

MENTAL RETARDATION

IN GREATER MINNEAPOLIS

**A Study by the
FAMILY AND CHILD WELFARE COMMITTEE**



COMMUNITY HEALTH AND WELFARE COUNCIL

404 SOUTH EIGHTH STREET MINNEAPOLIS, MINNESOTA

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Community HEALTH AND WELFARE Council

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PLANNING, RESEARCH AND ACTION FOR A BETTER COMMUNITY

December 20, 1965

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Mr. Marvin Borman, President
Community Health and Welfare Council
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Dear Mr. Borman:

I am very pleased to transmit to you a copy of our report, "Mental Retardation in Greater Minneapolis". You will recall that the Family and Child Welfare Committee completed a study of the School for Social Development in October, 1963. In November, 1963, we wrote a report on "A Pattern of Services for the Mentally Retarded in Hennepin County" and recommended to the Council that a committee be appointed to further study the needs and services to the retarded. The Council Board of Directors did direct us to undertake this study and we have found it to be an interesting and stimulating assignment.

The report is divided into three major parts including education, employment and living arrangements in the community. There are many other elements in an adequate array of services which could have been examined, but we believe we have covered the major program components. Some of these other services are briefly discussed in the introduction and the summary.

You will note that some of the recommendations involve the Community Health and Welfare Council and we wish to call these to your attention. The study committee stands ready to assist in the implementation of this report in any way we can help. We would point out that mental retardation is a very dynamic field today and that change, growth and progress are occurring while this letter is being written.

Sincerely yours,



Herbert P. Lefler/
Chairman, Family and Child
Welfare Committee
Chairman, Committee on
Services to the Retarded



ANOTHER UNITED FUND AGENCY

TABLE OF CONTENTS

	Page No
LETTER OF TRANSMITTAL	i
TABLE OF CONTENTS	ii
COMMITTEE MEMBERSHIP LIST	iii
INTRODUCTION	1
A BRIEF LOOK AT HISTORY	4
REPORT OF THE SUBCOMMITTEE ON EDUCATION (Yellow Paper)	1
Recommendations	16
Appendix I	18
Appendix II	40
Appendix III	45
Appendix IV	53
Appendix V	54
Appendix VI	59
REPORT OF THE SUBCOMMITTEE ON EMPLOYMENT RESOURCES (Green Paper)	1
Recommendations	29
Appendix I	31
Appendix II	34
REPORT OF THE SUBCOMMITTEE ON LIVING ARRANGEMENTS (Blue Paper)	1
Recommendations	22
Appendix I	24
Appendix II	27
SUMMARY AND CONCLUSIONS	1
APPENDIX A	4
APPENDIX B	11

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INTRODUCTION

"The point that will not be easy to determine, as we all understand, is the line where feeble-mindedness ends and normal-mindedness begins." Thus wrote Dr. Arthur C. Rogers in 1899 when he was Superintendent of Faribault State School, Faribault, Minnesota. Today we continue to struggle with definitions. We do know that mental retardation is not static and we accept the concept that it is a complex phenomenon. The term covers a vast array of pathology, some of which is irreversible while some of it is very changeable. Three definitions are widely quoted:

The mentally retarded are children and adults who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society.
(President's Panel, 1962)

The mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and is relatively ineffective in applying whatever he has learned to the problems of ordinary living; he needs special training and guidance to make the most of his capacities, whatever they may be. (National Association for Retarded Children)

Mental retardation refers to sub-average general intellectual functioning which manifests itself during the developmental period and is associated with impairment in adaptive behavior. (American Association on Mental Deficiency)

Brief definitions must always be imperfect when they attempt to cover so much ground with so few words. They are helpful but it is important to recognize their limitations. New terminology is evolving and we no longer use the words "idiot", "imbecile", "moron", or "feeble-minded". These have been replaced by such terms as "trainable", "educable", "upper and lower track", and "severely or moderately retarded". It can be seen that mental retardation cannot be clearly defined because of its complex social, medical, psychological, legal and educational components. Its dynamic, changing characteristics create an aura of hope and expectation for more answers and solutions in the years to come.

Recognition is being given increasingly to the social and cultural factors as well as the biological and psychological ones. In many other countries only the most severe pathology is of concern and these persons are given life-long care; in our country the entire range of retardation is viewed as a public problem. The difference is in cultural attitudes and social acceptability. The attention we are beginning to pay to "high risk" groups and poverty neighborhoods holds promise of reducing the incidence of culturally caused cases of retardation. We are aware that these persons and their minds functioning at the highest possible level are an important resource.

Until recently it was believed that once a person was diagnosed as retarded and he was assigned to a certain behavior level—profound, severe, moderate or mild—he would stay at that level the rest of his life. Treatment, training or education if available were geared to that level and advancement upwards was usually not considered. As a result the individual stayed at that level or deteriorated. Fortunately, new insights are now available and persons are encouraged to improve upward, with professional help.

Nationally it is estimated that there are 30 persons out of each 1,000 who have some degree of retardation. Of these 30, 25 are in the "educable" group, four are in the "trainable" group, and only one is in the totally dependent group. This is why treatment, training, education and rehabilitation are so significant. To have these resources available spells improvement for the individual and gains for us all; not to have them assures greater dependency and an added burden to the community.

An important program ingredient is early detection. More scientific case-finding is a must. This has to be followed by a thorough evaluation

leading to suitable rehabilitation measures. The Minneapolis community has a variety of excellent diagnostic services, but they are scattered and it is difficult to obtain a comprehensive review in one place. Our major treatment resources are increasing and ancillary services are also becoming more numerous. Churches are providing religious education designed for the retarded and some of them offer social and recreational opportunities. The growing interest and sponsorship of such programs is encouraging.

Professional personnel are in great demand and this shortage will become even more acute as the programs further outreach our training capacities. This need will force the experimentation of lesser trained persons doing more complex jobs. Ways have to be found to enlarge our in-service as well as our academic training programs.

In looking at the future of mental retardation, adequate attention must be paid to research and finances. Research is the key to the locked door of knowledge and solutions. In recent years science has made significant progress in identifying disorders and their specific treatment. Continued progress is dependent on adequate financial support. This depends on the general public who, as tax payers, are the ultimate benefactors.

As a means of obtaining information on services and needs the Committee sent out a mail questionnaire to 34 local agencies. Twenty-three organizations serving the retarded provided us with detailed information on their structure, purposes, finances, staff, volunteers, services and other items of interest. These questionnaires were made up into a composite which is reproduced in Appendix A. In addition, the Committee visited all of the major local programs in an effort to increase their understanