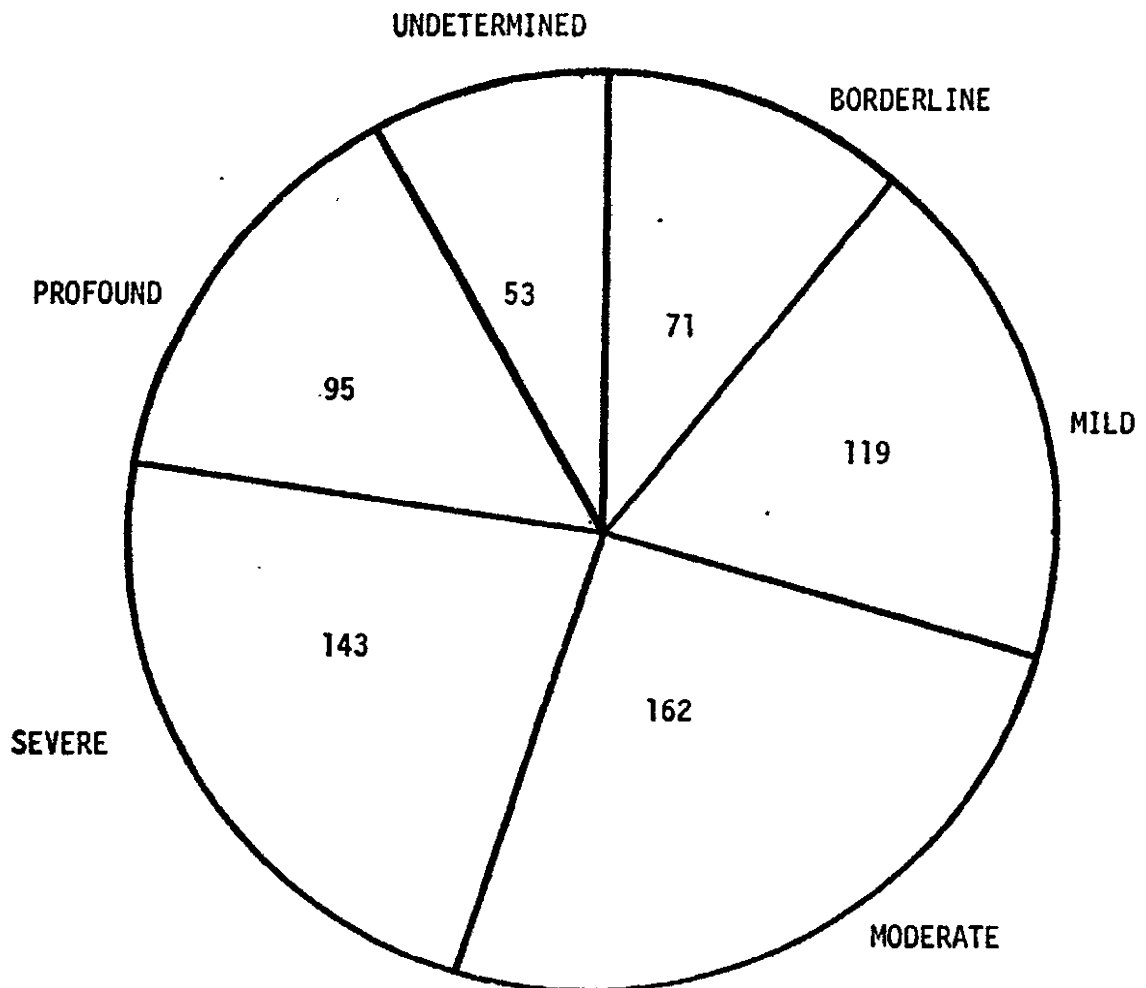


TABLE 3
FREQUENCY DISTRIBUTION BY RACE
AS OF MARCH 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

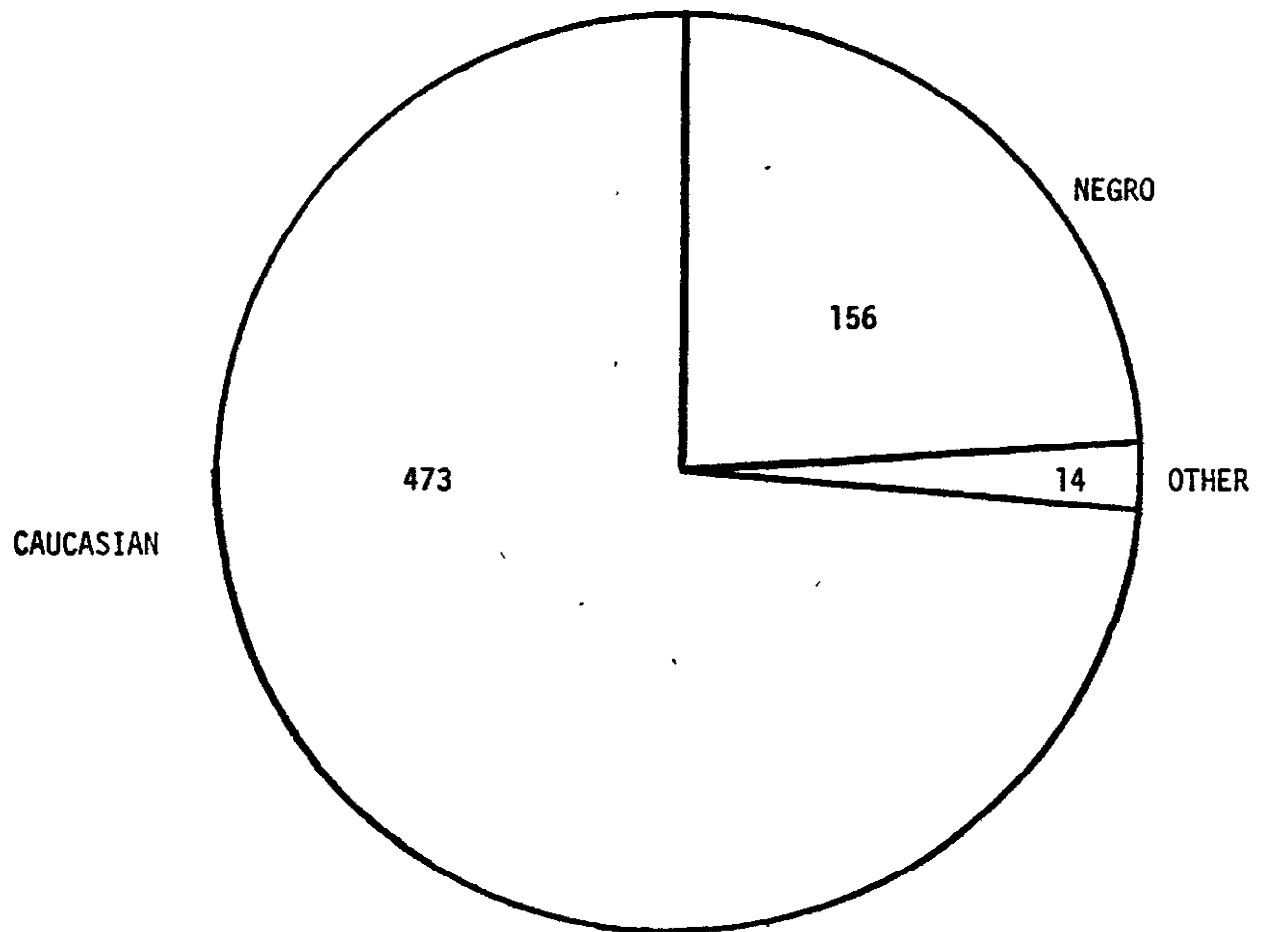


TABLE 4

CONVULSIVE DISORDERS

AS OF MARCH 1, 1968

OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

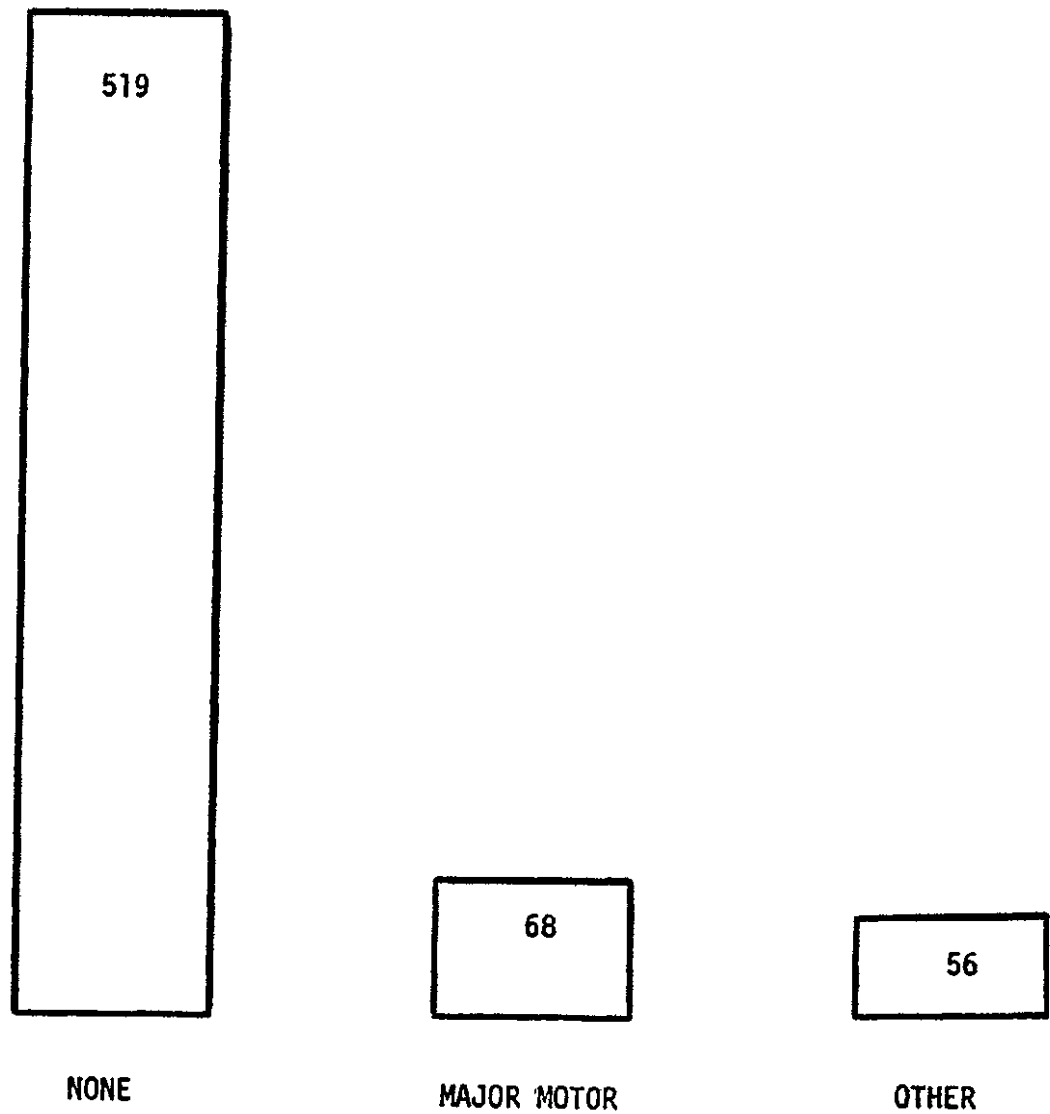


TABLE 5

FREQUENCY DISTRIBUTION BY SEVERITY OF MOTOR DYSFUNCTIONS
AS OF MARCH 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

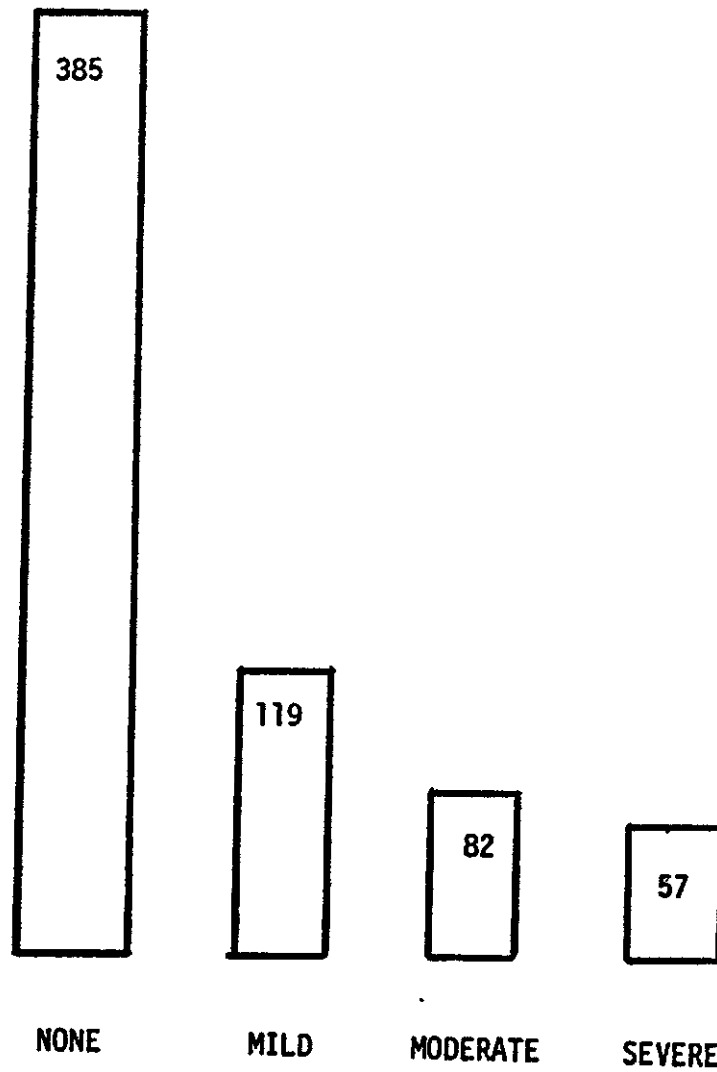


TABLE 6

FREQUENCY DISTRIBUTION BY AMBULATION

AS OF MARCH 1, 1968

OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

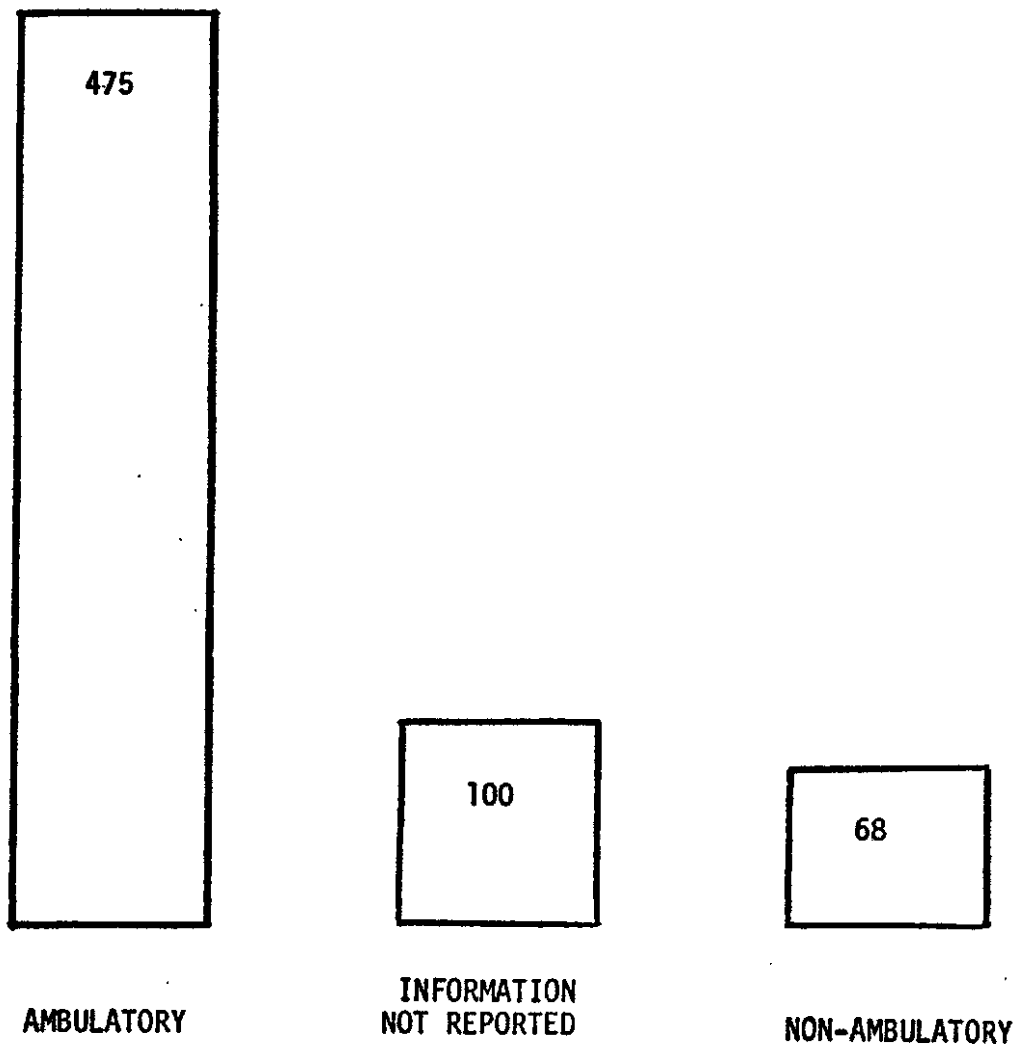


TABLE 7

FREQUENCY DISTRIBUTION BY PSYCHIATRIC IMPAIRMENT
AS OF MARCH 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

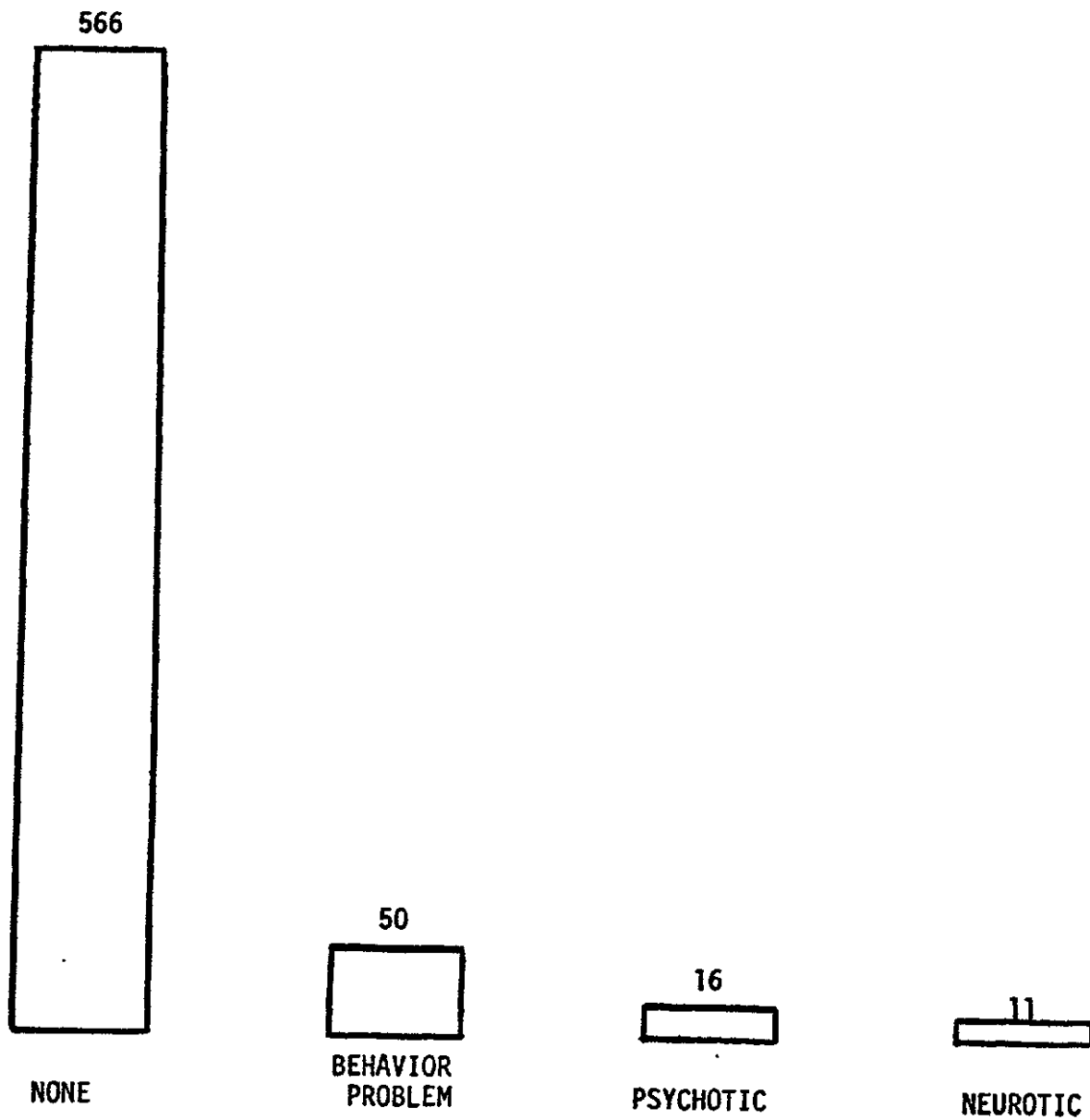
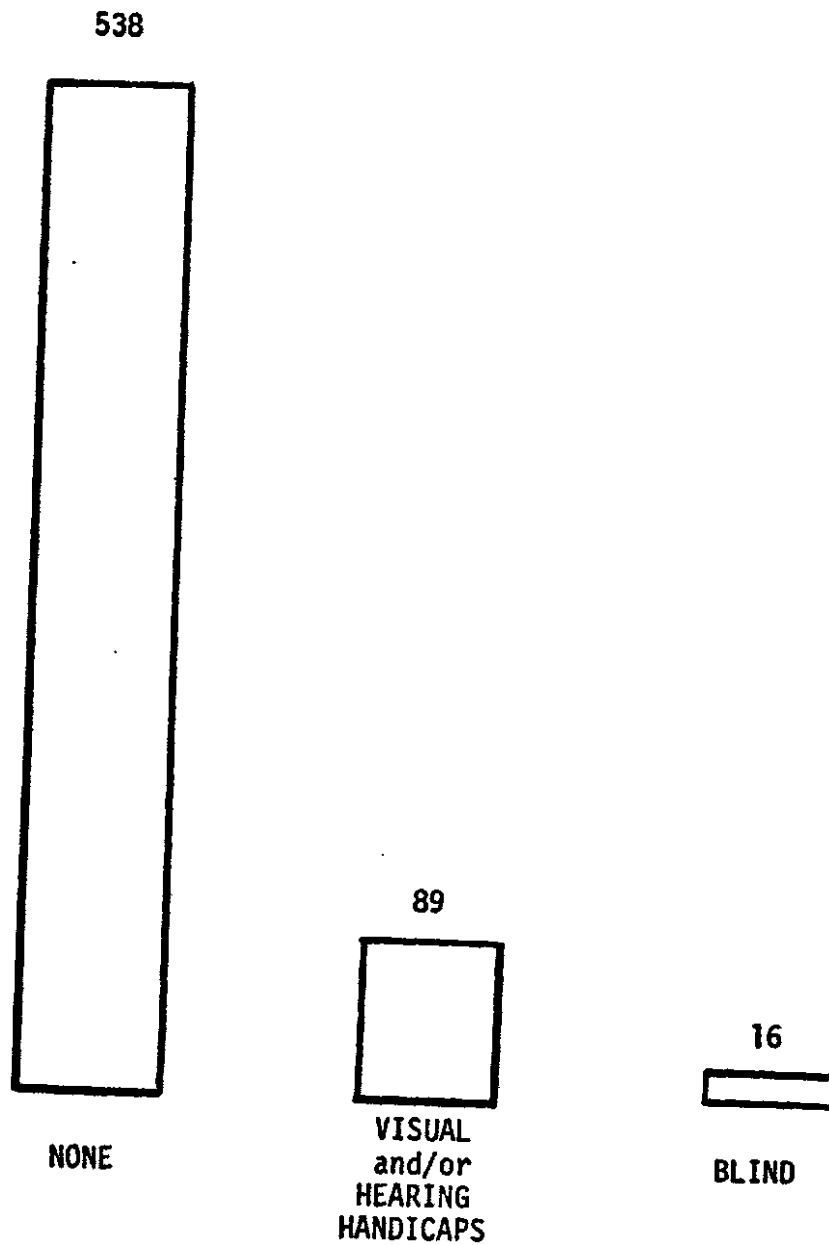


TABLE 8

FREQUENCY DISTRIBUTION BY SENSORY IMPAIRMENT
AS OF MARCH 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME



Observations Regarding the School Census Data

As stated in Volume I, the school census figures for each school district operating within Douglas County were requested from either the County Superintendent of Schools or the individual school district. This was an attempt to ascertain the number of retarded between the ages of five and twenty-one who might require services which are foreseen as being necessary.

The data obtained was tabulated by age group and degree of retardation as indicated in Table 9. A total of 1,455 Douglas County children were reported to be mentally retarded in the May 1, 1968 school census.

A study of the data from the school census reveals:

1. The data obtained is incomplete.
 - A. A comparison of the number of children between the ages of five and twenty-one years reported in the census as being at Beatrice against the actual number of Douglas County children of the same age group at the institution, reveals that only 46% are reported by the census. Since Beatrice is a state institution for the mentally retarded, it would be assumed that the residents would be among the more easily identifiable retardates to be included in the school census.
 - B. By using the nationally accepted norm that 3% of the nation's general population is mentally retarded, the total number of retarded children indicated in the census

is only 44% of the number we would expect to find in proportion to our number of school-age children. Many studies have indicated that although 3% of all ages are thought to be retarded, the percentage varies by age groups, and that for the age group in question here, the percentage should normally vary from 10-15%. This variance is due to the difference in demands and expectations placed upon an individual at different stages of his development. As an individual reaches school age, the increased demands rapidly identify with greater percentage chances for retardation to be noticed. This increase upon an individual usually peaks at about age fifteen or sixteen and declines as the individual leaves school, and is no longer easily identifiable. Table 11 shows a comparison by age level and degree of mental retardation.

2. A greater percentage of individuals functioning at lower levels of retardation are being identified among school age children rather than those retardates with higher functional levels. The prevalence of mental retardation by age levels and the recent school census categorizations of IQ are shown in Table 9. Of the three categories, the number of children reported to have IQ's below 45 seems to be the most accurate. This category would logically include the most easily identifiable retardates. The number of children reported in the

school census with IQ's below 45 is 14% (202) of the total number of children reported (1,455). This percentage is much greater than would be expected and therefore it is assumed that many of the children who should fall into the higher IQ ranges of mental retardation are not being identified - which could also mean that they are not receiving the specialized services they need.

3. The public schools do not seem to be evaluating, identifying, or providing special services to children before they reach school age - six or over. This is assumed since no five-year-old children were reported on the school census as being mentally retarded.

TABLE 9
 FREQUENCY DISTRIBUTION BY AGE GROUPS AND DEGREES OF RETARDATION
 OF DOUGLAS COUNTY CHILDREN
 REPORTED BY THE PUBLIC SCHOOL DISTRICTS AS OF MAY 1, 1968

| AGE IN YEARS | DEGREES OF RETARDATION | | | | |
|------------------|------------------------|------------|-------------|---------|-------|
| | IQ 80 - 66 | IQ 65 - 45 | IQ Below 45 | Unknown | TOTAL |
| 5 | 0 | 0 | 0 | 0 | 0 |
| 6 thru 9 | 155 | 44 | 13 | 1 | 213 |
| 10 thru 13 | 183 | 108 | 59 | 6 | 356 |
| 14 thru 17 | 174 | 125 | 54 | 1 | 354 |
| 18 thru 20 | 115 | 68 | 55 | 5 | 243 |
| 21 | 40 | 31 | 21 | 0 | 92 |
| Age Not Reported | 157 | 40 | 0 | 0 | 197 |
| TOTALS | 824 | 416 | 202 | 13 | 1,455 |

TABLE 10

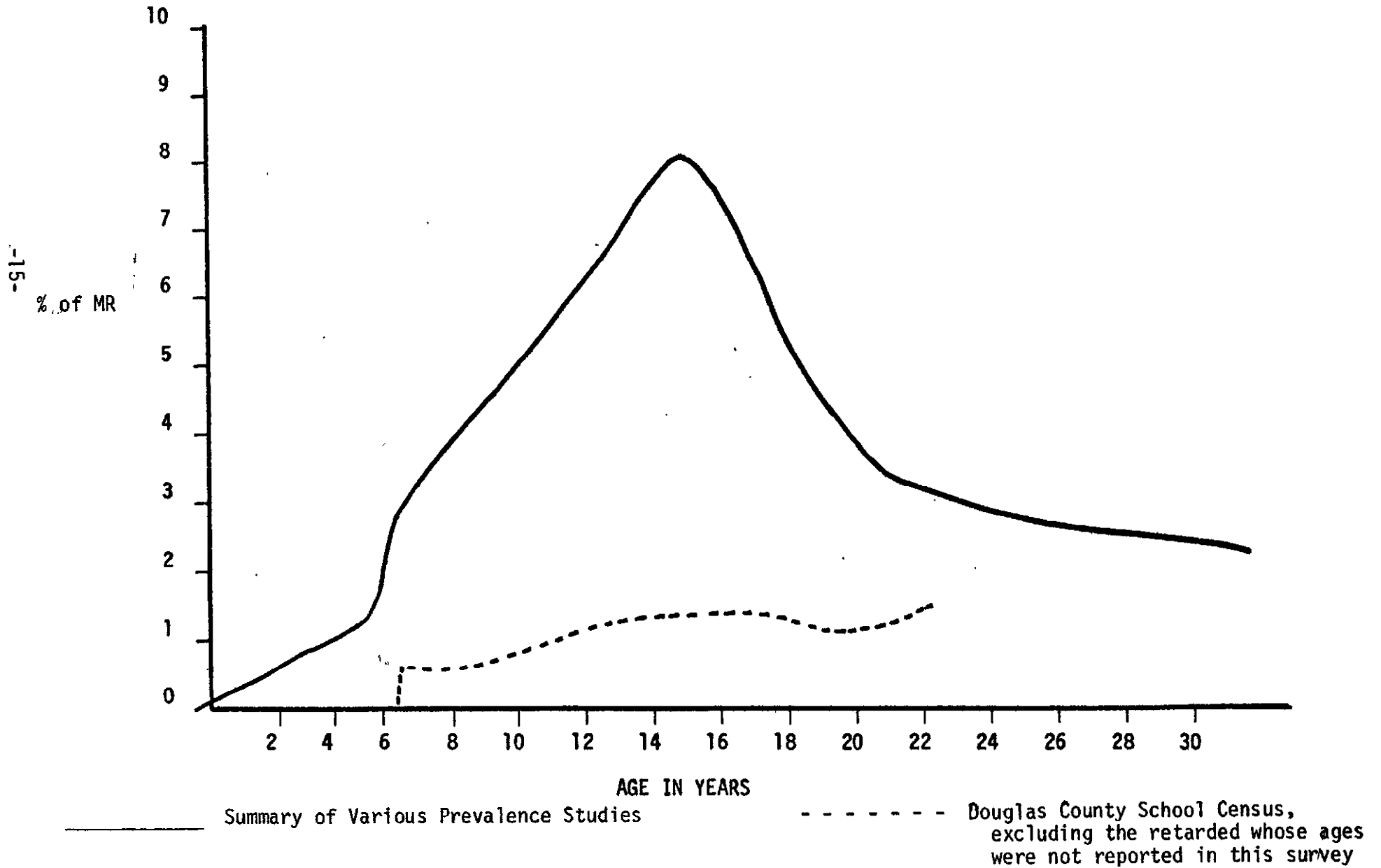
ESTIMATED POPULATION OF OMAHA BY AGE AND SEX

AS OF JULY 1, 1967

| <u>AGE IN YEARS</u> | <u>MALE</u> | <u>FEMALE</u> | <u>TOTAL POPULATION</u> |
|---------------------|-------------|---------------|-----------------------------|
| Under 1 year | 5,024 | 4,944 | 9,968 |
| 1 - 4 | 19,244 | 18,713 | 37,957 |
| 5 - 9 | 20,471 | 20,533 | 41,024 |
| 10 - 14 | 17,211 | 15,761 | 32,972 |
| 15 - 19 | 12,227 | 13,461 | 25,688 |
| 20 - 24 | 11,190 | 13,731 | 24,921 |
| 25 - 29 | 12,073 | 12,465 | 24,538 |
| 30 - 34 | 13,122 | 13,333 | 26,455 |
| 35 - 39 | 13,069 | 13,386 | 26,455 |
| 40 - 44 | 11,156 | 12,231 | 23,387 |
| 45 - 49 | 11,030 | 11,207 | 22,237 |
| 50 - 54 | 9,530 | 10,407 | 19,937 |
| 55 - 59 | 8,324 | 9,312 | 17,636 |
| 60 - 64 | 7,633 | 8,470 | 16,103 |
| 65 - 69 | 6,062 | 6,974 | 13,036 |
| 70 - 74 | 4,366 | 5,602 | 9,968 |
| 75 - 79 | 2,558 | 3,576 | 6,134 |
| 80 - 84 | 1,245 | 1,822 | 3,067 |
| Over 85 years | <u>699</u> | <u>1,248</u> | <u>1,917</u> |
| TOTAL ALL AGES | 186,204 | 197,196 | 383,400 |

TABLE 11

PREVALENCE OF MENTAL RETARDATION BY AGE LEVELS



FAMILY EVALUATION AND GUIDANCE SERVICE DIVISION

Subcommittee Report

Evaluation

Family Guidance

Crisis Assistance

Home Helping Services

Day Care Centers

Cochairmen

Kenneth Gilreath

Wolf Wolfensberger, Ph.D.

II. FAMILY EVALUATION AND GUIDANCE SERVICE DIVISION

Overview

It is proposed that a Family Evaluation and Guidance Service be established within the total Douglas County Department of Mental Retardation program. Evaluative and family guidance functions should be combined within one division because the evaluation of a person's needs is almost impossible or meaningless if conducted outside the context of the family as a unit, or of prolonged communication with the family.

It is further proposed that there be a division staff as outlined in Table 12 (page 26) of this report and detailed later. It is also proposed that this service would draw strongly from the pool of professional and clerical staff attached to the mental retardation central administrative office as proposed previously, thereby obviating the need for separate staffing of various speciality areas such as psychology, social work, etc.

It is suggested that this service be developed in conjunction with Educational Service Unit #3 (ESU 3), for the following reasons:

1. Many clients served by one of the two agencies may also require service from the other; thus, a lack of a close-working relationship would result in a loss of service continuity, or in possible duplication or contradiction of services.
2. Some clients, after being served by one of the two agencies, could be referred to the other for the continuation of service; again, inefficiencies often result in cross-referrals.

3. To some degree, both agencies will have need for similar personnel; this would permit sharing some staff members who have unusual skills but who could not be justified on a full time basis by one of the agencies alone.

For maximal continuity and mutual benefit, it might have been desirable to contract the entire Family Evaluation and Guidance Service Division with ESU 3. This does not appear to be legally permissible as some clients needing services would not be eligible for public services; therefore, the next best thing is to have this service and ESU 3 operate in close physical proximity. This, however, would require that ESU 3 locate in or adjacent to the central office of the Douglas County Department of Mental Retardation because these services cannot function effectively if the professionals engaged in family evaluation and guidance are not located in or very near the central office.

Basic Principles

1. It is a common observance that services provided to children may be ineffective or only partially effective unless the parents understand and cooperate in the service goals. Services to retarded children will therefore suffer in the efficacy unless appropriate guidance and counseling of parents can be provided.
2. Some measures of child management are most effective if undertaken in the home by the family, rather than outside the home by agencies. Family guidance can help families to institute and maintain such management measures.

3. Timely family guidance can often forestall developments requiring the need for much more costly services later. A typical example is parental counseling when a damaged child is born. Such counseling and other inexpensive forms of help may prevent costly institutionalization or family disintegration.
4. Evaluation and guidance are so intimately related that they should be viewed as inseparable aspects of the human management approach.

The functions to be performed by this Division are detailed below.

1. Evaluation. Presently, the handicapped children's clinic at the L. B. Meyer Therapy Center (now referred to as Children's Rehabilitation Institute - CRI) provides diagnostic evaluation for many children referred as suspected cases of mental retardation. However, this clinic serves the whole of Nebraska as well as some families from outside the state, and must subordinate service functions to training and research areas. Furthermore, this clinic is not follow-up oriented, nor is it equipped to handle the volume of family evaluation and guidance needed. Therefore, as part of the larger continuum of mental retardation services envisioned, Douglas County needs to develop a diagnostic or evaluation service under its own auspices and control.

This service would evaluate children and families referred to or applying for services within Douglas County, and also conduct necessary re-evaluations. The initial evaluation would serve to establish eligibility for services; to identify what services might be indicated for

a particular family; and/or to refer the family to more appropriate agencies and services. Later re-evaluations would assess changes within the child and/or the family unit, and serve as a guide for making service changes or for terminating services. The usual professions such as child development, education, medicine, psychology, social work, etc. would participate in the evaluations as needed.

2. Family guidance. Guidance of families of the retarded could assume several forms. The most common would be to communicate the findings of diagnostic and clinical evaluations to parents; to help parents understand the implications of these findings; to assist families in implementing recommendations; and to secure parental cooperation in coordinating the child's management within the home with his management by other service programs. In some cases, such interpretation and guidance must be provided not only to the parents, but also to other members of the family unit such as siblings and/or grandparents.

In addition to working with families individually, an efficient way of helping parents is working with them in groups. Courses can be offered both during the day and in the evening which explain basic facts about mental retardation to parents. Informal discussion groups can be conducted which aim at focusing on a particular type of problem shared by a number of families. Book club programs in which parents engage in a course of guide readings about mental retardation have not been often undertaken, but appear to be a promising guidance tool. Such group techniques are effective and economical.

It would be desirable for the division to develop a resource center of educational and guidance materials. Included would be a library of reading materials for parents. Additional resources and materials could be stocked, displayed, and demonstrated to parents and in some cases loaned to them at a small fee. Such resources might include special self-help and training aides such as feeding equipment, special types of children's highchairs, special walkers, etc. Such material is often too expensive for families to acquire, but being nearly indestructible, could be rented for limited periods for which a need develops.

3. Crisis Assistance Unit (CAU). This service has been proposed and described in the report of the Residential Services Division. Briefly, this service would provide 12 places for both residential and nonresidential assistance for families experiencing a crisis. Families could leave their retarded members there, from a few hours up to a month, while the family settles business affairs or overcomes a type of crisis that otherwise might lead to long-term or permanent placement in a residential facility. Such a unit should be placed adjacent to a day care center that operates only five days a week and serves both children and adults.

4. Home Helping Service. Even a modest homemaker service will often mean the difference as to whether the family is able to continue to function as a unit, or the family is allowed to disintegrate and the retardate is placed in permanent residential care. Fortunately, it may not be necessary to develop a separate or new type of Home

Helping Service, as such services already exist in the Douglas County area. It is proposed that an initial budget of about \$20,000 yearly, would be appropriate, and this budget should be reviewed after one to two years. Aside from administration, overhead, and transportation costs, such a budget should support at least three full time homemakers. If these homemakers each served an average of four families weekly, an average duration of one month each, a total of approximately 144 families yearly could be assisted.

5. Visiting Nurses. Studies have shown that especially in low-income families, visiting nurses can be very effective in providing counseling and interpretation of professional findings.

It is estimated that each visiting nurse makes approximately ten home visits daily (much time must be spent in the central office studying case records, filing reports, and attending conferences). This would indicate that each nurse could then make an average of 50 home visits yearly, and if each nurse visits each family on her case load on an average of five times yearly, she can assist an approximate case load of 100 families each year. Thus, two nurses might serve 200 families yearly at a salary budget of approximately \$15,000.

This section is elaborated upon further by material found in the report of the Homemaker Services Division.

6. Home Economists. Assistance for a family in budgeting their income and in balancing their diet can often come from a home economist. Such assistance is mostly indicated as necessary for low-income families in order to prevent disintegration because of sheer poverty, or so :

imbalanced diets do not contribute to, or exaggerate, existing mental retardation. Some housewives from deprived backgrounds may need to be taught such homemaking skills as clothing repair, shopping, etc.

The services of the home economist are mostly accomplished by home visits. A home economist may be able to make about eight home calls each week, as her work requires much preparation and lengthy visits. Within a year she might make a total of 390 visits. If each home is visited six times yearly, on the average she can serve about 65 families. It is suggested that until the demand and need for this service is further assessed, only one home economist position be budgeted in the amount of \$7,500.

In families with retarded children, personnel visiting in the home such as nurses and home economists can occasionally aid families in the prevention of possible future additional births of mentally retarded children, either by counseling on health, hygiene and prenatal practices, or by referring the parents to family planning agencies, if such assistance is desired.

In addition to visiting nurses and home economists, it is anticipated that social workers and child development specialists associated with the central office manpower pool would also engage in occasional home visits. Child development specialists, in particular, should be able to teach and demonstrate valuable child management techniques to parents, in an effort to accelerate a retarded child's progress, and to provide relief to the family.

7. Day Care. Most programs designed to develop the potential of retardates will be offered by various classes, training programs, residential services, etc., and are discussed elsewhere in Volume 1. However, day care is conceptualized to be both teaching- and family-oriented, and necessary to assist the family to maintain its continuity and to prevent long-term residential placement.

It may be advisable to operate at least one or two of the day care centers on a full seven-days-a-week basis. In this manner, families who must attend to business on weekends, or who wish to enjoy a day of outing or recreation without the burden of having to care for a retarded family member may be able to do so. Such a service goes a long way in providing that slight edge of relief which may be critical in enabling a family to continue functioning as a unit. Thus, day care can contribute greatly toward a reduction in the need for long-term residential placement.

It would appear desirable to place a CAU adjacent to a day care center serving both children and adults. Thus, individuals serving the CAU could be included in some of the activities of the day care center, and/or could utilize space and equipment of the center. The CAU could utilize day care center resources on the weekend and this would reduce the cost of the crisis service. Further details and advantages of such an arrangement are detailed in the discussion of Type 10 Residential Services, found in another section of Volume 1.

A summarization of the Douglas County population needing day care services is found in Table 13 (page 27). Although the

comes to 242 places, not all of these individuals will require full day care. Therefore, 175 places may well suffice since some retarded children may receive day care of similar services through Project CHANCE, Headstart, the Montessori schools, or existing day care centers for the nonretarded. It follows that about seven day care centers with about 25 places each may be necessary. Due to the relatively small number of adults who will need day care type services, it is proposed that the adult day care program be concentrated at only three or four locations within the County.

The day care services should be administered by a staff such as outlined in Table 14 (page 28). In addition, Table 15 (page 29) proposes a sample budget for specific day care units. It is anticipated that there should be additional volunteer helpers, and that some retarded trainees from the workshops might possibly be assigned to day care services for work experiences. If budgets have to be cut, it would be preferable to have fewer day care centers with more clients instead of reducing the staff, as a minimum core staff is desirable, no matter how small the number of clients served.

Conclusion

One service which is very much needed within the Douglas County area, which is related to the evaluation functions described within this report, and which is not adequately available at this time is a psycho-educational evaluation unit providing evaluation and special types of guidance and educational services to children eligible for the public schools. The current proposal does not suggest that the County

develop such a service; however, such a service should be developed under the auspices of the public schools. Specifically, under present circumstances, such a service would be developed by ESU 3. Similarly, public school programs are very much in need of specialized educational resources, somewhat parallel to the special developmental and guidance resources parents need, as described earlier in this report. Again, such a service should be developed by ESU 3 rather than the County. However, it is recommended to the County that it support and encourage the development of these services by ESU 3 as soon as possible.

TABLE 13

PROPOSED NUMBER OF DAY CARE PLACES NEEDED
FOR THE RETARDED IN DOUGLAS COUNTY

| <u>TYPE OF SERVICE</u> | <u>PERSONS TO BE SERVED</u> | | |
|-----------------------------|-----------------------------|---------------|---------------|
| | <u>Children</u> | <u>Adults</u> | <u>Totals</u> |
| Residential Service Type 3 | 60 | - | 60 |
| Residential Service Type 4 | 15 | - | 15 |
| Residential Service Type 5 | 18 | 18 | 36 |
| Residential Service Type 8 | - | 20 | 20 |
| Residential Service Type 10 | 8 | 8 | 16 |
| Residing at Home | <u>75</u> | <u>20</u> | <u>95</u> |
| TOTALS | 176 | 66 | 242 |

TABLE 14

PROPOSED STAFFING BUDGET FOR ONE
DAY CARE CENTER OF TWENTY-FIVE PLACES

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Day Care Center Director | \$7,000 | \$7,000 |
| 1 Child Development Teacher | 6,500 | 6,500 |
| 3 Child Care Workers (1 per 5 places beyond the first 10) | 4,000 | 12,000 |
| 1/2 Clerk II | 2,000 | 2,000 |
| 1 Cook | 4,000 | 4,000 |
| | | <hr/> |
| | TOTAL | \$31,500 |

TABLE 15

PROPOSED BUDGET FOR ONE DAY CARE CENTER
OF TWENTY-FIVE PLACES

| | |
|---|----------------|
| Salaries (See Table 14) | \$31,500 |
| FICA (Employers Share 4.4%) | 1,386 |
| Program and Office Equipment | 900 |
| Program and Office Supplies | 700 |
| Consultant and Staff Expense (Local Travel) | 550 |
| Conference Expense - Center Director | 400 |
| Employee Group Insurance (Employers Share) | 240 |
| Insurance, Liability - Program Activities | 400 |
| Utility Costs, Maintenance, and Telephone | 1,200 |
| Food Costs - Hot Lunches - Snacks | <u>2,950 *</u> |
| TOTAL BUDGET | \$40,226 |

* Program Hours: 9:00 a.m. - 4:30 p.m., Monday through Friday.
Center open from 7:00 a.m. - 6:30 p.m. to accomodate working
mothers and one-car families (husband delivering and picking
up child on way to and from work.)

HOME HELPING SERVICE DIVISION

Subcommittee Report

Visiting Nurse Association

Omaha Housing Authority

Family and Child Service of Omaha

Douglas County Assistance Bureau

Chairman

Geraldine Nesvan, M.A.

Consultants

Michael Healey, Director, Douglas County Assistance Bureau

James Guest, **Omaha** housing Authority

Delanne Simmons, R.N., Director, Visiting Nurse Association

III. HOME HELPING SERVICE DIVISION

Overview

It is proposed that a Home Helping Service Division be established within the Douglas County Department of Mental Retardation to assist families in caring for their mentally retarded members and to avoid residential placement whenever possible.

Because of the necessity for a great degree of coordination with other staff members, it would be highly desirable to have all "Home Help Service" staff work from a central office in close consultation with the proposed Family Evaluation and Guidance Service. It is presently impossible to predict the number of families requiring this type of service; therefore, the suggested staffing budget may need revision when the need for such services can be more clearly defined.

The Home Helping Service Division is an important link in the chain of services needed by families of the retarded at various times during the retardate's life. To some families, such service could provide the knowledge, support, or relief that would mean the difference between their ability to care for the retardate within their home or having to seek placement outside of the family unit.

Home Helping Service could offer valuable assistance to families by establishing the following goals:

1. To provide the parents with emotional support and guidance during the crucial period following the confrontation with the knowledge of their child's retardation.

2. To work with the parents and other family members in encouraging the child's progress and creating the kind of atmosphere that can stimulate development.
3. To assist the mother in preparing for and dealing with difficult "developmental crises" of the mentally handicapped child.
4. To help the parents to effectively handle the healthy needs of the retardate and/or other family members.
5. To free the parents sufficiently so as to meet the needs of other family members and so as to resume activities outside the home.
6. To assist in maintaining the home during family crises, such as illness and/or hospitalization of the mother.
7. To offer warmth, support, and direct evidence of the community's desire to help families in their efforts to keep their mentally retarded children with them.

Several agencies in Omaha already providing home helping services include: The Douglas County Assistance Bureau (Housekeepers), The Douglas County Home Extension Service, Family and Child Service (Homemakers), The Omaha Housing Authority, and the Visiting Nurse Association. A brief description of each of these agencies and their services follow.

Douglas County Assistance Bureau (Homemaker Aides, Public Health Nurses, and Home Health Aides)

As of April 1968, the Douglas County Assistance Bureau had five Housekeepers working with the elderly, and five Homemakers working with assistance as well as with some nonassistance families who are active

with the Protective Service Department. Expansion of the program is planned as soon as additional personnel can be hired and trained. The training program for Homemakers is provided by the Douglas County Home Extension Service.

Douglas County Home Extension Service

This service provides educational assistance to housewives in the areas of budgeting, child development, food nutrition, home management, human relations, and parent education. Among many other duties, two Home Economists are involved in home visits in the Logan Fontenelle Housing area and in training the Douglas County Assistance Bureau's homemakers.

Family and Child Services

This agency has three family Homemakers and nine Senior Citizen's Homemakers providing services to nonassistance recipients. A training program is currently underway to increase the staff size.

The Omaha Housing Authority

A plan is underway to hire tenants as Homemaker Aides to serve families living in public housing, when either Family and Child Services or the Douglas County Assistance Bureau is unable to provide service. The training and supervision of these Homemaker Aides would be provided by Family and Child Services. It is planned to hire a number of part-time Homemaker Aides equivalent to seven fulltime staff members. All agencies involved in providing this type of service recognize the great need for expansion of homemaker services within our community.

The Visiting Nurse Association

Presently 37 Public Health Nurses and four Home Health Aides serve Douglas County. A Mental Health Consultant is responsible for training the nurses to cope with the special problems of the mentally retarded and the mentally ill. The Public Health Nurses visit families of the newborn when birth certificates indicate that mental retardation is suspected; however, work with the retarded has been limited.

Basic Principles

1. As useful and essential as office-centered family services can be, some needs can be best met, or can only be met, by bringing services directly to the home of a client. This may be particularly true when poor families and families from minority groups are involved.

2. Home Helping Services should be available to all families with retardates living within the family unit. These services should be designed to assist families with:

- a. the initial adjustment after learning that they have a retarded family member;
 - b. the understanding of special needs of their retardate;
 - c. the dealing with and handling of difficult developmental stages of the retardate's growth;
 - d. the keeping the family together during crisis situations;
- and, e. the prevention of unnecessary placement of a retardate outside the family unit.

3. Most Home Helping Services should involve visiting homemakers, visiting nurses, home economists, and social workers.

4. Home helpers who are chosen to work with the mentally retarded and their families need to be accepting of retardation and its levels. They must have a working knowledge of a retardates needs and of the problems which may face both the retardate and the family,

5. Home Helping Services should be provided in conjunction with the proposed Family Evaluation and Guidance Service Division.

Proposal

It is proposed that the Douglas County Department of Mental Retardation establish a Home Helping Services Division to insure the following:

1. that the services are available to all families of the mentally retarded within Douglas County when needed; and,
2. that the staff members have an adequate orientation and thorough understanding of the special problems of the mentally retarded so that families may receive maximum benefits from the services offered.

Perhaps the most desirable method of meeting the objectives of this program would be for the Douglas County Department of Mental Retardation to enter into a contract with each of the agencies now providing Home Helping Services. Under this contract, an existing agency would hire, train, and supervise the basic skills of nursing or homemaking.

The Douglas County Department of Mental Retardation would provide the additional specialized training to prepare each employee for work with the retarded and would provide the necessary supervision. The staff would be located in the Central Office of the Department for a part, or

preferably all, of their office hours. Fifty to one hundred percent of these salaries would be paid by the Douglas County Department of Mental Retardation with the remaining balance paid by the various contracting agency.

The possibility of forming contracts has been discussed with all of the agencies involved and further considerations need to be given to this concept in order to determine if satisfactory agreements can be reached. As an alternative, the Department of Mental Retardation could provide the complete services.

Possible Contracted Services

Visiting Nurse Association

The following suggestions covering the coordination of services between the Visiting Nurse Association and the proposed Home Helping Service Division of the Douglas County Department of Mental Retardation are presented for consideration,

1. Adequate nursing supervision will be provided for all nurses assigned to the program.
2. One nurse would be assigned to each of five geographical areas within Douglas County to serve all families with mentally retarded members within the area.
3. All nurses would serve as part of the generalized nursing staff, insuring adequate utilization of professional time,
4. All nursing staff would attend weekly or regularly scheduled conferences at the Central MR Office to coordinate program activities.

5. The Visiting Nurse Association will maintain all case histories, records, etc. and prepare all statistical reports on home visits, clients, etc.
6. The Visiting Nurse Association will screen, employ, and provide supervision to all nursing personnel.
7. Orientation, additional training, and inservice education will be coordinated by the Central MR Office.
8. The joint goals of this merger will be to provide the family with a retardate, the necessary support to enable the family to cope with the problems during an acceptance period; and to provide guidance and education to the family.

The above suggestions are those of the Assistant Director of the Visiting Nurse Association and final approval for the joint contract would have to come from the Director and Board of Directors as well as the Board of Health.

Omaha Housing Authority

The Omaha Housing Authority is presently planning multi-service centers in their family housing projects which would include day care services, recreational programs, homemaking training, etc. to tenants who are not eligible for other similar services from other agencies.

Tenants of these family projects will be hired as Homemaker Aides in accordance with the new "Modernization employment of tenants" philosophy. Aides will be selected on the basis of good housekeeping standards and financial need. Family and Child Service will train the

Aides who will form a "work pool" and will work on call as needed.

Salaries will be paid by the Omaha Housing Authority from the operating budget which is derived from tenants rents. Presently the budget calls for seven fulltime Homemaker Aides to be paid \$1.60 per hour.

Plans are also underway to hire an additional five tenants to work as Home Health Aides in homes of the elderly. The Health Aides will be trained by GOCA to prepare nutritious meals, do heavy house cleaning, and to give some personal hair washing, etc. Their work will be supervised by the Visiting Nurse Association.

Mr. James Guest of the Omaha Housing Authority felt that it would be feasible for the Douglas County Department of Mental Retardation to contract with either OHA or Family and Child Services to hire and train additional Homemaker Aides to work specifically with families of the retarded, with the salaries coming in part from the County.

Family and Child Service of Omaha

The Program Planning Committee of the **Family** and Child Service discussed with the subcommittee the total Agency commitment to the local community. Applications to the State Office on Aging and United Community Services for proposed responsibilities in provision of homemaker services to the elderly have been submitted by FCS.

Family and Child Service has been committed to direct involvement in the Logan-Fontenelle Multi-Service Center Project. This means that

homemaker services will be extended from the Agency office to the tenant neighborhood area. What the exact needs and demands will be remain to be seen; however, an increased output with reference to this service is anticipated.

The Family and Child Service Agency desires to cooperate and realizes their obligation to the community. However, it is obvious that close planning is necessary.

Douglas County Assistance Bureau

The Douglas County Assistance Bureau presently operates separate Housekeeper and Homemaker Services. Five "Housekeepers" work with the elderly, and do house cleaning and other work for those who are unable to perform such tasks for themselves. The Housekeepers may become "Homemakers" by passing a merit exam. Thus, it is planned that the Housekeeper Service will eventually merge into the Homemaker Service.

Five Homemakers work with families on assistance, as well as some nonassistance families who are active with the Protective Services Department. Michael Healey, Director of the Douglas County Assistance Bureau, stated that since the Homemaker service is funded by Welfare monies, a balance must be maintained between service to those families on assistance and those nonassistance families.

Started in August of 1967, the Homemaker Service plans to increase staffing to approximately 25 Homemakers. Requirements for this position as a Homemaker are: a 12th grade education, or 10th grade with two years of work experience in a related field, and a passing score on a merit exam. Starting salary for a Homemaker is \$280.00 monthly. Homemakers

work with mothers, do some light house cleaning, instruct in home-making, budgeting, meal preparation, and child development.

However, Mr. Healey did not feel that the Douglas County Assistance Bureau could contract the use of their Homemakers to other agencies, since their program is new and there is a great need for expansion. He was opposed to the idea of providing Homemakers to work specifically with retardates and their families since the agency works with so many other problem areas, and there is not adequate staff to allow for specialization in any given field.

Mr. Healey did not feel that the Agency would be limited to the number of Homemakers it could employ as long as they could show a need for services rendered.

The Agency may be undergoing several organizational changes in the near future; therefore, it is difficult to predict how their Homemaker Service could be coordinated with the proposed program of services for the mentally retarded.

CITIZEN ADVOCACY SERVICE DIVISION

Subcommittee Report

Chairman

Robert Mullin, LL.B.

IV. CITIZEN ADVOCACY SERVICE DIVISION

Overview

It is proposed that a Citizen Advocacy Service Division be established within the structure of the Douglas County Department of Mental Retardation to provide varying degrees of protection and guidance, according to the individual's need for service.

This service division could be staffed with a minimum of perhaps three social workers and the assistance of a part-time or volunteer attorney or the Douglas County Attorney, and some clerical help.

In considering the development of community services as an alternative to residential placement in the state institution, some means of legal protection or guidance for the mentally retarded in our society must also be considered in order to safeguard the retardate's interest.

Most states have a public guardianship law for the benefit of those individuals who require the services of a legal guardian or conservator and who are without relatives or friends who are able and/or willing to perform such services.

In Nebraska, our laws provide the guardianship role to the State Department of Public Welfare during the time that a minor child is confined in one of the state's institutions. A problem arises when the child attains legal majority and when an attempt is made to return the individual to society. However, to our knowledge, none of the other states have an adequate service in legal, fiscal, and program structure for meeting the advocacy needs of the retardate.

One of the most needed advocacy roles is that of friend and counselor. There are many retardates, especially in institutional settings, who are devoid of all friends and relatives, and who never receive visits, mail, phone calls, gifts, etc. A citizen advocate who visits, remembers birthdays and Christmas, inquires as to his charge's welfare, and who takes his charge home, shopping and on other outings can be the one and only stable, personalized tie the retardate may ever have. No professional person or agency can fill this need as well as a citizen acting on a one-to-one basis.

It is recommended that a Citizen Advocacy Service Division be established in Douglas County to provide a means for private citizens to act as personal advocates-on a one-to-one basis-for the mentally retarded individuals from Douglas County who may require this type service. We feel that the use of private citizens in this capacity-which would otherwise require paid staff-is preferable not only because of the lesser expenses involved, but because it would allow for more individualized service. We therefore feel that this arrangement would be in the best interest of the retardate.

The Citizen Advocacy Service Division staff would be responsible for recruiting citizens willing to provide this service. They would also take nominations for retardates to receive these services and work out a plan for the nominee. Finally, the staff would provide the backup in terms of counseling, support, legal service, and service referrals that citizens may need in order to play their advocacy roles.

Basic Principles

1. Every person significantly limited in intelligence and adaptive behavior should have special ties to a more adaptive citizen who will vigorously defend his interests.
2. This special relationship can take many forms. Informal versions of this are citizens as friends, guides, and counselors. More formal versions are citizens as legal counselors or probationaries; and in its most formal aspects, this relationship includes guardianship, foster parenthood, or adoptive parenthood. Some of the less formal types of advocacy would protect the civil rights of the retarded individual without placing him in the status of an incompetent person under law.
3. Citizen advocacy would be available to retardates regardless of age, or whether residence is in a special unit, with the family, or independent.
4. More formal types of advocacy should be subject to appeal and periodic review.

CAMPING AND COMMUNITY RECREATIONAL SERVICES DIVISION

SubCommittee Report

Basic Principles

Importance of Recreational Activities

Goals

CoChairmen

Mrs. Madeline Christensen

Mrs. Gretchen Long

Consultants

Robert Ackerman, Ph.D.

Miss Marie Bastian

Mrs. Betty McBride

Herman Crowell

V. CAMPING AND COMMUNITY RECREATIONAL SERVICES DIVISION

Overview

It is proposed that a Camping and Community Recreational Services Division be established within the Douglas County Department of Mental Retardation under the auspices of the Family Evaluation and Guidance Service Division.

It is further proposed that most of the staff designated to this program would office from the Central Office of the Department for the following reasons:

1. It is anticipated that few programs would require such a degree of service as to necessitate the assignment of a fulltime recreation staff member;
2. Many of the people requiring recreational services would be also receiving services from other Divisions of the Department; therefore, coordination of assignment of staff would be facilitated by location in the Central Office;
- and, 3. It is conceivable that some retardates would require services from this division only, and not be involved in any other phase of the system of services; therefore, location in the Central Office would simplify referrals and coordination.

Basic Principles

1. Camping and recreational programs should be so designed as to fit the needs of the individuals served according to age, functional level, and degree of physical handicap. No one should be excluded from such programs because of a specific handicap, unless such exclusion is necessary for the individual's health.

2. We firmly believe that most physically handicapped as well as most mentally retarded persons derive greater benefits from programs in which they are integrated with their nonhandicapped age peers than from most programs in which they associate exclusively with other handicapped persons. In recreational programs, the differences between the mentally retarded and their age peers are sometimes not as evident as in an academic setting. Therefore, the mentally retarded should be included in regular leisure-time programs, whenever and wherever it is feasible. The higher functioning the person, the more effort should be made at achieving such integration.
3. Separate camping and recreation programs will be needed for some of the more severely handicapped. Activities in these special programs should be designed to be comparable to activities in regular programs. These programs can be modified as required by the clients served; however, the retardate's experiences in these programs should be as similar to that of peers his own age as possible. As the retardate gains sufficient skills, his integration into regular activities can then often be achieved.
4. Supervised recreational and leisure-time activities should be available to those retardates living in residential units. However, the major portion of planned programs should take place away from these units and within the community so as to increase social growth and community awareness.

5. Existing community recreational clubs and organizations must be encouraged to expand their existing programs to include mentally retarded individuals at all ages and levels. Such an approach could make use of the existing facilities and staff of generic organizations and agencies in meeting the recreational and leisure-time needs of the mentally retarded of our community.

Importance of Recreational Activities

Recreational opportunities are just as important and just as valuable to the retardate and to the nonretardate. Recreation can help the mentally retarded achieve higher function levels - emotional, mental, physical, and social, and thereby fulfill an important role in the preparation of a retardate to lead the fullest possible life.

The physical abilities of the retardate are generally below those of their "normal" age group; often because they are excluded from physical activity programs; however, their abilities can be greatly improved by participation in such programs. Improvement in this area is important not only for the health of the retardate, but the development of coordination and dexterity which he may need in the performance of vocational tasks.

Physical activities may also improve vocational competence by helping to develop the ability as well as the basic attitude to understand and to follow directions; to concentrate. The personal and social habits learned in recreational settings have a great carry-over value in developing good work habits.

The opportunity to relax and have fun with others is of equal importance to the retardate, even though it may be more difficult for him to obtain these opportunities. Studies have shown that many retarded adults fail in the ability to utilize leisure time constructively.

Generally, recreational programs can be very constructive and effective mechanisms in assisting the retardate to make the transition from dependency (on either his family or on an institution) to maximum independence as an adult functioning adequately within the community structure.

Whenever possible, mentally retarded individuals should be encouraged to participate in recreational activities which are available to the general population of the community. "Special" recreational programs need to be provided--through existing community recreation agencies--for those retardates who are not readily acceptable into programs for the general population.

"Special" programs will provide an atmosphere in which the retardate can feel comfortable while learning and advancing at his own rate, without the pressure of competition with his "normal" peer group. In such a setting, the retardate should feel accepted and his chances for feeling successful should therefore be enhanced.

With the extra assistance of such programs, many higher functional retardates could enter "regular" recreational programs, as they gain the social and physical skills needed to be accepted by their peers. At the same time, the programs would provide security to the lower functional retardates who may never be able to enter into any higher level program.

There are presently several organizations and clubs within the community which offer special recreational programs for the mentally retarded. Included are:

1. The Christ Child Society (a settlement house program) which offers a Saturday program during the school year for games, exercise, arts and crafts, story telling, and field trips. An average of 24 retarded children and young adults take an active part in this program. During the summer, Christ Child and GOARC cooperatively offer specialized one-week camping sessions designed for retardates.
2. The City Parks and Recreation Department, in cooperation with GOARC also offers a Saturday program during the school year and a full five-day weekly program during the summer, including two special swimming periods each week.
3. The Boy Scouts have established special troupes and Cub Scout packs. The Campfire Girls have special Blue Bird and Campfire troupes. Both plan to include their retarded members in their regular summer camping programs.

The above-mentioned programs provide a diversified year-round program for some mentally retarded children as well as a good basis for the expansion and further development of recreational programs for all retardes at the neighborhood level. Other settlement houses should be encouraged to establish similar programs to those initiated by Christ Child. The programs offered by the City Parks and Recreation Department are presently only offered in two city parks. As the need for these types of

special recreational programs becomes more evident, publicly supported recreational services should be sought and developed throughout the County.

The existing programs are basically planned for the educable and trainable retarded. In planning for the return of the Douglas County residents currently at Beatrice, similar programs need to be planned and developed through the same and similar organizations for the severely and profoundly retarded. For some activities, separate programs are needed for the more severely physically handicapped retardate, such as the blind, deaf, non-ambulatory, or other movement-restricted retardate.

As previously stated, the existing recreational programs for the mentally retarded are mainly designed for children, although some young adults and adults are included in the children's programs. There is a virtual absence of recreational opportunities specifically for the young adult and adult retardates of Douglas County. Existing clubs and organizations providing recreational, social, craft and/or hobby opportunities to "normal" adults should be encouraged to offer similar programs for the mentally retarded. Activity clubs for this age group could be organized through the YMCA, YWCA, and other local community clubs and/or they could be based at the proposed county residential facilities for those retardates residing in a neighborhood.

Family recreation and camping activities should be available to the mentally retarded of all ages and functional levels, so that they can enjoy these opportunities for effective utilization of leisure time, not only with other retardates, but with their own immediate family units as well.

Our community has made some progress in developing camping and recreational programs for the mentally retarded; however, the remaining needs are great! We are far short of the goal of offering to all of the mentally retarded all of the recreational opportunities that are available to normal citizens. As the number of agencies involved in providing recreation for the retardate expands, and as the number of retardates served expands, programs should evolve to a point where more homogeneous groups can be served. This would allow for more specialization or programs, according to age groups and functional levels.

Goals

In order to achieve the necessary and desired recreational programs within the County, it is necessary to create and pursue a number of goals for both the Douglas County Department of Mental Retardation as well as for the staff of the Camping and Community Recreational Services Division.

1. To work with and encourage those organizations and clubs which have "special" programs to expand them.
2. To encourage other organizations involved in recreation and camping to include the retarded in their programs and to develop special programs, particularly at the young adult and adult levels.
3. To provide special training and orientation to the staff and volunteers from cooperating agencies, on the leisure-time and recreational needs of retardates.
4. To assist in program planning and providing program materials.

5. To make these program opportunities known to all members of the community.
6. To provide guidance in the selection of programs for individuals, living at home or in residential settings, according to their interests, needs, and abilities.
7. To consult with the Family Evaluation and Guidance Service Division, when necessary, to determine the individual's limitations and the activities recommended for his growth and development.
8. To secure required financing for recreational programs, as well as transportation, for those who are unable to make their own arrangements.
9. To plan some structured recreational activities in the residential facilities, using recreation technicians from the central staff.

TABLE 16

PROPOSED STAFF BUDGET FOR THE
CAMPING AND COMMUNITY RECREATIONAL SERVICES DIVISION

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---|---------------|---------------------------|
| 1 Director | \$8,000 | \$8,000 |
| 1 Recreation Technician, B.A. (1/200 active clients) | 6,000 | 6,000 |
| 1 Recreation Technician, HS (1/200 active clients) | 4,000 | 4,000 |
| 1 Clerk I | 4,000 | <u>4,000</u> |
| | | \$22,000 |

RESIDENTIAL SERVICES DIVISION

Subcommittee Report

Purpose and Need

Basic Principles

Administrative Considerations

Further Considerations

Residential Service Types 1 - 10

The Aged

COCHAIRMEN

Mrs. Dorothy Cheyne

Mrs. Mary Harr

PRINCIPAL AUTHOR

Wolf Wolfensberger, Ph.D.

RESIDENTIAL SERVICES DIVISION

Overview

The proposed residential services program is part of a long-range, county-wide plan to provide all necessary residential as well as nonresidential services for the retarded of Douglas County within the County. The plan has received endorsement and financial support from the Douglas County Commissioners.

In turn, Douglas County's plan is consistent with the 1968 proposals of the Nebraska Governor's Citizens' Study Committee as well as with a report recently published under the sponsorship of the President's Committee on Mental Retardation.

The long-range plan is to add to the existing services and those proposed here, hopefully so as to attain the envisioned comprehensive service continuum within six years. Among these services will be about 53 residential units of ten different types, as proposed and defined in both the county and state reports.

As envisioned in the state report, Douglas County will probably join other **adjacent** counties in establishing a larger service region encompassing about one-third of Nebraska's population concentrated at the center of the eastern edge of the state. The state report envisions that services within this region will be assisted by a well-staffed office of the Nebraska Division of Mental Retardation, and that services to the mentally retarded will be supported by up to a 60% state - 40% local funding partnership as proposed in the current legislative session of the Nebraska Legislature.

Residential Services

Purpose and Need

In this County of over 400,000 residents, there is at present not a single public or private residential unit or service that is designated for the retarded. Only a handful of retarded persons reside in any type of facility in the County, such as orphanages and nursing homes. On the other hand, at the time of a recent census, 634 retardates from Douglas County were in residence at Beatrice State Home, the state's only and large traditional institution of 2,300 residents, located in a small, rural community 100 miles from Douglas County. Another sixteen retardates from Douglas County reside in three private facilities in the state, 50, 100, and 175 miles away, respectively.

One of the noteworthy aspects of the Douglas County plan is that it calls for the establishment of a series of small, specialized, community-integrated residences, dispersed across the County, and administered within a continuum of nonresidential services. In time, these residences are intended to meet the entire need for residential places for the retarded of Douglas County.

Basic Principles

1. Residential facilities for the retarded should be established in small units. It is now believed that appropriate and normalizing care is virtually impossible in larger units. While it is possible to have a number of small units contained in a larger residential complex, such a complex should also not be too large, or dehumanization is likely to occur. A simple rule of thumb is that no complex should be so large that the staff of the complex cannot know each resident and each fellow staff member on a relatively intimate basis.

2. Multi-purpose residential facilities have proven ineffective. The Douglas County plan should embrace the concept that residential facilities for the retarded should be specialized so as to be capable of implementing a wide range of program functions.

3. Many retarded individuals from Douglas County, now residing at Beatrice and other residential facilities, originally did not require residential placement. In many instances, placement occurred because the needed community services were not available. It is anticipated that with the development of alternative services, the proportion of individuals requiring residential services in an urban county such as Douglas County will not be above the proportion of individuals currently in residential care from that county.

4. Each type of residential service should be administered by those professionals most closely identified with that particular program.

5. There appears to be little rationale for placing all the residential services under one single division within the envisioned Douglas County Department of Mental Retardation. Instead, various types of residential services should be administered by those divisions to which they are most closely related.

6. Admission and release policies of residential facilities should be very flexible in regard to resident flow to and from the community, as well as between facilities.

Administrative Considerations

The establishment of ten types of residential services is proposed. As indicated, Residential Service Types 7, 8, and 9 should be administered by the Vocational Services Division, and Type 10 by the Family Evaluation and Guidance Service Division. It is proposed that the six other residential

service types be administered by the Division of Residential Services, with a staffing pattern similar to the one proposed herein. It should be realized that this staffing pattern assumes centralization of certain services such as social work, psychology, and janitorial services. Other services not listed and perhaps only occasionally required would be on "loan" from other divisions, or by direct purchase and referral. The administrative and shared staff for the entire residential service would be located in the central office of the Douglas County Department of Mental Retardation,

The proposed salaries listed in the tables of staffing patterns are rough estimates; however, distribution patterns will be a much greater variable in the budget than the level of staff salaries. In determining how large a staffing should be, it should be kept in mind that we are dealing with services that may operate 24 hours a day, seven days a week, every day in the year. However, it may be possible that with close proximity to their homes, many residents will spend weekends or longer periods at home. This may lower the projected staff requirements for some residential service types. When several units of a particular residential service type are in existence, considerable savings could result from operating some as five-day and others as seven-day units. Obviously, one of the advantages of a local service is that some families can and will want to take their retarded members home on weekends and holidays. It is equally obvious here, that not all residents requiring some type of residential service will need it continuously; for some, five days is adequate.

Residential Service Types 3, 4, and 8, in particular, could function with units that would be in operation less than seven days a week. These services happen to be the residential services requiring the largest number of places. It therefore follows that the proposed staff budgets for these services might be reduced substantially, and that other savings would likewise occur in the areas of maintenance of building, heating, food service, etc.

Further Considerations

One problem not adequately discussed within this proposal is how food services for a large number of dispersed residential units should be managed. It has been suggested that if this proposal is adopted in principle, a special study be conducted, perhaps by some management consultants within the Douglas County area, to explore the advantages and disadvantages of various alternatives. Similarly, a special study may need to be conducted to develop guidelines on facility selections. Here, questions of new construction, renting, leasing, buying, site selection, and building standards for the various types of residential services need to be studied.

Types of Residential Services

Ten distinct types of residential facilities or services will be outlined. A summary of these various types and numbers of each type proposed is outlined in Table 17.

Residential Service Type 1 - (Maintenance of Life)

Some retarded individuals are so impaired as to primarily require those services necessary to sustain life. The profession most suited to offer this service is the medical profession and its related disciplines. Therefore, a residential service is needed that has a strong medical emphasis, is administered by medical personnel, and operates on a hospital model. Facilities to provide this service should be placed in close proximity to medical centers.

Such a medical facility should be subdivided into a number of smaller units, according to age and to some degree by sex.

Care must be taken that individuals will not be placed in this service merely because they are multiply handicapped, but because they do, in fact, require medical care more than any other single service.

To estimate the number of Douglas County residents requiring the maintenance of life service, the following assumptions were made.

1. The vast majority of persons requiring the service are now under residential care, or they would not be alive,
2. Almost all citizens now receiving such care are at Beatrice.
A survey of residents of Douglas County reveals there are 95 residents classified as profoundly retarded.
3. Many, but not all of these 95 classified profoundly retarded citizens require maintenance of life services.
4. Additional Beatrice residents from Douglas County who are not yet classified, or classified as severely retarded, may require maintenance of life services.

Based on these assumptions, it would appear reasonable to expect that the number of individuals that should be added and subtracted to the 95 might cancel each other out, and that approximately one hundred beds, or about 25 beds per 1,000 of the general population of all ages, will be needed.

In an effort to determine how many of the one hundred beds would be needed for adults and for children, the following assumptions based on the information summarized in Table 17, are provided.

5. Of the older Douglas County residents now classified as profoundly retarded at Beatrice, relatively few will require maintenance of life residential services because those who have survived are likely to be the healthier ones.
6. Of the younger Douglas County residents at Beatrice who are currently unclassified as to their degree of mental retardation, many will require maintenance of life residential services because the complicated, hard-to-test, multiply handicapped young child is least likely to have been classified.

Residential Service Type 2 - (Infant Nursery)

These services are primarily for retarded infants and children to age five who do not require maintenance of life care. Some types of retardation, such as Down's Syndrome, can be diagnosed in the newborn. Often, these newborn are likely to be multiply handicapped; and, most such children can be adequately managed in the home if the parents receive counseling and assistance. However, some of the children are rejected, or are left homeless because of family disintegration, illegitimacy, etc. Unless foster homes can be found, or unless families or relatives can, with counseling, be persuaded to keep them these children will require residential care.

In planning for the number of beds required, it should be kept in mind that for some children, the need for residential care may only be temporary since: (a) families will reconstitute themselves, and (b), they will accept the infant after initial rejection if they receive some counseling. Also, some mortality must be expected in this group. The need for Residential Services Type 2 is thus especially difficult to

predict, because unlike Residential Services Type 1, the need can be expected to vary inversely with the extent of nonresidential services (especially family counseling).

It is suggested that with adequate community services, and with current births at about 10,000 yearly in Douglas County, perhaps 5 infants per 1,000 births may require services. If 50% of these infants are discharged for various reasons within 6 months, then .25 beds per 1,000 births are needed. Theoretically, this would require only about two or three beds at the current level of yearly births within Douglas County. However, until all other related services (e.g., family guidance and assistance) are developed, the need is likely to be higher. Therefore, it is advised to begin with one unit of six places, and to make changes later as trends and needs can be more closely assessed.

The orientation of this service is toward nurturant development of infants and young children until basic self-help skills such as walking, feeding, communicating, and some toilet training has been accomplished. Eventually, these children must be transferred to other residential services, especially Types 1, 3, and 5.

A few of the beds in this service might, upon occasion, be used for crisis assistance functions so as to accept retardates whose families have to take a sudden trip, a vacation, etc.

Residential Service Type 3 - (Child Development)

The child development service is for children who can no longer be classified as infants and who do not require maintenance of life services. The anticipated age range of this group will be from three to five years on up to puberty. This service will be very much in demand, and therefore needs numerous units of six to ten children each, with some degree of specialization in each unit. It may be wise to

think in terms of four components based on the age and functioning level of the children: older-higher, older-lower, younger-higher, and younger-lower, No division by sex appears to be necessary in this service facility.

Emphasis in this type of residential service will be on child development. On the younger and/or lower levels, there will be emphasis on completing mastery of self-help and social skills to the degree that the children do not already have these skills upon admission. Thus, the children will be taught toileting, feeding, dressing, speech, social courtesies, etc. On the higher and/or older level, it is anticipated that many of the children will be sent to local public school classes for the mildly or severely retarded. Special programs will need to be established for those children who cannot be accepted by the public schools. Since a number of locations, dispersed throughout the County, are desirable for this type of service, such programs should not be held in residential facilities, but at day care centers which should be adjacent to Type 3 residential services.

The Type 3 Residential Service should be administered by a child development specialist, and each component unit can be operated by either a child development specialist or a specialist in special education. Some of the component units might be operated by psychologists employing operant behavior-shaping approaches, However, these residences should lend themselves very well to the use of live-in houseparents who would assume long-term and intensive parent-like functions under the guidance of professionals. College students who would be willing to work odd hours and who would live-in, also would be most useful as houseparent assistants.

Presently, approximately sixty children from Douglas County at Beatrice might require Type 3 services. These children represent an amount equal to .75 per 1,000 in the three to twelve year age group of the general population. Although this type service can be expected to be very much in demand, it should decline to about .5 children per 1,000 as alternative community programs are developed. Experience indicates that many of these children are presently placed because no other alternatives to residential care were available. This implies that at present, about ten units, for about six children each, will be needed. However, if nonresidential services are developed, one should be able to phase out one unit per year for perhaps three or four years, until population growth offsets decline in demand.

Residential Service Type 4 - (Pre-Vocational)

Fitting between the child development oriented Type 3 Residential Service and the various adult facilities is a service designed to meet the needs of children from puberty to approximately sixteen years of age. Essentially, this would be a continuation of Type 3 services, but with increasing emphasis on social, academic, and pre-vocational training. The children would attend public special education classes or day care centers. Male and female units would be separate, but in close proximity. As in Type 3, the houseparent system seems to be highly desirable.

Presently about 65 Douglas County youngsters are at Beatrice who might need Type 4 Residential Service. These equal almost 4 children per 1,000 of the general population.

Indications are that about eight Type 4 Residential Service units of eight places each are needed to return the youngsters at Beatrice to the County. These units cannot be phased out and there are no indications that the number of necessary places will fluctuate.

Residential Service Type 5 - (Habit Shaping)

Some retardates will not require maintenance of life facilities nor will they fit into the developmental and training oriented residential services. These individuals may be severely or profoundly retarded, and may have additional special problems. Some may be ambulatory, but involuntary, while others may be in wheelchairs. For these individuals, a residential facility which emphasizes the shaping of basic habits through operant-conditioning techniques may be indicated. Such a facility should probably be administered by a psychologist and houseparents would not be used.

It is anticipated that a number of these individuals will, after appropriate behavior shaping, be transferred to one of the other types of residential service. It is also conceivable that after admission, drug therapy could be instituted in a number of cases with resultant stabilization of behavior so that transfer to another residential facility or return to the home would become feasible.

It is estimated that at present, perhaps forty Beatrice residents from Douglas County (about .1 per 1,000 general population) can be expected to fall into this category, with twenty being children and twenty being adults. It might be advisable to plan for one unit servicing twelve children and two adult units serving eight adults of each sex until turnover and need for this service type is better understood.

This service should not accept very young children since they should fall into one of the other residential categories; thus, the ages of residents would be from about eight years up.

Type 5 facilities should be adjacent to day care centers for children and adults, as described elsewhere. It is anticipated that many or most of the residents of these facilities will attend such centers for all or at least part of each day, as well other retardates residing with their families. Thus, a relatively small staff will be needed during the day at these Type 5 Residential Service units.

Residential Service Type 6 - (Structured-Correctional)

Some retardates will display difficult-to-manage and consistently anti-social, uncontrolled or self-destructive behavior. In some cases, these may be individuals who have been in residential service, but who have failed to respond to the programs offered; in other cases, these will be individuals who were admitted during or after adolescence from the community directly, without having had residential experience within the Douglas County program. At any rate, the situation with which one will be confronted will be one of physically mature or near-mature persons whose behavior is very difficult to manage. In many instances, such persons will have a bad influence or disruptive effect upon the other retardates. In order to protect the others and preserve the effectiveness of their programs, and to provide the specialized management needed, it will be necessary to develop a special residential service which utilizes a highly structured approach and intensive supervision.

Type 6 service should probably be under the direction of a person experienced and trained in the field of correction. It is possible that some degree of limitation of freedom may be imposed on the residents. This, in turn, may imply court referrals or commitments in some cases.

Because of the extremely demanding and problematic nature of a service of this type, initial emphasis should be given to residential services which are easier to operate. Eventually, two Type 6 units for about eight residents each--one male and one female--may be indicated. This amounts to a rate of about .04 places per 1,000 general population.

It is conceivable that one of the few continued functions of the Beatrice State Home for residents from Douglas County will be to provide a high security residential service for those retardates whose anti-social behaviors appear to be so persistent over prolonged periods of time that their potential for rehabilitation into the community appears to be very low.

Residential Service Type 7 - (Training Hostel)

A number of young adult retardates, mostly over age sixteen, will be in an active vocational training program associated with the evaluation and training function of one of the work centers to be established within the Douglas County Department of Mental Retardation. Other retardates may be in training at the public school level or in private training programs. Many such individuals require virtually twenty-four hour, seven-day-a-week training programs; for such individuals, an intensive training-oriented hostel is indicated.

Units of this type can be either segregated by sex or partially integrated. In partially integrated units which have been tried elsewhere and found successful, even desirable, the supervision and the physical arrangement of the facility is appropriate.

Most types of residential services are seen as substitutes for home residence. Therefore, one would not generally want to place a retardate into one of the residences described herein unless the family could no longer provide a home. However, these proposed residences are different in that retardates with adequate homes may be placed into Type 7 Residential Service as part of their training toward self-sufficiency and semi-independence. This type residence will be of a temporary nature as the retardate will eventually move on to other types of residential placement, or into the community where he may reside with or without supervision. It is estimated that the average length of stay in Type 7 units will be one year.

The size of the hostel units would vary from eight to twelve. Since the retardates will be keeping a relatively regular forty-hour work week, and will be expected to do some of their own housekeeping chores, the staffing for these residences could be based primarily on the houseparent system with a married couple in charge. The housemother would stay in while the housefather could work another job during the day.

The housefather is expected to envelop himself with the residents after his work hours, if he works away from the hostel. Some additional staffing may be necessary. For example, one arrangement would be to have a college student on duty in the afternoons, evenings, and weekends, and to augment the houseparents functions of training, supervision, counseling, etc., and to enable the houseparents' to lead their own personal lives. Another alternative is to have a college student majoring in psychology, education, social work, etc., live-in and work part-time for room, board, and pocket money.

It is presently thought that .5 persons per 1,000 of the general population in the sixteen to twenty-five age group need this type of service. At current population levels, this amounts to about 25 places. Since this is a conservative estimate, it is proposed to establish three units of nine places each.

This service and Residential Service Types 8 and 9, should be administered by the Vocational Services Division of the Douglas County Department of Mental Retardation.

Residential Service Type 8 - (Sheltered Living)

Some retardates will not be able to find employment in competitive industry and will be retained in the Work Activity Center of the Vocational Services Division for prolonged periods of time, perhaps averaging ten years. Some residents may be in sheltered employment in industry as such becomes increasingly available. Many residents in Type 8 hostels would be retardates who, in the past, would have usually been institutionalized, particularly as they became older. Such individuals require relatively sheltered living situations providing a good deal of direction, much as their work situation does.

The size of this facility might be between eight to thirty retardates, and some integration would appear desirable. Houseparents might also operate this hostel, but they would be a more highly trained and supervised couple. Also, additional types of professional service for counseling and recreation would be required, the Vocational Services Division would operate these facilities, perhaps under a person with group work background.

It is anticipated that some residents would pay toward their room and board from earnings, and therefore cost of this service would not be so high.

Presently, some 249 borderline to severely retarded Douglas County residents, ages eighteen to forty-five, are at Beatrice. This is a very high rate of approximately 1.8 per 1,000 general population and probably reflects inappropriate admission practices of four decades ago. It is anticipated that only .4 places per 1,000 population should be needed for service for this age group. This equals 52 places, assuming current population levels. However, if the Douglas County residents at Beatrice are to be returned pretty much as a group, there will be a sudden demand for this type residential service, and it will be necessary to plan for 250 places initially, distributed around the County in units of eleven or twelve each. The number of these units will then decline over the years.

Residential Service Type 9 - (Minimal Supervision)

Some retardates are capable of getting along in the community with only minimal assistance. These are retardates who hold jobs in competitive employment; but who are left to their own resources, have some difficulty holding or finding jobs, knowing what to do in their leisure time, resisting temptation of bad companions, working out their problems of daily living such as transportation, tax returns, etc. Retardates of this type require an element of minimal supervision which can be provided by community supervision or protected residential service. The function of this service would be somewhat similar to that of a sympathetic landlord or landlady in a rooming or boarding house. Type 9 Residential Service units can be subdivided into those where the residents eat-in (boarding house style), and those where they may do some of their own cooking and/or eat in restaurants.

Staffing for Type 9 would be similar to that required for the training hostels, except that the staff ratio can be smaller, and since the residents would be relatively independent, the units could be larger, serving up to about thirty individuals each. The age range served would be from about eighteen years on up, and again there could be some integration of sexes.

These facilities could be operated at low cost under the Vocational Services Division since the residents will be self-supporting and will be expected to pay their own way.

It is difficult to estimate the number of places necessary for Type 9 units as turnover can be expected to be high as residents marry, move out on their own, or must be returned to more supervised settings. It is estimated that .5 per 1,000 general population of the twenty-one to forty-five age group, or about 65 places will be needed. Thus, it is recommended that two units of 32 places be planned. It is possible that this thinking may need to evolve toward the provision of some residential facilities for entire families also, who, without minimal supervision, might disintegrate and, aside from the personal tragedies involved, absorb much more of society's resources than would be involved in minimal supervision.

Residential Service Type 10 - (Crisis Assistance)

Everyone can readily understand that the presence of a handicapped person in a home imposes special demands upon parents and siblings. These demands increase both with the severity and number of handicaps that the family member may have. Despite the many problems that a handicapped person may present to a family, many families are quite willing to meet such a challenge. However, few people realize the unrelenting and unrelieved continuity of demands that some handicaps impose. For instance, parents of

retarded children often give up their entire social life because it is not possible for them to find a babysitter who can be trusted to take care of their child. Families go for years, even decades, without spending a vacation away from home because they can neither leave the handicapped child behind nor take the child with them. Where a child requires virtually constant attention, the mother simply cannot afford to be sick because she knows that her sickness may mean that the family will break up. Just to know this is stressful in itself. To many mothers, the pleasure and convenience of going shopping during the day when the children are at school, or while taking them along, is unknown. Such families may never be able to go anywhere as a unit. In addition, occasions arise when parents have to attend to important business, go on trips, or make a move to a new home or a new city; there are times when a new baby is born, when a death or divorce occurs in the family, etc. Often, such occasions provide the final impetus for applying for long-term institutionalization.

If one looks at the applications for admission to institutions, one finds almost invariably that applications are made after the occurrence of some kind of family crisis. Often, the family previously had adjusted to the presence of the handicapped member, but after the breakdown of even minor family function, can no longer cope to the burdens of the handicapped member. Thus, even relatively minor crises may become the straw that breaks the camel's back. It is noteworthy that crises of this nature are often temporary, but this is irrelevant regarding family functioning. No matter how temporary the crisis may be, the family may not null through with the handicapped member in the home - thus permanent institutionalization is the answer for relatively temporary problems.

For reasons briefly summarized above, it is proposed that a Crisis Assistance Unit (CAU) would be an economical investment in that it would prevent costly long-term residential care by providing relatively inexpensive short-term services. The CAU would provide care and supervision for just that small but crucial element of time that many families need in order to make an otherwise adequate adjustment. Services rendered might include:

1. Residential care for up to one month to help families surmount major crisis such as disease, death, divorce, birth, etc.
2. Residential care for several days up to a month to provide relief from family stress; to allow the family to attend to business matters; to move; to take a needed vacation, etc.
3. Nonresidential supervision for part of a day or an evening, both for crisis and stress relief so that couples or parents without partners, may have an opportunity to take care of business and personal affairs, go shopping, take an out-of-town trip for a day, and even have a little fun just as everybody else does.

The unit should be physically arranged in such a fashion that both sexes and all ages can be served. Maximum stay per admission would be about one month, and maximum residence time per client per year would be about two months. No minimum would be set. With an average projected residence of two weeks per client, each bed would serve about twenty-four clients yearly. It might be appropriate to plan on twelve beds which would serve nearly 300 clients each year. In addition to the clients who would occupy the beds, it is anticipated that another six to twelve clients might be served daily on a part-time (mostly evenings)

basis. Demand for such part-time service can be expected to be particularly high on weekends. Thus, residential and nonresidential services of the CAU as described above might help a total of 1,000 families yearly.

A unit of this nature needs to be well-staffed and needs to offer some recreative and therapeutic activities for a wide range of ages so as to make the stay of the clients as pleasant as possible. A suggested staffing pattern is found in the tables at the back of this report. The administration level of the CAU could come from a number of disciplines but someone with a social work background would be most suited. It might be desirable to utilize the houseparent system to some extent in the CAU, as in some of the other residential services.

It should be kept in mind that in addition to the CAU, a number of other proposed services can offer some crisis relief. Thus, some of the other residential services might accept an occasional short-term resident, and might render guidance and counseling usually needed by a family in crisis.

Optimally, a crisis assistance unit should be placed adjacent to a day care center serving both children and adults. This will have several advantages:

1. The physical facilities and resources (playground, recreational equipment, toys, food service, etc.) of the day care center could be utilized to some degree by the CAU clients. This would be the case especially on weekends when the day care center in question would be unused.

2. The clients of a small crisis assistance unit may be so different in age, functioning level, and other characteristics that they lack peers for socialization. If a day care center is close by, there will be a much higher likelihood that there will be peers with whom they can socialize.

By locating adjacent to and sharing resources with a day care center, a CAU can operate at a much lower cost than if it had to duplicate all the resources it needs.

The Aged

At present, about 120 Douglas County residents at Beatrice are over 45 years of age. Some of these individuals will still be able to live in Type 8 Residential Service and attend a sheltered workshop, but eighty to one hundred of them should probably be placed in nursing homes. Since nursing home care within Douglas County is not likely to cost more than the current and projected per diem costs at Beatrice, it would appear likely to be in the best interest of the County and the client to give high priority to the speedy return of these senior citizens to home community.

Summary

Let us make the following assumptions:

1. All Douglas County residents now at Beatrice are to be brought back in a short period of time;
2. About eighty to one hundred of the aged retardates at Beatrice will be placed in Douglas County nursing homes;
3. Current unmet residential needs are to be met in a short span of time;

and, 4. Extensive nonresidential services are to be developed concomitantly with residential ones.

Under these assumptions, Douglas County should plan for ten types of residential services and a total of about 650 places (not counting the aged). It can be expected that over the next five to ten years, the rate of demand for required places would decline strongly, perhaps by as much as fifty percent. The actual number of places needed may decline to a minimum of about 500, but then the population growth curve would begin to intersect the rate decline curve, and after some stability, the number of places can never be brought below .5 per 1,000 total population, but that the maximum need not be above 1 per 1,000 of general population. At present it is 1.68 per 1,000 of the total general population.

TABLE 17

PROPOSED RESIDENTIAL SERVICES DIVISION UNITS

| RESIDENTIAL UNIT TYPE | FUNCTIONS | RESIDENTS AGE RANGE | RESIDENTS PER UNIT | NUMBER OF UNITS | TOTAL PLACES | TREND FOR FUTURE PLACES |
|--------------------------|-------------------------|---------------------------|--------------------------|-----------------------|-----------------|----------------------------|
| 1 | Maintenance of Life | Any Age | 100 | 1 | 100 | Level in 5 to 10 years |
| 2 | Infant Nursery | Under 4 | 6 | 1 | 6 | Down strongly |
| 3 | Child Development | 3 - 12 | 6 | 10 | 60 | Down strongly |
| 4 | Pre-Vocational | 10 - 16 | 8 | 8 | 64 | Level |
| 5 | Habit Shaping | Children and Adults | 8 - 12 | 3 | 30 | Level |
| 6 | Structured-Correctional | Over 10 | 8 | 2 | 16 | ? |
| 7 | Training Hostel | Over 16 | 9 | 3 | 27 | Up slightly |
| 8 | Sheltered Living | Over 18 | 11 - 12 | 22 | 250 | Down strongly |
| 9 | Minimal Supervision | Over 18 | 32 | 2 | 64 | Up slightly |
| 10 | Crisis Assistance | Any Age | 12 | <u>1</u> | <u>12</u> | Level |
| TOTALS | | | | 53 | 629 | |

TABLE 18

PROPOSED STAFFING BUDGET FOR THE
CENTRAL OFFICE, RESIDENTIAL SERVICES DIVISION

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----------------------------|---------------|---------------------------|
| 1 Director | \$12,000 | \$12,000 |
| 1 Assistant Director | 9,000 | 9,000 |
| 1 Administrative Assistant | 7,500 | 7,500 |
| 1 Clerk I | 5,000 | 5,000 |
| 1 Clerk II | 4,000 | <u>4,000</u> |
| | TOTAL | \$37,500 |

TABLE 19

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
MAINTENANCE OF LIFE RESIDENTIAL UNIT TYPE 1*

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Director (M.D. - also to serve as Director of Medical Services to entire Douglas County Department of Mental Retardation) | \$20,000 | \$20,000 |
| 1 Administrative Assistant (for a minimum of 50 residents) | 8,000 | 8,000 |
| 1 Head Nurse (R.N.) | 8,000 | 8,000 |
| 5 Staff Nurses (R.N.) | 7,000 | 35,000 |
| 1 LPN - 1/3 residents | 5,000 | 75,000 |
| 1 Attendant, orderlies - 1/3 residents | 3,500 | 52,500 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$203,000 |

* As recommended in the content of this proposal, this unit might, in actuality, be a complex of three adjacent sub-units: children's, adult male and adult female.

TABLE 20

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION

INFANT NURSERY UNIT TYPE 2

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 1 Assistant Director | 7,000 | 7,000 |
| 3 Infant Care Workers, 1/1.2 residents | 3,500 | 10,500 |
| 1/2 Clerk II | 2,000 | <u>2,000</u> |
| | TOTAL | \$27,500 |

TABLE 21

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
CHILD DEVELOPMENT UNIT TYPE 3

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 10 Houseparents, 1/6 residents | 5,000 | 50,000 |
| 25 Assistant Houseparents 2.5/6 residents | 2,000 | <u>50,000</u> |
| | TOTAL | \$108,000 |

TABLE 22

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
PRE-VOCATIONAL UNIT TYPE 4

| | <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----|--|---------------|---------------------------|
| 1 | Director | \$8,000 | \$ 8,000 |
| 1 | Assistant Director | 6,000 | 6,000 |
| 8 | Houseparents, 1/8 residents | 5,000 | 40,000 |
| 20 | Houseparent Assistants, 2.5/8 residents | 2,000 | <u>40,000</u> |
| | | TOTAL | \$ 94,000 |

TABLE 23

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
HABIT SHAPING UNIT TYPE 5

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----------------------------------|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 1 Assistant Director | 7,000 | 7,000 |
| 20 Care Workers, 1/1.3 residents | 4,000 | 80,000 |
| 1/2 Clerk II | 2,000 | <u>2,000</u> |
| | TOTAL | \$97,000 |

TABLE 24

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
STRUCTURED-CORRECTIONAL UNIT TYPE 6

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----------------------------------|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 1 Assistant Director | 6,000 | 6,000 |
| 13 Technicians, 1/1.14 residents | 4,000 | <u>52,000</u> |
| | TOTAL | \$66,000 |

TABLE 25

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
TRAINING HOSTEL UNITY TYPE 7

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--------------------------------|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 1 Assistant Director | 7,000 | 7,000 |
| 3 Houseparents, 1/10 residents | 5,000 | <u>15,000</u> |
| | TOTAL | \$30,000 |

TABLE 26

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
SHELTERED LIVING UNIT TYPE 8

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--------------------------------------|---------------|---------------------------|
| 1 Director | \$8,000 | \$8,000 |
| 1 Assistant Director | 6,000 | 6,000 |
| 22 Houseparents, 1/12 residents | 5,000 | 110,000 |
| 22 Houseparent Assistants, 1/unit | 4,000 | <u>88,000</u> |
| | TOTAL | \$212,000 |

TABLE 27

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
MINIMAL SUPERVISION UNIT TYPE 9

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----------------------------------|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 2 Houseparents, 1/32 residents | 5,000 | 10,000 |
| 2 Houseparent Assistants, 1/unit | 4,000 | <u>8,000</u> |
| | TOTAL | \$26,000 |

TABLE 28

PROPOSED STAFFING BUDGET FOR THE
RESIDENTIAL SERVICES DIVISION
CRISIS ASSISTANCE UNIT TYPE 10

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Director | \$8,000 | \$ 8,000 |
| 1 Houseparents, 1/unit | 5,000 | 5,000 |
| 2 Houseparent Assistants | 4,000 | 8,000 |
| 1 Recreational-Occupational Activities Specialist | 6,000 | <u>6,000</u> |
| | TOTAL | \$27,000 |

VOCATIONAL SERVICES DIVISION

Subcommittee Report

Basic Principles

Administration and Central Services

Work Centers

Vocation-Related Residential Services

Cochairmen

Mrs. Dorothy Cheyne

Mrs. Mary Harr

Principal Author

Wolf Wolfensberger, Ph.D.

VOCATIONAL SERVICES DIVISION

Overview

It is proposed that within the Douglas County Department of Mental Retardation, a Vocational Services Division be established. This division can be conceptualized as being subdivided into three sections:

1. An administrative center which, in addition to administration, would provide certain central services for the entire division.
2. A series of work centers, each consisting of vocational training and sheltered workshop facilities.
- and 3. A residential services section which would provide three types of residential services correlated with the other vocational services provided by the division.

Each of these three sections will be described in detail; however, it should be recalled that some professional and supportive services needed by these services will not be attached to them, but will be rendered from a central manpower pool.

Basic Principles

Basic goals and underlying needs for a Vocational Services Division include:

1. Vocational services will be required by a substantial proportion of the Douglas County retardates during adolescence and/or adulthood.
2. Many vocational services can be provided by the public school and the Department of Mental Retardation should take up the services which the public school systems:
 - a. cannot perform
 - b. will not perform
 - c. should not perform.

3. Vocational services for the retarded of Douglas County should be rendered under one single administrative structure.

Administration and Central Services

The administrative center should be housed within a single building or building complex within or adjacent to the Central Office. Within this complex should be located all those professionals and services which are required at either more than one physical facility within the division or at no single specific physical locality, but in the community as a whole.

The central facility will house the administrative and business management personnel. It is therefore conceivable that the State Department of Vocational Rehabilitation may be willing to locate its mental retardation consultants for Douglas County in this central facility. Additionally, the following functions will be localized in this central facility:

1. Evaluation of vocational clients for service assignments and placement.
2. Vocational counseling to clients in any of the work centers and/or residential units. Also, a number of retardates who work and reside within the community will be in need of vocational counseling.
3. Community supervision will offer the necessary supervision to those retardates capable of independent community residence. These retardates, living independently with their families or in rooming and boarding houses, holding competitive employment, and leading relatively "normal" lives, will require occasional guidance and assistance with day-to-day problems of living, in finding new jobs, in improving their job position, etc.

4. Work placement of retardates into sheltered or competitive employment in the community will be handled entirely through the central office.
5. Contract procurement of work suitable for the enrollees of the workshops and work activity centers.
6. Family counseling will primarily be conducted by the Family Guidance and Evaluation Division, although the Vocational Services Division will counsel on matter relating to job placement and success.
7. Speech consultation will be offered so that all programs will be consistent with the best methods for improving speech and language skills. It is felt that such a program will be more promising than one based on individualized speech therapy, although the latter should not be ruled out completely.
8. Provision of purchased or referred services. A number of services required by the clients will not be rendered by regular staff, but by agencies and personnel to who clients are referred or whose services are purchased. Such services might include physical therapy, audiology, optometry, general medical care, psychiatric consultation, etc.

A distinction should be made between functions served and services provided by the Central Office on the one hand, and the personnel staffing pattern which will provide these services and functions on the other. A proposed staffing pattern and budget is found in the tables at the end of this report.

Work Centers

It is proposed that a series of work centers be established, each of which would provide:

1. Evaluation. Intake evaluation would be performed by the Central Office staff. However, state-federal regulations permit extended evaluation of up to eighteen months. In this sense, evaluation takes place by observing the client during supervised work activities, and much value will be placed on the clients' response to guidance and instruction.

It is estimated that evaluation will service the largest number of clients, but that this service will also have the highest client turnover. For planning purposes, it is estimated that 10 percent of the approximately 6,500 youths reaching age sixteen each year (at current population trends) have problems that are or may be suspected to be associated with low intelligence. Of these 650, it is assumed that 10 percent or 65 new cases will be referred for evaluation each year. If an average evaluation takes four to six months, a total of about twenty-five places should be set aside for this function. However, it should be realized that until the backlog of demand has been met, the need for evaluation will be much higher.

2. Training and evaluation cannot be meaningfully separated, and both will take place simultaneously. The training will be provided in a workshop setting. State-federal regulations currently permit an eighteen months training period in addition the the evaluation phase. It is conceivable that a client might then spend a total of three

years in a supervised learning-oriented work situation. In some cases, a client may receive further training, although training beyond the eighteen-month limit may not be subsidized by federal funds.

Training needs are risky to forecast, as demand for this service type is likely to increase greatly as it is supplied. It might not be unreasonable to expect that 1 percent of the sixteen to twenty-five age group may need this service at one time or another, in addition to vocational services offered by the public schools, Goodwill, Concentrated Employment, etc. At present, about 5,000 persons enter this age grouping yearly in Douglas County. At current population trends, about fifty new cases can be expected each year. A total of 75 places will be needed if the average length of training is eighteen months. With the rapid growth of the young adult population, and an increase in the need for training for even low-skill occupations, both rate and number of needed training places may go up considerably.

Some of the clients undergoing evaluation and training will reside in Residential Services Type 7.

3. Sheltered employment will offer work settings to some clients after completion of evaluation and training. However, other clients, capable of relatively high levels of work performance will enter into competitive employment. Those entering the sheltered employment will require more intensive supervision of

a type not available in competitive industry. If a client is so productive that his work output is equivalent to an income of \$750 or more yearly, current law requires that he be placed in a sheltered workshop where he will be paid, according to his productivity, somewhere between fifty to one hundred percent of the federal minimum wage. While there will be continued emphasis on learning, primary emphasis will be on productivity, and it is anticipated that this workshop can be operated at relatively low cost by obtaining lucrative contracts from industry.

Demand for this type service is a bit easier to forecast. It can be expected that only a small proportion of retardates will be so handicapped as to require sheltered employment, while simultaneously being so productive as to earn above \$750 yearly. Also, some members of this group may eventually become placeable into competitive employment. Therefore, we estimate a need for about .025 places per 1,000 general population between ages eighteen to forty-five, or about two new cases a year, or about thirty places altogether at current population levels and an average stay of about fifteen years.

It is anticipated that a number of clients in this service will reside in Residence Types 7 or 8.

4. Work Activities. There are many individuals who are capable of some productive work under sheltered conditions, although they are severely handicapped or retarded. Ordinarily, these individuals might be viewed somewhat similar to those placed in the sheltered workshop as described earlier, except that current law

requires that individuals whose productivity is below \$750 a year be grouped separately, and separate regulations will affect the operation of such a workshop. Therefore, the term "work activity center" has been developed for such workshops. The activities of the evaluation, training, and long-term employment phases of a work center will be related and continuous, and may take place in a shared space, and even staff may be shared to some extent. However, the current law, requiring that the work activity center be in a space of its own, can be satisfied by using partitions, although service areas such as rest rooms, canteens, etc., may be shared.

Most retarded individuals who, after training, are not placed into competitive employment will enter the work activity center. Over the long run, we forecast a need for about one place per 1,000 general population between ages eighteen and fifty, for a total of about 140 at current population levels. However, if large numbers of Beatrice residents are returned to Douglas County over a relatively short period of time, about 210 such places will be needed for perhaps ten to twenty years. As these people phase out, population growth may require continued need of these places.

It is anticipated that sheltered employment in industry will become more readily available in the future. For example, some commercial laundries will now accept retarded workers and modify the work structure so that such workers can function much like in a sheltered workshop. It is possible that with such developments, need for sheltered workshop or Work Activity places may decline, although it is unlikely that such need will fall by more than fifty percent.

Some individuals will not be capable of any kind of work activity at all, but do require a program during the day to keep them active, healthy, and happy. A program of this nature should be provided by adult day activity centers described in the Family Guidance and Evaluation Division report. Such a program would be an adult extension of day care facilities for children. In addition to the benefits derived by the retarded individual, such a program provides much-needed relief for the families. Most individuals needing this type service would have been institutionalized in the past, and such a program can often prevent institutionalization. Also, some individuals residing in residential facility Type 5 should be included in this service center during the daytime.

It is proposed that the optimal size of a work center is between sixty to ninety clients. However, it is also proposed that the first such work center to be developed be located adjacent to the central administrative facility. This location serves a number of advantages:

- (a) Work center staff can participate in intake evaluations without having to commute.
- (b) Central service personnel can participate in evaluation in the work center.
- (c) During the initial phases of the entire program, some staff members can serve in both the central and the work center areas until full staffing of specific positions becomes more reasonable.
- (d) Training, communication, and public relationships are facilitated by having one work center adjacent to the administrative unit.

A possible staffing pattern for a work center is shown in table form at the end of this report.

Vocation-Related Residential Services

The Vocational Services Division would operate three types of residential services. There are described as Types 7, 8, and 9 in the Residential Services Division report in this volume. Briefly, Type 7 is for young adults who are under intensive vocational training; Type 8 is for adults who need long-term, perhaps long-life, sheltered living, as well as sheltered employment, and who will probably work in one of the sheltered workshops or work activity centers; Type 9 provides minimal residential supervision for adults who are holding competitive employment within the community. All these services will be administered from an office within the central administrative building, and a possible staffing pattern for this central staff has been presented earlier in this report.

Summary

When one combines the needs for various types of services discussed within, Douglas County would need, at any one time, under the present conditions, the following places:

| | |
|---------------------|-------------------|
| Evaluation | 25 places |
| Training | 75 places |
| Sheltered Work | 30 places |
| Work Activity | <u>210 places</u> |
| TOTAL PLACES NEEDED | 340 places |

It is proposed that this need be met by establishing five work centers. One of these would be located in or near the headquarters of both the vocational services office as well as Douglas County Department of Mental Retardation. This center should serve about sixty clients, and should be the first one to be developed. Four additional satellite centers serving about seventy clients each should be added one by one in strategic locations throughout the county. The distribution of clients, staff, and staff budgets is proposed as shown in a table at the end of this report.

TABLE 28
PROPOSED STAFFING BUDGET FOR THE CENTRAL OFFICE
OF THE VOCATIONAL SERVICES DIVISION

| <u>Position</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Coordinator of Vocational Services | \$ 13,000 | \$ 13,000 |
| 1 Business Manager | 10,000 | 10,000 |
| 1 Assistant Business Manager | 8,000 | 8,000 |
| 1 Personnel Manager | 6,500 | 6,500 |
| 1 Psychologist, M.A., 1/125 clients | 6,000 | 6,000 |
| 1 Psychologist Technician, B.A., 1/75 clients | 6,000 | 6,000 |
| 1 Contract Procurement Specialist | 7,500 | 7,500 |
| 1 Director of Vocational Guidance | 10,000 | 10,000 |
| 1 Work Placement Specialist | 7,500 | 7,500 |
| 1 Vocational Counselors, 1/100 clients | 7,500 | 7,500 |
| 1 Speech Specialist | 8,000 | 8,000 |
| 1 Clerk I, 1/10 professionals | 5,000 | 5,000 |
| 2 Clerk II, 1/5 professionals | 4,000 | <u>8,000</u> |
| TOTALS \$ 103,000 | | |

TABLE 28, cont'd.

In addition, the following personnel from the Work Center and the Residential section should be housed in the Central Office area.

| | | |
|------------------------------------|----------|-------------------|
| 1 Director of Work Centers | \$12,000 | \$12,000 |
| 1 Director of Residential Services | 12,000 | <u>12,000</u> |
| | | \$ 24,000 |
| CENTRAL OFFICE STAFF BUDGET | | <u>\$ 103,000</u> |
| TOTAL BUDGET | | \$ 127,000 |

TABLE 29

PROPOSED STAFFING BUDGET FOR THE WORK CENTER
OF THE VOCATIONAL SERVICES DIVISION

| <u>Position</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|---------------------------|
| 1 Director | \$10,000 | \$10,000 |
| 1 Shop Supervisor (Assistant Director, in charge of Evaluation and Training | 8,000 | 8,000 |
| 1 Foreman Evaluation, 1/20 clients in Sheltered Work | 7,000 | 7,000 |
| 1 Foreman, Sheltered Work, 1/40 clients | 7,000 | 7,000 |
| 1 Foreman, Work Activities, 1/40 clients | 7,000 | 7,000 |
| 4 Teacher Trainer, 1/20 clients | 7,000 | 28,000 |
| 4 Academic Teachers, 1/20 clients | 7,500 | 30,000 |
| 1 Janitor, Driver, Trainer | 5,000 | 5,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$107,000 |

TABLE 30

PROPOSED STAFFING BUDGET FOR THE VOCATION-RELATED RESIDENTIAL SERVICES
OF THE VOCATIONAL SERVICES DIVISION

| <u>Position</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---|---------------|---------------------------|
| 1 Director | \$12,000+ | \$12,000+ |
| 1 In-Service Training Director | 8,500 | 8,500 |
| 1 Assistant Director | 7,000 | 7,000 |
| 2 Housekeeping Assistants, 1/100 residents or 1/10 residential units, whichever is greater | 4,000 | <u>8,000</u> |
| | TOTAL | \$35,500 |

TRANSPORTATION SERVICES DIVISION

Subcommittee Report

CHAIRMAN

Frank J. Menolascino, M.D.

TRANSPORTATION SERVICES DIVISION

Overview

It is proposed that a transportation service be established within the Douglas County Department of Mental Retardation to insure that the mentally retarded citizens of our county are enabled to utilize available and developing programs and services. Because this service may be needed for persons enrolled in programs of the various other divisions of the Douglas County Department of Mental Retardation, it is proposed that the transportation for enrollees be handled through the Central Office.

With the expansion of services to the mentally retarded, it is obvious that some system of transportation is essential and must also be developed. There are retardates who presently are excluded from programs including special education classes, because they do not have the necessary transportation.

Presently, many school age children are assigned to special education classes in public schools as far as eight miles away from their homes. Conceivably, the distance may be much greater for those retardates living outside of Omaha. The reasons for the distance are the number and location of special education classrooms in Douglas County. Many of the families of these youngsters face increased financial burdens resulting from the added costs of transporting their retarded child to and from school, while many other retardates are denied their rights to a "free public education" because they lack transportation.

Basic Principles

Among the underlying reasons for the much needed transportation services are:

1. Mentally retarded individuals should not be excluded from any service or program for the mentally retarded because transportation or funding for transportation cannot be provided.
2. Transportation should be available as needed by mentally retarded persons participating in programs within the proposed Douglas County Department of Mental Retardation, as well as those participating in any other community program, including educational, social, and/or recreational activities.
3. Any form of transportation service for the mentally retarded should be designed to accommodate persons with various types of physical handicaps and their special appliances.

It is feasible that a coordinated transportation service could be established with existing programs such as Project CHANCE and the HELP Nursery. This would eliminate duplication of travel routes and result in an overall savings in both time and money. There are three general types of transportation which should be considered for inclusion in the Douglas County Plan for Comprehensive, County-Wide Services for the Mentally Retarded. (a) the establishment of taxicab pools, (b) the rents or leasing of vehicles, and (c) the purchasing of new or used vehicles. Several taxicab pools are now in operation. However, cab pools have generally proven to be a costly and troublesome means of transportation with severe feasibility limitations. Other organizations which have implemented their own transportation system after utilizing cabs report a financial saving of up to 50 percent.

The renting and leasing of vehicles also proves to be an expensive practice, as it is an on-going, no-return expense. Under a leasing plan, it is necessary to supply the gas, general maintenance, and the driver. The equipment available through rental and leasing agencies is not of the heavy duty type required for extensive use and soon becomes a maintenance problem. It is possible to charter buses where these expenses are incorporated into the charter price. The relatively large size of these buses makes them suitable for special events involving large numbers of people, but they are usually inappropriate for the needed routine services.

Coincident with the comprehensiveness of the County Plan, it is recommended that Douglas County purchase six new vehicles of the microbus or "Travelall Van" type which are available in models with a twelve to twenty passenger capacity and which could be equipped to meet the needs of the retardates served. This fleet could be supplemented with larger purchased or chartered buses. In addition to school and day program transportation, these vehicles could be used throughout the day to provide messenger service, for vocational workshop activities, and for transporting shared equipment, staff, and participants to and from day care centers and residential units. These vans could also be used for delivery and pick-ups of loaned equipment to families of retarded children. When the drivers are not with their vehicles, they could be performing maintenance services and/or working in other aspects of the various programs. Some of the drivers could be hired on a part-time basis, and might include retired persons in good health who need and desire part-time employment, "foster grandparents", and persons holding more than one job.

The greatest expense to Douglas County will be the initial purchase of the vehicles. A survey of local transportation arrangements and earnings in educational and children's service programs reveals that the average unit cost per vehicle (with heavy duty equipment and special features such as hydraulic lift gates and wide aisles) ranges from \$3,000 and \$4,000; a full-time bus driver might earn a salary of \$300 monthly; and the monthly cost of gas and general maintenance would average between \$100 and \$150 per vehicle. Possible, the cost of maintenance and repair could be reduced by incorporating these functions into the operational budget of the Douglas County Garage.

All transactions affecting the transportation program would be coordinated through the Central Office, as all programs and services will be utilizing these vehicles. The estimated insurance cost per vehicle under the auspices of an independent insurance agent approximates \$120 a year which provides more than adequate liability coverage.

Careful consideration was given to all available means of public transportation and the economics and general implementation of an effectively transportation program that is both flexible and utilitarian. Although it is desirable to utilize all means of available public transportation, and to supplement where necessary with taxi pools and leased vehicles, it appears much more economical and practical to have an independent fleet as the central core of an effective transportation program. Vans of the type recommended will prove themselves to be economical and serviceable, and could be used in social, vocational, recreational and educational services.

REPORT EXTRACTED FROM

COORDINATING AND PLANNING PROPOSAL

W. Gunnar Nielsen

PLANNING AND RESEARCH DIVISION

Planning and research should not stop with this report, or any other study, but should, instead, be a continuous and on-going process within the Douglas County Department of Mental Retardation. The Planning and Research Division should be charged with the responsibilities of investigating and developing new concepts of programming, services, legislation, and financial and technical resources. Some of the more detailed functions of the proposed Planning and Research Division follow:

1. To provide up-to-date estimates of the services rendered to the retarded of Douglas County, or persons needing services, and of future service needs.
2. To keep informed of services in other states and new findings in research which might be used to improve services to the retarded.
3. To assist the Division Director and/or Program Directors in planning and implementing programs for the retarded.
4. To work with the State Office of Mental Retardation and the Director of the Department of Mental Retardation in establishing programs and forming new associations which will actively support services for the retarded in Douglas County.
5. To assist the Department Director in the formulation and writing of additions and extensions of the Douglas County Plan, and or periodic progress reports.

6. To be aware of sources for financing services for the retarded through federal and state government, and through private foundations; as well as to write grant applications for the Douglas County Department of Mental Retardation.
7. To provide liaison service between county, state, and federal agencies as well as nonprofit groups to insure objectives are being reached and sufficient information is available to them to continue their efforts in establishing programs for the retarded.
8. To evaluate existing services within the Department of Mental Retardation and/or other community agencies, and make recommendations to those officials who would be concerned with the operation of such programs. Serve as a monitor to all existing services, programs, and planning groups in order to insure that those programs are in keeping with the best interest of the retarded.
9. To strive to gain legal clarification and interpretation of laws as they apply to services to the retarded.
10. To provide research and assistance in the planning for the development of needed legislation which would promote services for the retarded,
11. To serve as resource personnel who would enlighten and apprise state senators regarding services and existing care for the retarded of Douglas County and Nebraska.
12. To provide technical and administrative assistance to interested groups, officials, and agencies in planning and financing programs for the retarded, and in implementing the same.

REPORTS PREPARED BY THE STAFF OF
THE GREATER OMAHA ASSOCIATION FOR RETARDED CHILDREN

Volunteer Services

In-Service Training Program

Public Information Office

VOLUNTEER SERVICES

Programs for the mentally retarded offer very worthwhile and rewarding opportunities for volunteers. Such opportunities can meet an important need for meaningful activities in the lives of people who wish to donate part or all of their time in rendering unpaid services. The citizens could include students, housewives, senior citizens, and employed persons. The proposed system of services will include volunteer tasks as varying educational and ability levels, and could very well utilize the numerous talents of the people within our community who need and desire volunteer work.

The availability of part-time volunteer manpower should not be overlooked as a vital supplement to paid staff in each program. The initial involvement of students, as volunteers, can lead to a decision on the part of some to become involved in careers in the field of mental retardation. A Volunteer Service Division can, therefore, serve the additional function of recruitment of individuals for fulltime service to the mentally retarded. Because persons who are sufficiently interested in a field to volunteer their time can be expected to tell other people about their "work," volunteers can also enhance the community's interest in, and understanding of, the retarded.

Among the many services which could be fulfilled by volunteers, there are two programs which are rather unique to volunteers. Because they are not commonly conceived as a part of volunteering, they are described in detail within.

The "Buddy" System

The use of college and high school students as "buddies" to the mentally retarded was first initiated, on a large scale, in Texas, through the TARs organization (Teens Aiding the Retarded), which is associated with

the local Associations for Retarded Children. Each teenager is assigned a retarded teenager to include in his regular leisure-time activities. For example, the "buddies" might take in a movie, go swimming, attend a sporting event, etc. The Texas experience has proven that such a system has provided the much needed normalization of relationship with peers, often resulting in improved adjustment to family and community living for the retardate.

The "Foster Grandparent" Program

"Foster Grandparent" programs have also proven to be highly successful. The Federal Government sponsors this program, paying people over age 65 and below a stated income, to spend time--on an individual basis--with an assigned mentally retarded child. Since Federal funds are not now available for new Foster Grandparent programs, this concept could be initiated on a volunteer basis. These volunteers could provide the children living in residential units the individual attention, affection, and stimulation which these children so desperately need. They could also be used to provide relief for families who have a retarded member at home and who frequently have difficulties finding an understanding and competent babysitter.

Volunteers could assist families in their efforts to keep their retarded member at home, and could also reduce the need for Crisis Assistance and Home Helping services. After Federal funds become available, volunteer could continue to be used to supplement paid "Foster-Grandparents" in meet the needs of the retardate through their many years of experience, tempered patience, and less pressured approach to life.

In order to assure maximum benefits for the volunteer and the retarded individuals in the various programs, the Director of Volunteer Services should probably work in close cooperation with many other staff members of

the Douglas County Department of Mental Retardation. The Public Information Officer will be in a good position to make the various needs and opportunities for volunteers known to the community, and thereby assist in recruitment. An orientation and education program for volunteers will be necessary and could be provided through the In-Service Training Program.

The assignment and supervision of volunteers will necessitate ongoing consultation with the various division directors. "Casework Services" should be directly involved in the assignment of volunteers in programs such as the "buddy" system and "foster grandparents," with certain emphasis on the matching of the volunteer and the assigned retardate. The assignment and supervision of volunteers interested in programs such as Day Care, Recreation, and Vocational Services, will necessitate consultation with the appropriate division or program director and staff.

In addition to coordinating volunteer services with all other programs within the system of services, the Volunteer Services Director would be in charge of the initial screening and selection of volunteers. Personnel records might also be kept regarding each volunteer's training, experience, skills, etc., to insure the most efficient use of the volunteer available time. The Volunteer Services Director might also establish a recognition system for volunteers and for community groups providing assistance or service to the retarded, including businesses, labor organizations, and church groups.

IN-SERVICE TRAINING PROGRAM

Services for the mentally retarded, regardless of staff ratios, programs, or facilities can only succeed if the staff understands the retarded, accepts them as fellow human beings deserving respect, and as human beings having potentials for growth and development. An In-Service Training Program is therefore needed to shape the attitudes and concepts of the staff and volunteers. This is considered crucial to the success of the entire service system for the mentally retarded.

One function of the In-Service Training staff would include conducting orientation and general training classes in the field of mental retardation, the causes and prevention of retardation, the problems which face the retarded and their families, the services and available resources within the community which might help fulfill the retarded's needs, etc. In order to accomplish this, films and other educational material could be used, seminars utilizing the professional as well as would be personnel could be conducted, tours of the programs administered by the Department of Mental Retardation and other agencies within the community, etc.

The In-Service training staff should be concerned not only with the orientation of new staff members but with programs of continuing education for the staff. They should arrange or administer classes for non-professionals and should coordinate post-graduate education for professional personnel. Colleges and universities should be encouraged to develop under-graduate classes for the preparation of potential staff for local and state programs for the retarded. Training experiences for college students and personnel from other agencies concerned with the mentally retarded could also be arranged through in-service.

PUBLIC INFORMATION OFFICE

Since the proposed system of services for the mentally retarded is designed to be a tax-supported department of county government, this department should be concerned with the development of broad-based community support. An adequate Public Information Office would serve as the primary vehicle by which this support would be obtained and maintained by promoting: an understanding of the problems of our mentally retarded; and an awareness of how the county tax dollars are being used to help the retarded, and how these tax dollars will be used to attract additional federal and state funds.

In an effort to insure the success of this proposed system of services, the Public Information Office would be charged with the responsibility of creating public awareness of an and understanding for the problems of mental retardation, the needs of those who are retarded and the potential of most retarded individuals to make productive contributions to our community.

This office would also be responsible for making the public aware of the services available both through the county-supported program and through other private, nonprofit, and voluntary organizations. This could be accomplished by utilizing the mass media; one such use might be a regular news column, radio or TV show, etc. This office could also be responsible for arranging radio and TV appearances and news articles featuring the staff of the Douglas County Department of Mental Retardation.

The Director should be in a position to act as an advisor to the professional staff in interpreting their programs and services, and may serve as the liason between other county governmental agencies, state governmental agencies and other private nonprofit, or voluntary organizations regarding public information or other related fields.

This staff might further be involved through public lectures, educational programs for community, civic, and service organizations, tours for high school groups to promote an interest in health careers, and "open houses" to introduce the public to various service facilities. Orientation sessions for bus drivers, law enforcement officers, social workers, and other appropriate groups should be considered to promote further understanding of the retarded.

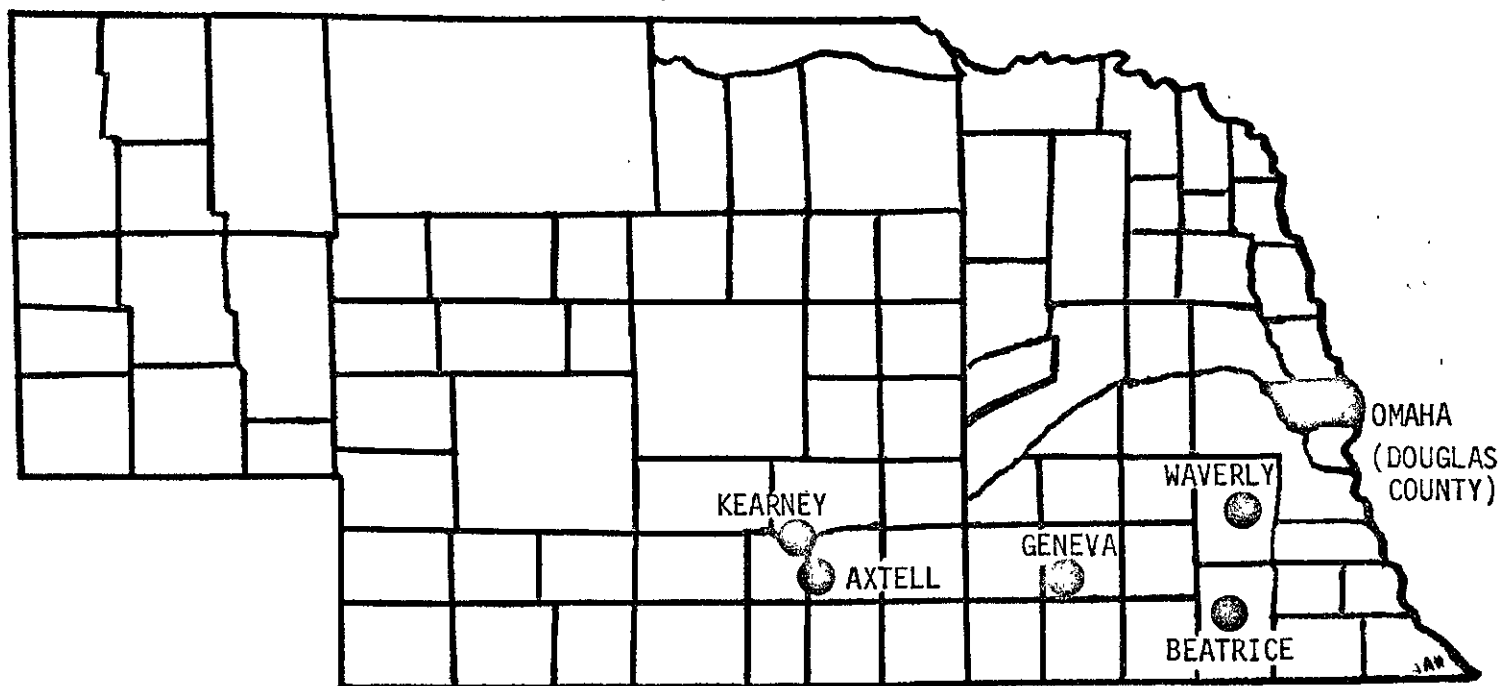
The Director of this office should develop or secure appropriate educational materials, and may want to publish an informational newsletter for general distribution. The development and coordination of a "Speaker Bureau" would be another possible means of creating public awareness and understanding.

APPENDIX A

SUPPORTIVE MATERIALS REGARDING THE PREVALENCE OF MENTAL RETARDATION IN DOUGLAS COUNTY

TABLE 1

PUBLIC AND PRIVATE RESIDENTIAL FACILITIES IN NEBRASKA SERVING THE MENTALLY RETARDED



- AXTELL - Bethphage Mission, Inc. (Private residential facility for the mentally retarded))
- BEATRICE - Beatrice State Home (Public - Nebraska's only public institution for the retarded)
- BEATRICE - The Martin Luther Home and The Martin Luther Vocational Training Center (Private residential facility for the mentally retarded).
- GENEVA - Nebraska State Home for Girls (Public - correctional residence)
- KEARNEY - Nebraska State Home for Boys (Public - correctional residence)
- OMAHA - GREATER OMAHA ASSOCIATION FOR RETARDED CHILDREN, INC. AND THE DOUGLAS COUNTY DEPARTMENT OF MENTAL RETARDATION
- WAVERLY - The Villa Marie Home and School for Exceptional Children (Private residential facility for the mentally retarded)

TABLE 2

FREQUENCY DISTRIBUTION BY AGE AND DEGREE OF RETARDATION
AS OF MAY 1, 1968
OF DOUGLAS COUNTY RESIDENTS AT BEATRICE STATE HOME

| AGE, in Years | DEGREES OF RETARDATION | | | | | | | | | | | | | |
|---------------|------------------------|--------|------|--------|----------|--------|--------|--------|----------|--------|--------------|-------|-------|---------|
| | BORDERLINE | | MILD | | MODERATE | | SEVERE | | PROFOUND | | UNDETERMINED | | TOTAL | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| | | | | | | | | | | | | | | |
| Under 2 | | | | | | | | | | | 3 | .47 | 3 | .47 |
| 2 - 5 | 1 | .16 | | | | | 5 | .79 | 2 | .32 | 18 | 2.84 | 26 | 4.10 |
| 6 - 9 | 3 | .47 | 1 | .16 | 7 | 1.10 | 10 | 1.58 | 11 | 1.74 | 3 | .47 | 35 | 5.52 |
| 10 - 13 | 5 | .79 | 6 | .95 | 16 | 2.52 | 19 | 3.00 | 12 | 1.89 | 13 | 2.05 | 71 | 11.20 |
| 14 - 17 | 5 | .79 | 10 | 1.58 | 23 | 3.63 | 22 | 3.47 | 9 | 1.42 | 6 | .95 | 75 | 11.83 |
| 18 - 20 | 5 | .79 | 11 | 1.74 | 12 | 1.89 | 14 | 2.21 | 6 | .95 | 1 | .16 | 49 | 7.73 |
| 21 - 24 | 10 | 1.58 | 14 | 2.21 | 11 | 1.74 | 14 | 2.21 | 16 | 2.52 | 1 | .16 | 66 | 10.41 |
| 25 - 44 | 23 | 3.63 | 43 | 6.78 | 54 | 8.52 | 38 | 5.99 | 30 | 4.73 | 3 | .47 | 191 | 30.13 |
| 45 - 54 | 7 | 1.10 | 14 | 2.21 | 20 | 3.15 | 12 | 1.89 | 4 | .63 | 3 | .47 | 60 | 9.46 |
| Over 55 | 6 | .95 | 17 | 2.68 | 18 | 2.84 | 12 | 1.89 | 3 | .47 | 2 | .32 | 58 | 9.15 |
| TOTALS | 65 | 10.25% | 116 | 18.30% | 161 | 25.39% | 146 | 23.03% | 93 | 14.67% | 53 | 8.36% | 634 | 100.00% |

TABLE 3

A SURVEY OF MENTALLY RETARDED CHILDREN - AGES 5 THROUGH 21 - WITH IQ's BELOW 80,
AS REPORTED BY THE PUBLIC SCHOOL DISTRICTS WITHIN DOUGLAS COUNTY

| <u>PUBLIC SCHOOL</u> <u>DISTRICT NO.</u> | <u>LOCATION</u> | <u>CHILDREN IN</u> <u>BEATRICE</u> <u>STATE HOME</u> | <u>CHILDREN</u> <u>ATTENDING</u> <u>SPECIAL</u> <u>SCHOOLS</u> | <u>CHILDREN NOT</u> <u>ATTENDING</u> <u>SCHOOL</u> | <u>TOTAL # MR</u> <u>CHILDREN</u> <u>REPORTED</u> |
|---|--------------------|--|---|--|---|
| 1 | Omaha | 115 ** | 0 *** | 274 ** | 1,209 ** |
| 8 | | 0 * | 0 | 0 | 0 |
| 10 | Elkhorn | 0 * | 1 | 0 | 1 |
| 11 | Waterloo | 0 * | 0 | 0 | 0 |
| 15 | | 0 | 0 | 0 | 0 |
| 17 | Millard | 1 ** | 0 | 0 | 21 |
| 23 | | 0 * | 0 | 0 | 0 |
| 24 | Two Rivers | 0 * | 0 | 0 | 0 |
| 27 | Sunny Side | 0 * | 0 | 0 | 0 |
| 32 | Fairview | 0 * | 0 | 0 | 0 |
| 33 | Valley City | 1 * | 0 | 0 | 6 ** |
| 41 | Fairview | 0 ** | 1 | 0 | 1 |
| 54 | Ralston | 4 ** | 2 | 4 | 38 |
| 59 | Bennington | 0 * | 0 | 1 | 1 |
| 66 | Westside Community | 0 *** | 0 *** | 0 *** | 175 ** |
| 67 | | <u>1 *</u> | <u>0</u> | <u>1</u> | <u>3</u> |
| TOTALS | | 122 | 4 | 280 | 1,455 |

KEY

* June, 1967 Public School Census - as reported by the County School Superintendent

** April and May, 1968 - as reported by the individual school districts

*** Specific information not reported

TABLE 4
 FREQUENCY DISTRIBUTION BY AGE GROUPS AND DEGREES OF RETARDATION
 OF DOUGLAS COUNTY CHILDREN
 REPORTED BY THE PUBLIC SCHOOL DISTRICTS AS OF MAY 1, 1968

| AGE IN YEARS | DEGREES OF RETARDATION | | | | |
|------------------|------------------------|------------|-------------|---------|-------|
| | IQ 80 - 66 | IQ 65 - 45 | IQ Below 45 | Unknown | TOTAL |
| 5 | 0 | 0 | 0 | 0 | 0 |
| 6 thru 9 | 155 | 44 | 13 | 1 | 213 |
| 10 thru 13 | 183 | 108 | 59 | 6 | 356 |
| 14 thru 17 | 174 | 125 | 54 | 1 | 354 |
| 18 thru 20 | 115 | 68 | 55 | 5 | 243 |
| 21 | 40 | 31 | 21 | 0 | 92 |
| Age Not Reported | 157 | 40 | 0 | 0 | 197 |
| TOTALS | 824 | 416 | 202 | 13 | 1,455 |

APPENDIX B

ORGANIZATIONAL TABLES FOR THE PROPOSED
DOUGLAS COUNTY DEPARTMENT OF MENTAL RETARDATION

TABLE 5

ORGANIZATION OF THE PROPOSED DOUGLAS COUNTY DEPARTMENT OF MENTAL RETARDATION

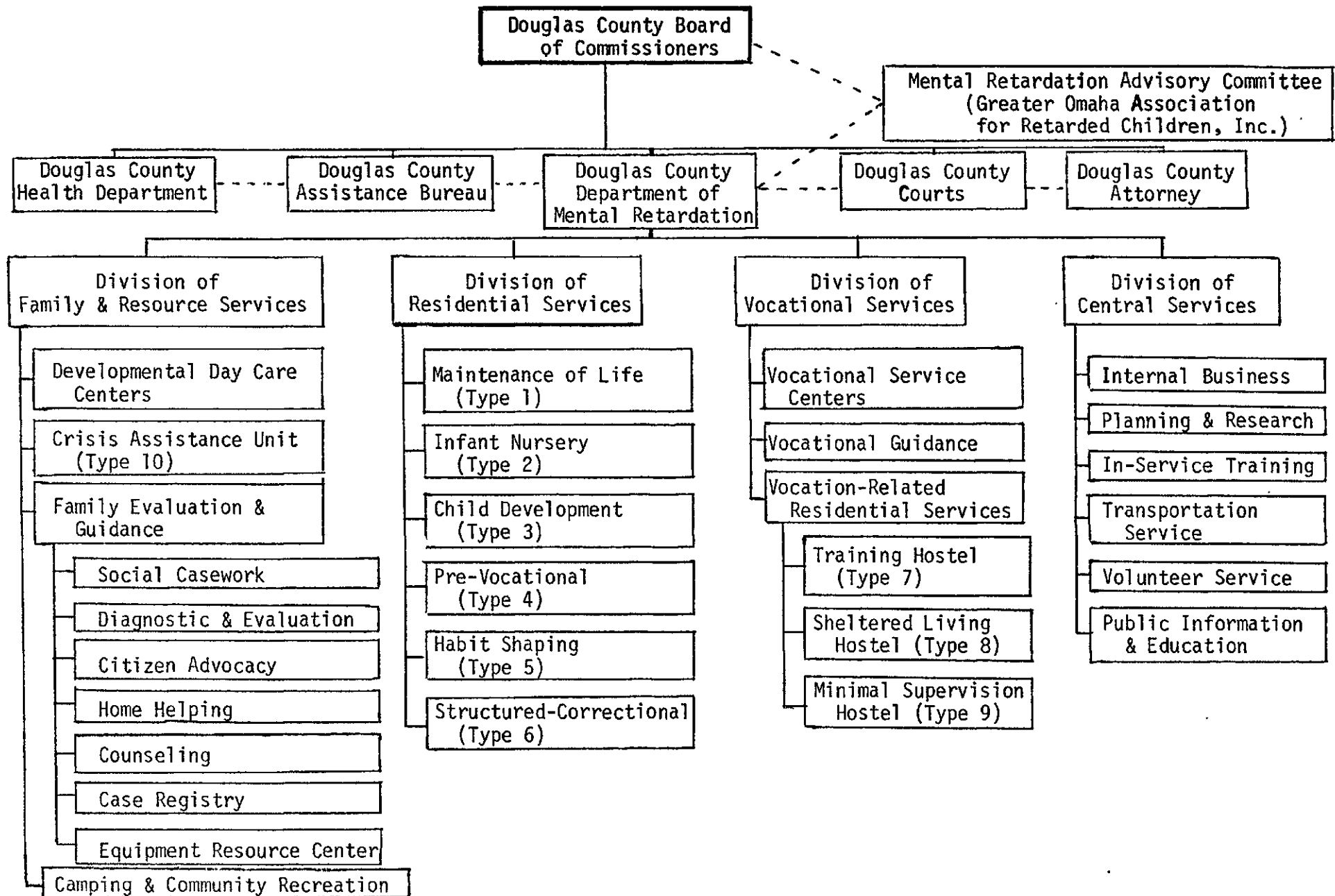


TABLE 6

ORGANIZATION OF THE OFFICE OF THE DIRECTOR,
PROPOSED DEPARTMENT OF MENTAL RETARDATION

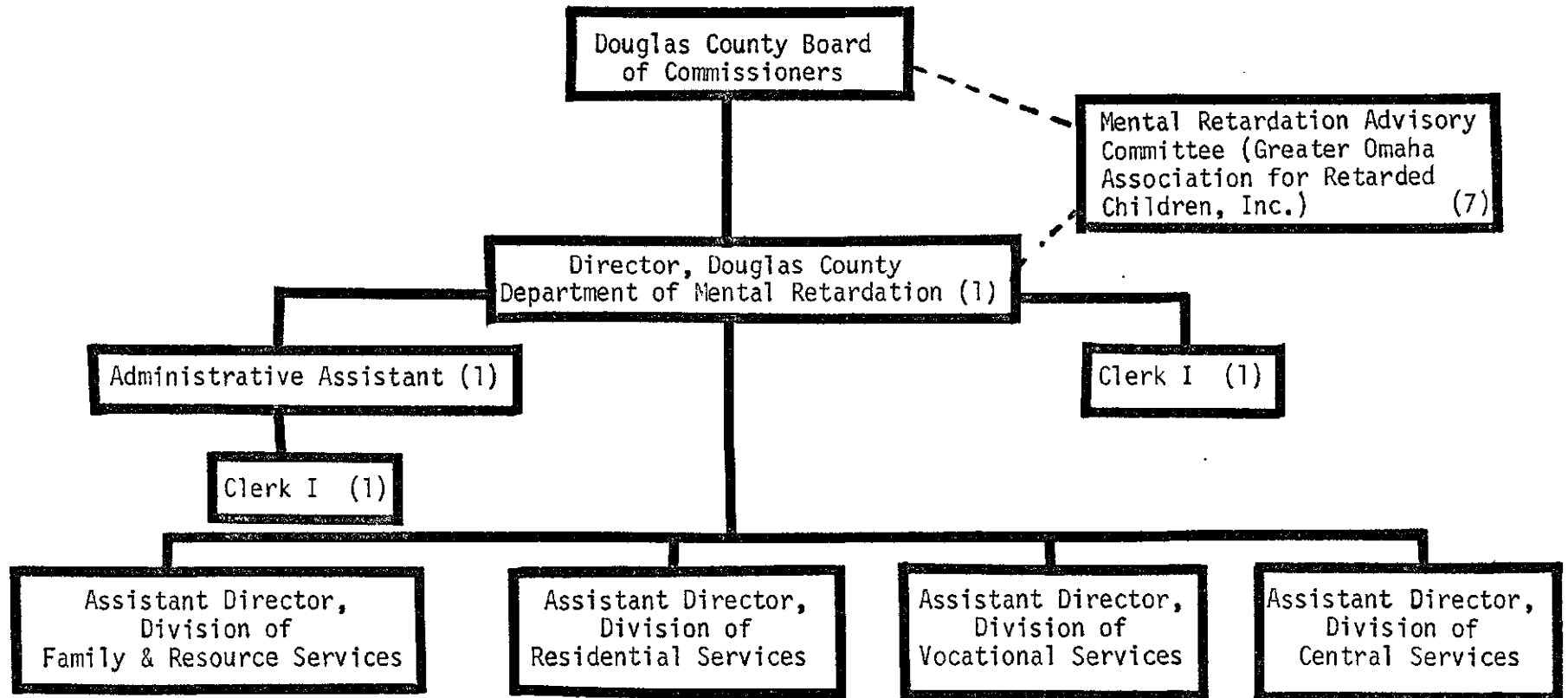


TABLE 7

ORGANIZATION OF THE PROPOSED DIVISION OF FAMILY & RESOURCE SERVICES

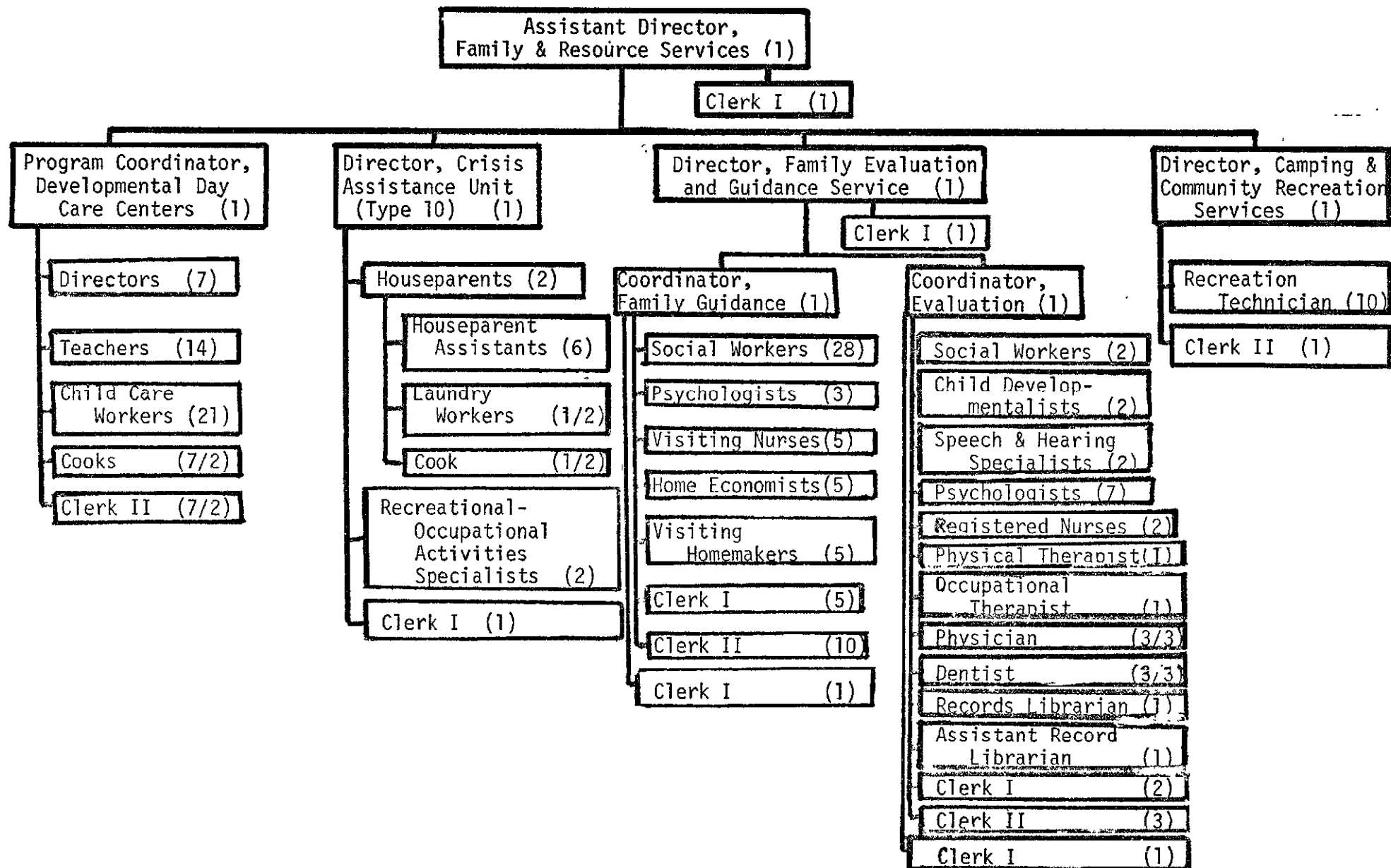


TABLE 8

ORGANIZATION OF THE PROPOSED DIVISION OF RESIDENTIAL SERVICES

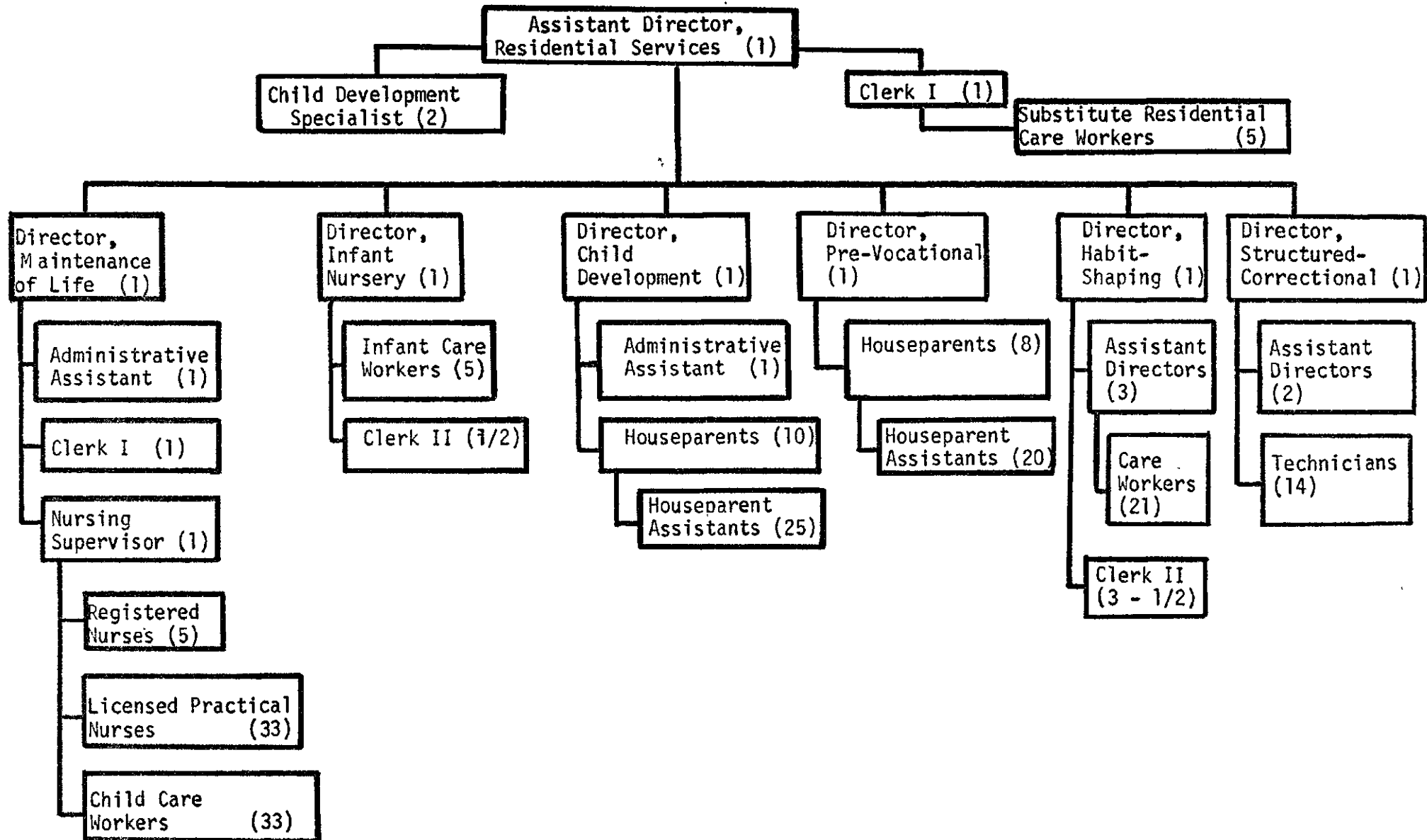


TABLE 9

ORGANIZATION OF THE PROPOSED DIVISION OF VOCATIONAL SERVICES

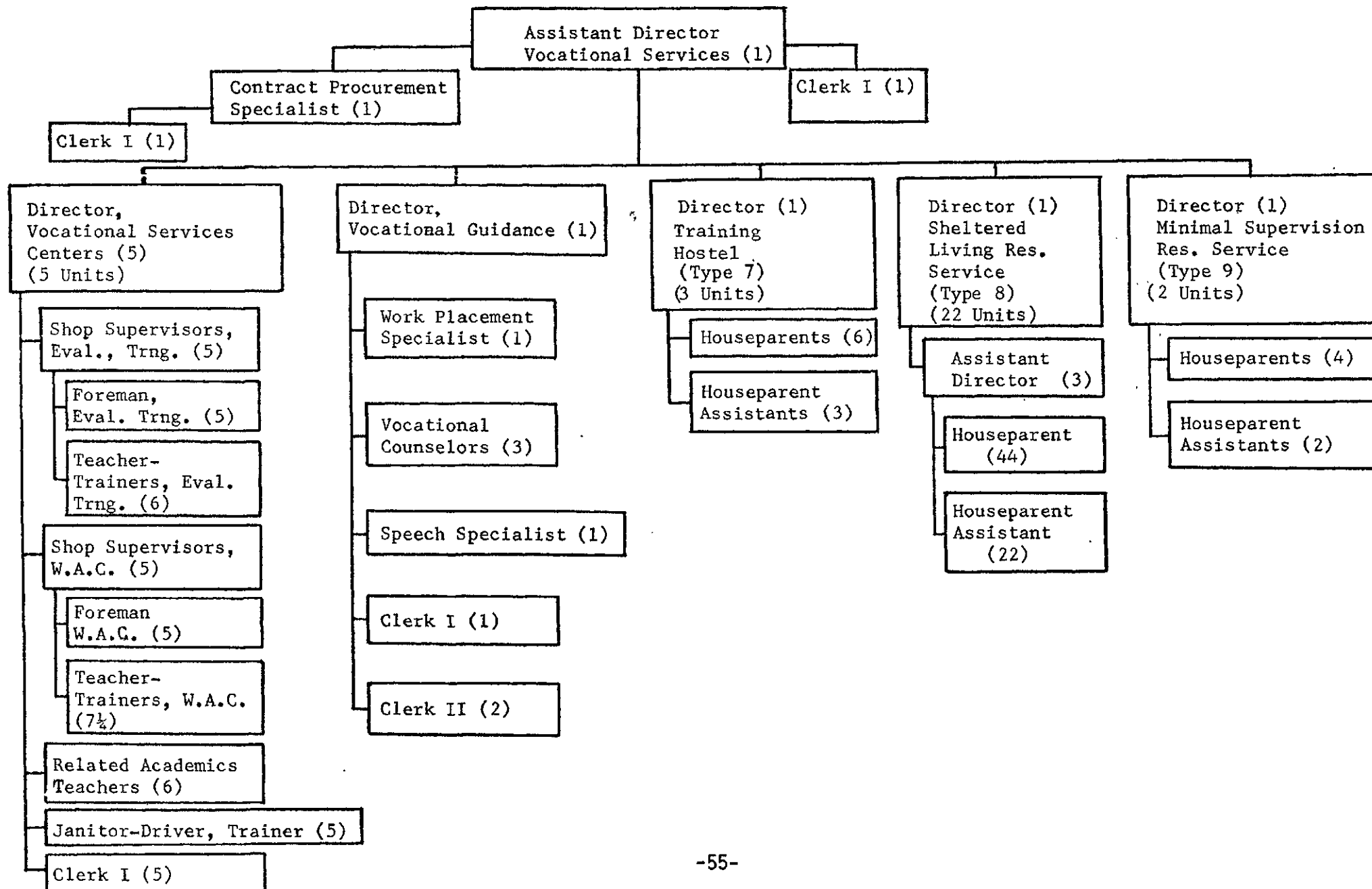
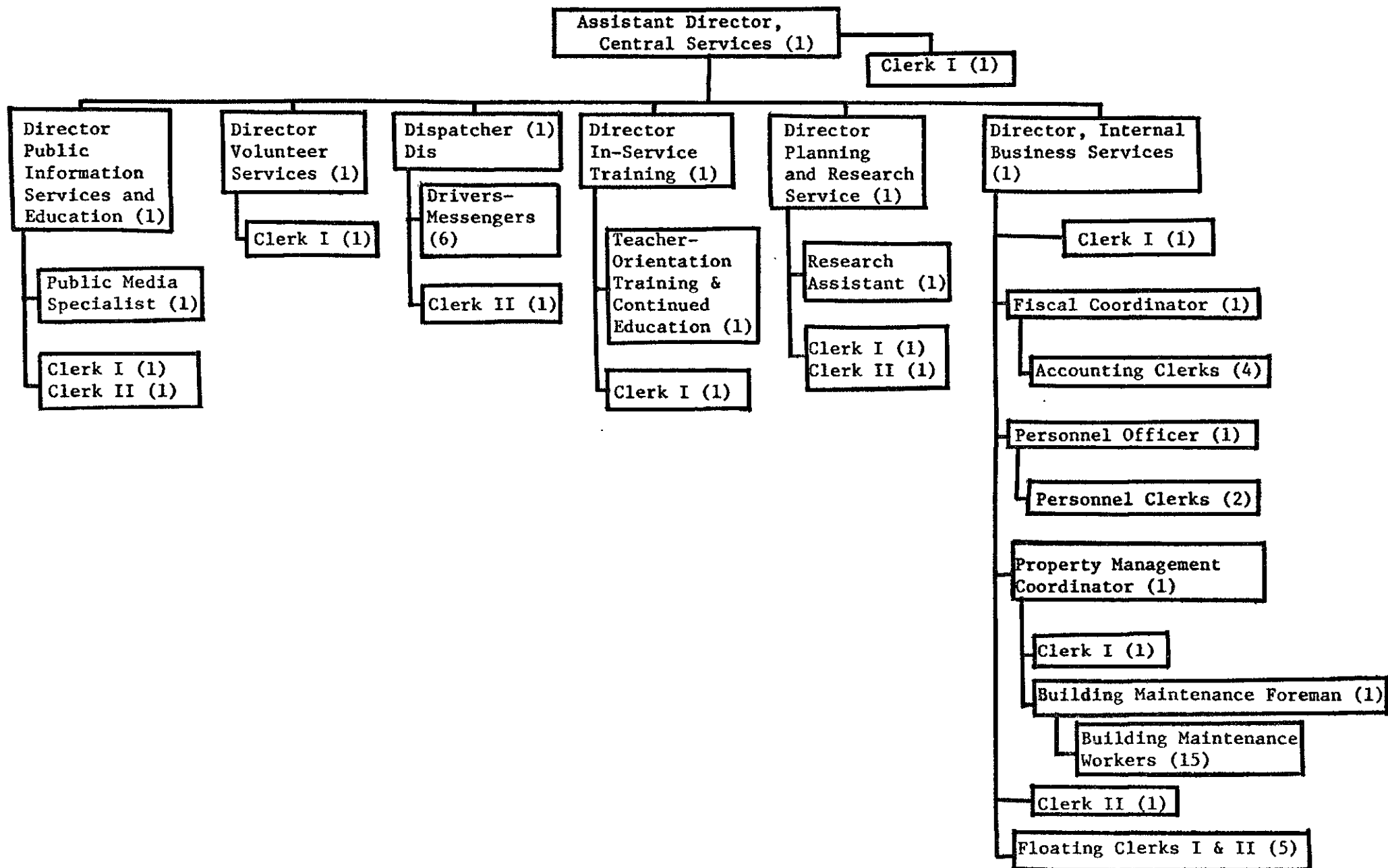


TABLE 10

ORGANIZATION OF THE PROPOSED DIVISION ON CENTRAL SERVICES



APPENDIX C

PROJECTED SALARY BUDGETS FOR THE
DOUGLAS COUNTY DEPARTMENT OF MENTAL RETARDATION,
JULY, 1974

TABLE 11

SUMMARY OF THE PROJECTED SALARY BUDGET FOR STAFFING THE DOUGLAS
COUNTY DEPARTMENT OF MENTAL RETARDATION by July 1, 1974

| <u>Service</u> | <u>Total Salaries Per Service</u> | <u>Total Salaries Per Division</u> |
|---|---------------------------------------|--|
| Department of Mental Retardation | \$ 35,000..... | \$ 35,000 |
| Division of Family & Resource Services | | |
| Director's Office | 18,000 | |
| Developmental Day Care Centers | 271,500 | |
| Crisis Assistance Unit | 69,000 | |
| Family Evaluation & Guidance | 627,500 | |
| Camping & Community Recreation | 62,000 | |
| SUB TOTAL | <u>\$1,048,000.....</u> | <u>\$1,048,000</u> |
| Division of Residential Services | | |
| Director's Office | \$ 59,000 | |
| Residential Units Type 1 | 373,000 | |
| Type 2 | 30,000 | |
| Type 3 | 164,000 | |
| Type 4 | 128,000 | |
| Type 5 | 119,000 | |
| Type 6 | 76,000 | |
| SUB TOTAL | <u>\$ 949,000.....</u> | <u>\$ 949,000</u> |
| Division of Vocational Services | | |
| Director's Office | \$ 30,000 | |
| Vocational Services Centers | 367,750 | |
| Vocational Guidance Services | 61,000 | |
| Vocational-Related Residential Services | | |
| Type 7 | 50,000 | |
| Type 8 | 339,500 | |
| Type 9 | 36,000 | |
| SUB TOTAL | <u>\$ 884,750.....</u> | <u>\$ 884,750</u> |
| Division of Central Services | | |
| Director's Office | \$ 18,000 | |
| Internal Service | 185,500 | |
| Planning and Research Service | 26,000 | |
| In-Service Training | 21,500 | |
| Transportation Service | 33,000 | |
| Volunteer Service | 13,000 | |
| Public Information Service | 25,500 | |
| SUB TOTAL | <u>\$ 322,500.....</u> | <u>\$ 322,500</u> |

TOTAL PROJECTED SALARY EXPENSE FOR THE DEPARTMENT AS OF JULY 1, 1974 = \$ 3,239,250

As previously noted, we would expect the personnel costs--as well as the other expenses for county-operated mental retardation services--would be funded by a combination of County, State and Federal funds. Such basic tax support would be well supplemented by "fees for services" to be paid by parents and various governmental agencies (Vocational Rehabilitation, E.S.U. # 3, Public Welfare, etc.)

TABLE 12
 PROPOSED STAFF BUDGET FOR THE
 OFFICE OF THE DIRECTOR,
 DOUGLAS COUNTY DEPARTMENT OF MENTAL RETARDATION

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----------------------------|---------------|-----------------------|
| 1 Director | \$15,000 | \$15,000 |
| 1 Administrative Assistant | 10,000 | 10,000 |
| 2 Clerk I | 5,000 | <u>10,000</u> |
| | TOTAL | \$35,000 |

TABLE 13
PROPOSED STAFF BUDGET FOR THE
DIVISION OF FAMILY & RESOURCE SERVICES

DIRECTOR'S OFFICE

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--------------------------------------|---------------|-----------------------|
| 1 Assistant Director for Division | \$13,000 | \$ 13,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 18,000 |

DEVELOPMENTAL DAY CARE CENTERS

(7 Centers of 25 Places)

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---|---------------|-----------------------|
| 1 Program Coordinator (Child Development Specialist, PhD) | \$12,500 | \$ 12,500 |
| 7 Directors (Child Development Specialists, MA) | 8,000 | 56,000 |
| 14 Teachers | 6,500 | 91,000 |
| 21 Child Care Workers | 4,000 | 84,000 |
| 7 1/2 Cooks | 2,000 | 14,000 |
| 7 1/2 Clerk II | 2,000 | <u>14,000</u> |
| | TOTAL | \$271,500 |

TABLE 13 (Cont'd)

PROPOSED STAFF BUDGET FOR THE DIVISION OF FAMILY & RESOURCE SERVICE

CRISIS ASSISTANCE UNIT - (RESIDENTIAL TYPE 10)

(1 Unit of 12 Places)

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|--|---------------|-----------------------|
| 1 Director (Child Developmental Specialist) | \$ 8,000 | \$ 8,000 |
| 2 Houseparents | 5,000 | 10,000 |
| 6 Houseparent Assistants | 5,000 | 30,000 |
| 2 Recreational-Occupational Activities Specialists | 6,000 | 12,000 |
| 1 Clerk I | 5,000 | 5,000 |
| 1/2 Laundry Worker | 2,000 | 2,000 |
| 1/2 Cook | 2,000 | <u>2,000</u> |
| | TOTAL | \$ 69,000 |

FAMILY EVALUATION & GUIDANCE

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---------------------------------------|---------------|-----------------------|
| 1 Director (MSW+) | \$ 12,000 | \$ 12,000 |
| 1 Coordinator, Evaluation (PhD) | 14,000 | 14,000 |
| 1 Coordinator, Family Guidance (MSW+) | 11,500 | 11,500 |
| 3 Clerk I | 5,000 | <u>15,000</u> |
| | SUB TOTAL | \$ 52,500 |

TABLE 13 (Cont'd)

PROPOSED STAFF BUDGET FOR THE DIVISION OF FAMILY & RESOURCE SERVICE

FAMILY EVALUATION & GUIDANCE (Cont'd)STAFF PRIMARILY ASSIGNED TO EVALUATION DUTIES

| | <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---|------------------------------------|---------------|-----------------------|
| 2 | Social Workers (MSW) | \$ 9,000 | \$ 18,000 |
| 2 | Child Developmentalists (MA) | 8,000 | 16,000 |
| 2 | Speech & Hearing Specialists | 8,000 | 16,000 |
| 2 | Psychologists, (MA) | 8,000 | 16,000 |
| 5 | Psychology Technicians (BA) | 6,000 | 30,000 |
| 2 | Registered Nurses | 7,500 | 15,000 |
| 1 | Physical Therapist (MS, RPT) | 9,500 | 9,500 |
| 1 | Occupational Therapist (Reg., BA+) | 8,000 | 8,000 |
| 3 | 1/3 Pediatricians (MD) | 8,000 | 24,000 |
| 3 | 1/3 Dentists (DD) | 7,000 | 21,000 |
| 1 | Records Librarian | 5,500 | 5,500 |
| 1 | Assistant Records Librarian | 4,500 | 4,500 |
| 2 | Clerk I | 5,000 | 10,000 |
| 3 | Clerk II | 4,000 | <u>12,000</u> |
| | | SUB TOTAL | \$ 205,500 |

TABLE 13 (Cont'd)

PROPOSED STAFF BUDGET FOR THE DIVISION OF FAMILY & RESOURCE SERVICE

FAMILY EVALUATION & GUIDANCE (Cont'd)STAFF PRIMARILY ASSIGNED TO GUIDANCE DUTIES

| | <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|----|-----------------------------------|---------------|-----------------------|
| 4 | Social Work Supervisors (MSW) | \$ 9,000 | \$ 36,000 |
| 4 | Social Workers (MSW) | 8,000 | 32,000 |
| 12 | Social Work Technicians (BA+) | 6,000 | 72,000 |
| 8 | Social Work Technicians(BA) | 5,000 | 40,000 |
| 3 | Counseling Psychologists (MA) | 9,000 | 27,000 |
| 5 | Visiting Nurses (PHN) (PH | 8,000 | 40,000 |
| 5 | Visiting Home Economists (BA+) | 6,500 | 32,500 |
| 5 | Visiting Homemakers (HS+) | 5,000 | 25,000 |
| 5 | Clerk I | 5,000 | 25,000 |
| 10 | Clerk II | 4,000 | <u>40,000</u> |
| | SUB TOTAL | | \$ 369,500 |

TABLE 13 (Cont'd)

PROPOSED STAFF BUDGET FOR THE DIVISION OF FAMILY & RESOURCE SERVICE

CAMPING AND COMMUNITY RECREATION

| <u>POSITION</u> | <u>Salary</u> | <u>TOTAL SALARIES</u> |
|---------------------------|---------------|-----------------------|
| 1 Director | \$ 8,000 | \$ 8,000 |
| 10 Recreation Technicians | 5,000 | 50,000 |
| 1 Clerk II | 4,000 | <u>4,000</u> |
| | TOTAL | \$62,000 |

TOTAL FOR THE DIVISION OF FAMILY & RESOURCE SERVICES

\$ 1,048,000

TABLE 14

PROPOSED STAFF BUDGET FOR THE DIVISION OF RESIDENTIAL SERVICES

DIRECTOR'S OFFICE

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|---|-------------|-----------------------|
| 1 Assistant Director, Residential Services | \$ 13,000 | \$ 13,000 |
| 2 Child Development Specialists | 8,000 | 16,000 |
| 5 Substitute Residential Care Workers | 5,000 | 25,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 59,000 |

MAINTENANCE OF LIFE RESIDENTIAL SERVICE, TYPE 11 Unit of 100 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|------------------------------|-------------|-----------------------|
| 1 Director (MD) | \$ 20,000 | \$ 20,000 |
| 1 Administrative Assistant | 8,000 | 8,000 |
| 1 Nursing Supervisor | 8,000 | 8,000 |
| 5 Registered Nurses | 7,000 | 35,000 |
| 33 Licensed Practical Nurses | 5,000 | 165,000 |
| 33 Child Care Workers | 4,000 | 132,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 373,000 |

INFANT NURSERY RESIDENTIAL SERVICE, TYPE 2 --1 Unit of 6 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|--|-------------|-----------------------|
| 1 Director (Child Development Specialist) | \$ 8,000 | \$ 8,000 |
| 5 Infant Care Workers | 4,000 | 20,000 |
| ½ Clerk II | 2,000 | <u>2,000</u> |
| | TOTAL | \$ 30,000 |

TABLE 14 (Cont'd)

CHILD DEVELOPMENT RESIDENTIAL SERVICES, TYPE 310 Units of 6 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|----------------------------|-------------|-----------------------|
| 1 Director | \$ 8,000 | \$ 8,000 |
| 1 Administrative Assistant | 6,000 | 6,000 |
| 10 Houseparents | 5,000 | 50,000 |
| 25 Houseparent Assistants | 4,000 | <u>100,000</u> |
| | TOTAL | \$164,000 |

PRE-VOCATIONAL RESIDENTIAL SERVICES, TYPE 48 Units of 8 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|---------------------------|-------------|-----------------------|
| 1 Director | \$ 8,000 | \$ 8,000 |
| 8 Houseparents | 5,000 | 40,000 |
| 20 Houseparent Assistants | 4,000 | <u>80,000</u> |
| | TOTAL | \$128,000 |

HABIT SHAPING RESIDENTIAL SERVICES, TYPE 53 Units of 8 - 12 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|---------------------------------|-------------|-----------------------|
| 1 Director (Psychologist, M.A.) | \$ 8,000 | \$ 8,000 |
| 3 Assistant Directors | 7,000 | 21,000 |
| 21 Care Workers | 4,000 | 84,000 |
| 3 - ½ Clerks II | 2,000 | <u>6,000</u> |
| | TOTAL | \$119,000 |

TABLE 14 (Cont'd)

STRUCTURED-CORRECTIONAL RESIDENTIAL SERVICE, TYPE 62 Units of 8 Places

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|-------------------------------------|-------------|-----------------------|
| 1 Director (Corrections Specialist) | \$ 8,000 | \$ 8,000 |
| 2 Assistant Directors | 6,000 | 12,000 |
| 14 Technicians | 4,000 | <u>56,000</u> |
| | TOTAL | \$ 76,000 |

TOTAL FOR THE DIVISION OF RESIDENTIAL SERVICES

\$ 949,000

TABLE 15
PROPOSED STAFF BUDGET
FOR THE
DIVISION OF VOCATIONAL SERVICES

Director's Office

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|--|-------------|-----------------------|
| 1 Assistant Director, Vocational Services | \$ 13,000 | \$ 13,000 |
| 1 Contract Procurement Specialist | 7,500 | 7,500 |
| 2 Clerk I | 5,000 | <u>10,000</u> |
| | TOTAL | \$ 30,500 |

Vocational Guidance Services

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|-----------------------------------|-------------|-----------------------|
| 1 Director of Vocational Guidance | \$ 10,000 | \$ 10,000 |
| 1 Work Placement Specialist | 7,500 | 7,500 |
| 3 (Vocational) Counselors | 7,500 | 22,500 |
| 1 Speech Specialist | 8,000 | 8,000 |
| 1 Clerk I | 5,000 | 5,000 |
| 2 Clerk II | 4,000 | <u>8,000</u> |
| | TOTAL | \$ 61,000 |

TABLE 15 (cont'd)

VOCATIONAL SERVICES WORK CENTERS5 Centers of 60-70 Places

| <u>Positions</u> | <u>Rate</u> | <u>Total Salaries</u> |
|---|-------------|-----------------------|
| 5 Work Center Directors | \$ 10,000 | \$ 50,000 |
| 5 Shop Supervisors, Eval., Training and Sheltered Workshop | 8,000 | 40,000 |
| 5 Shop Supervisors, W.A.C. | 7,000 | 35,000 |
| 5 Foremen, Eval., Training, Sheltered Workshoap | 5,500 | 27,500 |
| 5 Foremen, W.A.C. | 5,500 | 27,500 |
| 6 Teacher Trainers, Eval. Training, S.W. | 7,000 | 42,000 |
| 7½ - Teacher Trainers, W.A.C. | 7,000 | 50,750 |
| 6 Related Academics Teachers | 7,500 | 45,000 |
| 5 Janitor-Driver-Trainer | 5,000 | 25,000 |
| 5 Clerk I | 5,000 | <u>25,000</u> |
| | TOTAL | \$ 367,750 |

VOCATIONAL RELATED RESIDENTIAL SERVICESTRAINING HOSTEL RESIDENTIAL SERVICES, TYPE 73 Units of 9 Places

| <u>Positions</u> | <u>Rate</u> | <u>Total Salaries</u> |
|--------------------------------------|-------------|-----------------------|
| 1 Director | \$ 8,000 | \$ 8,000 |
| 6 Houseparents (3 Head Houseparents) | 5,000 | 30,000 |
| 3 Houseparents Assistants | 4,000 | <u>12,000</u> |
| | TOTAL | \$ 50,000 |

TABLE 15 (cont'd)

SHELTERED LIVING RESIDENTIAL SERVICES, TYPE 822 Units of 11-12 Places

| <u>Positions</u> | <u>Rate</u> | <u>Total Salaries</u> |
|--|-------------|-----------------------|
| 1 Director | \$ 9,000 | \$ 9,000 |
| 3 Assistant Directors | 7,500 | 22,500 |
| 44 Houseparents (22 Head Houseparents) | 5,000 | 220,000 |
| 22 Houseparent Assistants | 4,000 | <u>88,000</u> |
| | TOTAL | \$ 339,500 |

MINIMAL SUPERVISION RESIDENTIAL SERVICES, TYPE 92 Units of 32 Places

| <u>Positions</u> | <u>Rate</u> | <u>Total Salaries</u> |
|--------------------------------------|-------------|-----------------------|
| 1 Director | \$ 8,000 | \$ 8,000 |
| 4 Houseparents (2 Head Houseparents) | 5,000 | 20,000 |
| 2 Houseparents Assistants | 4,000 | <u>8,000</u> |
| | TOTAL | \$ 36,000 |

TOTAL FOR THE DIVISION OF VOCATIONAL SERVICES = \$ 884,750

TABLE 16

PROPOSED STAFF BUDGET
FOR THE
DIVISION OF CENTRAL SERVICES

DIRECTOR'S OFFICE

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|---|-------------|-----------------------|
| 1 Assistant Director, Central Services | \$ 13,000 | \$ 13,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 18,000 |

INTERNAL SERVICES

| | | |
|---|--------|---------------|
| 1 Director of Internal Services CPA | 12,000 | 12,000 |
| 1 Clerk I | 5,000 | 5,000 |
| 1 Fiscal Coordinator | 10,000 | 10,000 |
| 4 Accounting Clerks (I) | 5,000 | 20,000 |
| 1 Personnel Officer | 9,000 | 9,000 |
| 2 Personnel Clerks (II) | 4,000 | 8,000 |
| 1 Property Management Coordinator | 9,000 | 9,000 |
| 1 Clerk I | 5,000 | 5,000 |
| 1 Building Maintenance Foreman | 6,000 | 6,000 |
| 15 Building Maintenance Workers | 5,000 | 75,000 |
| 1 Clerk II | 4,000 | 4,000 |
| 5 Floating Clerks (on call-substitutes) | 4,500 | <u>22,500</u> |
| | TOTAL | \$ 185,500 |

TABLE 16 (cont'd)

PLANNING AND RESEARCH

| <u>Position</u> | <u>Rate</u> | <u>Total Salaries</u> |
|-------------------------------------|-------------|-----------------------|
| 1 Director of Planning and Research | \$ 10,000 | \$ 10,000 |
| 1 Research Assistant | 7,000 | 7,000 |
| 1 Clerk I | 5,000 | 5,000 |
| 1 Clerk II | 4,000 | <u>4,000</u> |
| | TOTAL | \$ 26,000 |

IN-SERVICE TRAINING

| | | |
|--|-----------|--------------|
| 1 Director of In-Service Training | \$ 10,000 | \$ 10,000 |
| 1 Teacher - Orientation Training & Continuing Staff Education | 6,500 | 6,500 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 21,500 |

TRANSPORTATION SERVICES

| | | |
|------------------------|----------|--------------|
| 1 Dispatcher (Male) | \$ 5,000 | \$ 5,000 |
| 6 Drivers - Messengers | 4,000 | 24,000 |
| 1 Clerk II | 4,000 | <u>4,000</u> |
| | TOTAL | \$ 33,000 |

VOLUNTEER SERVICES

| | | |
|----------------------------------|----------|--------------|
| 1 Director of Volunteer Services | \$ 8,000 | \$ 8,000 |
| 1 Clerk I | 5,000 | <u>5,000</u> |
| | TOTAL | \$ 13,000 |

PUBLIC INFORMATION & EDUCATION

| | | |
|--|----------|--------------|
| 1 Director for Public Information and Education | \$ 9,000 | \$ 9,000 |
| 1 Public Media Specialist | 7,500 | 7,500 |
| 1 Clerk I | 5,000 | 5,000 |
| 1 Clerk II | 4,000 | <u>4,000</u> |
| | TOTAL | \$ 26,000 |

APPENDIX D

PROPOSED BUDGET FOR

"YEAR ONE "

OF

THE "SIX YEAR PLAN"

TABLE 17

BUDGET SUMMARY FOR PROPOSED
CONTRACTUAL GRANT FOR MENTAL RETARDATION
PILOT-DEMONSTRATION PROJECTS

July 1, 1968 to June 30, 1969

EXPENSE

| | |
|---|---------------|
| Program Planning & Implementation- Regional Office Demonstration | \$ 43,251 |
| Developmental Day-Care Center | 38,514 |
| Crisis Assistance Unit | 55,500 |
| Work Activities Center | 10,000 |
| Training Hostel - Residential Service | <u>14,705</u> |
| PROJECTED GRAND TOTAL EXPENSES | \$ 161,970 |

INCOME

| | | <u>Requested County Share</u> |
|-------------------------------------|------------------------------|-----------------------------------|
| Program Planning and Implementation | | |
| Federal Grant | \$ 4,850 | |
| DOUGLAS COUNTY GRANT | <u>38,401</u> | \$ 38,401 |
| TOTAL INCOME | \$ 43,251 | |
| Developmental Day-Care Center | | |
| State Division of MR Grant | \$ 3,300 | |
| Collectable fees | 5,625 | |
| Civic Donations | 2,589 | |
| DOUGLAS COUNTY GRANT | <u>27,000</u> | \$ 27,000 |
| TOTAL INCOME | \$ 38,514 | |
| Crisis Assistance Unit | | |
| Collectable fees | \$ 22,646 | |
| Civic Donations | 1,854 | |
| DOUGLAS COUNTY GRANT | <u>31,000</u> | \$ 31,000 |
| TOTAL INCOME | \$ 55,500 | |
| Work Activities Center | | |
| DOUGLAS COUNTY GRANT | \$ 10,000..... | \$ 10,000 |
| Training Hostel | | |
| Collectable fees | \$ 10,805 | |
| DOUGLAS COUNTY GRANT | <u>3,900</u> | \$ 3,900 |
| TOTAL INCOME | \$ 14,705 | |
| | TOTAL REQUESTED COUNTY SHARE | \$ 110,301 |
| PROJECTED GRAND TOTAL INCOME | <u>\$ 161,970</u> | |

TABLE 18

PROPOSED BUDGET

September 1, 1968 - June 30, 1969

REGIONAL OFFICE DEMONSTRATION

PROJECT GRANT

1). Period of September 1, - December 31, 1968 (4 Months)

| Personnel on Project | % of Time on Project | Total Budget | Local Share | Federal Share |
|----------------------------------|-------------------------|-----------------|----------------|------------------|
| Regional Director | 50% | \$1,850 | \$1,850 | -- |
| Public Information Director | 100% | 2,240 | 224 | \$2,016 |
| Young Adult Programs Director | 100% | 2,800 | 2,800 | -- |
| Children's Programs Director | 100% | 2,200 | 486 | 1,714 |
| Research Assistant | 100% | 2,000 | 2,000 | -- |
| Secretary | 50% | 760 | 760 | -- |
| Clerk-Steno | 100% | 1,120 | -- | 1,120 |
| SUBTOTALS - SALARIES | | \$12,970 | \$ 8,120 | \$ 4,850 |

TABLE 18 (Cont'd)

REGIONAL OFFICE DEMONSTRATION PROJECT GRANT PROPOSED BUDGET

2). Period of January 1, 1969 - June 30, 1969 (6 Months)

| | | | | |
|----------------------------------|------|----------|----------|----|
| Regional Director | 50% | \$ 2,775 | \$ 2,775 | -- |
| Public Information Director | 100% | 3,360 | 3,360 | -- |
| Young Adult Programs Director | 100% | 4,350 | 4,350 | -- |
| Children's Programs Dir. | 100% | 3,300 | 3,300 | -- |
| Research Assistant | 100% | 3,080 | 3,080 | -- |
| Secretary | 50% | 1,140 | 1,140 | -- |
| Clerk-Steno | 100% | 1,880 | 1,880 | -- |
| SUBTOTALS - SALARIES | | \$19,885 | \$19,885 | -- |

TABLE 18 (Cont'd)

REGIONAL OFFICE DEMONSTRATION PROJECT GRANT PROPOSED BUDGET

3). Totals for Project Period September 1, 1968 to June 30, 1968 (10 Months)

| Personnel on Project | % of Time on Project | Total Budget | Local Share | Federal Share |
|----------------------------------|-------------------------|-----------------|----------------|------------------|
| Regional Director | 50% | \$ 4,625 | \$ 4,625 | -- |
| Public Information Director | 100% | 5,600 | 3,584 | \$ 2,016 |
| Young Adult Programs Director | 100% | 7,150 | 7,150 | -- |
| Children's Programs Director | 100% | 5,500 | 3,786 | 1,714 |
| Research Assistant | 100% | 5,080 | 5,080 | -- |
| Secretary | 50% | 1,900 | 1,900 | -- |
| Clerk - Steno | 100% | 3,000 | 1,880 | 1,120 |
| SUBTOTALS - SALARIES | | \$32,855 | \$28,005 | \$ 4,850 |

TABLE 18 (Cont'd)

REGIONAL OFFICE DEMONSTRATION PROJECT GRANT PROPOSED BUDGET

EXPENSE

4). Project Expense in addition to the basic staff budget, for period of
September 1, 1968 - June 30, 1969 (10 Months)

| <u>EXPENSE</u> | <u>AMOUNT</u> |
|---|---------------|
| F.I.C.A., Employer's Share | \$ 1,446 |
| Employee Group Insurance, Employers Share | 600 |
| Local Travel Expense | 2,000 |
| Conference Expense | 1,000 |
| Rental of Space (no charge) | -- |
| Utilities Costs | 1,000 |
| Telephone (2 lines, 4-5 extensions) | 800 |
| Postage | 750 |
| Office Supplies | 750 |
| Office Furniture and Equipment | 1,800 |
| Household-Building Supplies | 250 |
| <hr/> | |
| Associated Expense - SUBTOTAL | \$10,396 |

TABLE 18 (Cont'd)

REGIONAL OFFICE DEMONSTRATION PROJECT GRANT PROPOSED BUDGET

5). Grand Totals of all expenses associated with the "Regional Office Demonstration Grant" September 1, 1968 - June 30, 1969. (10 Months)

| Item | Total Cost | Local Share | Federal Share |
|-----------------------------|------------|-------------|---------------|
| Project Staff Salaries | \$ 32,855 | \$ 28,005 | \$ 4,850 |
| Associated Project Expenses | 10,396 | 10,396 | -- |
| GRAND TOTAL | \$ 43,251 | \$ 38,401 | \$ 4,850 |

TABLE 19

PROPOSED BUDGET DEVELOPMENTAL DAY CARE CENTER

September 1, 1968 - June 30, 1969

EXPENSES

SALARIES \$ 30,834

| <u>Position</u> | <u>Yearly Salary</u> | <u>Budget Period</u> |
|---|----------------------|----------------------|
| 1 Director | \$ 8,000 | \$ 6,667 |
| 2 Teachers | 6,500 | 10,833 |
| 3 Child Care Workers | 4,000 | 10,000 |
| 1/2 Clerk II | 2,000 | 1,667 |
| 1/2 Cook | 2,000 | 1,667 |
| | | <hr/> |
| | Sub Total | \$ 30,834 \$ |
| FICA (Employers Share 4.4%) | | \$ 1,357 |
| Program and Office Equipment | | 800 |
| Program and Office Supplies | | 600 |
| Consultant and Staff Expense (Local Travel) | | 500 |
| Conference Expense - Center Director | | 400 |
| Employee Group Insurance (Employers Share) | | 240 |
| Insurance, Liability - Program Activities | | 400 |
| Utility Costs, Maintenance, and Telephone | | 1,000 |
| Food Costs - Hot Lunches - Snacks | | <hr/> 2,383 * |
| | TOTAL EXPENSE | \$ 38,514 |

* Program Hours: 9:00 a.m. - 4:30 p.m., Monday through Friday.
Center open from 7:00 a.m. - 6:30 p.m. to accomodate working
mothers and one-car families (husband delivering and picking
up child on way to and from work.)

TABLE 19 (Cont'd)
 PROPOSED BUDGET DEVELOPMENTAL DAY CARE CENTER
 September 1, 1968 - June 30, 1969

| <u>INCOME</u> | |
|--|------------------|
| Nebraska Division of Mental Retardation Grant | \$ 3,300 |
| Parent Fees for Services at \$30 per month per child - 25 (Estimated 75% of fees collectable) | 5,625 |
| Civic Donations and Contributions (Estimated) | 2,589 |
| Douglas County Demonstration Project Grant | <u>27,000</u> ** |
| TOTAL INCOME | \$ 38,514 |

** Comparable cost to Douglas County for 25 residents at Beatrice State Home, at \$4.90 per patient per day = Annual cost of \$44,712.50.

TABLE 20
PROPOSED BUDGET CRISIS ASSISTANCE UNIT
September 1, 1968 - June 30, 1969

EXPENSES

SALARIES. \$ 36,667

| <u>Position</u> | <u>Yearly Salary</u> | <u>Budget Period</u> |
|--|----------------------|----------------------|
| 1 Director | \$ 8,000 | \$ 6,667 |
| 2 Houseparents | 5,000 | 8,333 |
| 4 Assistant Houseparents | 4,000 | 13,333 |
| 1 Recreational-Occupational Activities Specialist | 6,000 | 5,000 |
| 1/2 Clerk II | 2,000 | 1,667 |
| * 1/2 Cook | 2,000 | <u>1,667</u> |
| | SUB TOTAL | \$ 36,667 |

| | |
|---|--------------|
| FICA (Employers Share 4.4%) | \$ 1,613 |
| Program and Office Equipment | 800 |
| Program and Office Supplies | 1,600 |
| Facility Rental or Lease | 3,000 |
| Consultant and Staff Expense (Local Travel) | 500 |
| Conference Expense - Center Director | 400 |
| Employee Group Insurance (Employers Share) | 320 |
| Insurance, Liability - Program Activities | 600 |
| Utility Costs, Maintenance, and Telephone | 2,000 |
| Food Costs, Residential Service | 6,000 |
| Furnishings | 1,000 |
| Miscellaneous (Transportation, Emergency) | <u>1,000</u> |
| TOTAL EXPENSE | \$ 55,500 |

- * 1/2 Cook will prepare all noon meals, Monday through Friday, as well as basically prepare all evening and weekend meals for freezing. Such meals could be later served by the Houseparent or Assistant, who would also be responsible for breakfast daily, for the resident children.

TABLE 20 (Cont'd)
PROPOSED BUDGET CRISIS ASSISTANCE UNIT
September 1, 1968 - June 30, 1969

INCOME

PER DIEM CHARGES FOR RESIDENTIAL CARE

| | |
|--|-----------|
| 8 beds per day at \$16.50 daily for 365 days equals \$48,180 yearly (40% collectable) | \$ 19,272 |
|--|-----------|

NON-RESIDENTIAL EMERGENCY CARE

| | |
|---|-------|
| 200 hours weekly at \$.75 hourly equals \$7,800 yearly (75% collectable) | 5,850 |
|---|-------|

MEALS FOR NON-RESIDENT EMERGENCY CARE CASES

| | |
|--|--------------|
| 10 meals daily at \$.75 per meal equals \$7.50 daily for 365 days or \$2,737.50 yearly (75% collectable) | <u>2,053</u> |
|--|--------------|

| | |
|---|-----------|
| TOTAL ESTIMATED COLLECTABLE ANNUAL FEES | \$ 27,175 |
|---|-----------|

| | |
|--|-----------|
| TOTAL ESTIMATED COLLECTABLE FEES FOR BUDGET PERIOD | \$ 22,646 |
|--|-----------|

| | |
|---|-------|
| CIVIC DONATIONS AND CONTRIBUTIONS (ESTIMATED) | 1,854 |
|---|-------|

| | |
|--|---------------|
| DOUGLAS COUNTY DEMONSTRATION PROJECT GRANT | <u>31,000</u> |
|--|---------------|

| | |
|--------------|-----------|
| TOTAL INCOME | \$ 55,500 |
|--------------|-----------|

TABLE 21
PROPOSED BUDGET TRAINING HOSTEL
November 1, 1968 - June 30, 1969

EXPENSES

SALARIES. \$ 5,334

| | <u>Position</u> | <u>Yearly Salary</u> | <u>Budget Period</u> |
|---|-------------------------|----------------------|----------------------|
| * | 1 Houseparent Couple | \$ 4,000 | \$ 2,667 |
| | 1 Houseparent Assistant | 4,000 | <u>2,667</u> |
| | | SUB TOTAL | \$ 5,334 |

| | |
|--|------------|
| FICA (Employers Share 4.4%) | \$ 235 |
| Employee Group Insurance (Employers Share) | 76 |
| Consultant and Staff Expense (Local Travel) | 80 |
| Facility Rental or Lease | 1,600 |
| Utility Costs, Maintenance, and Telephone | 1,200 |
| Furnishings | 1,500 |
| Food Costs, Residential Service (9 residents waiting 16 meals weekly at \$.75 per meal equals \$108.00 weekly) | 3,780 |
| Insurance, Liability and Program Activities | 400 |
| Building and Program Supplies | <u>500</u> |
| TOTAL EXPENSE | \$ 14,705 |

INCOME

| | |
|---|--------------|
| ** Client Room and Board (\$150 per client per month) | \$ 10,805 |
| Douglas County Demonstration Project Grant | <u>3,900</u> |
| TOTAL INCOME | \$ 14,705 |

* Houseparent couple will receive room and board in addition to salary for full-time services (40 hours weekly) of housemother and afterhours services of working housefather.

** Bulk of Room and Board fees will be paid by (1) Department of Rehabilitation Services, State of Nebraska, (2) from earnings of clients while entered in sheltered or competitive employment, and/or (3) other public agencies.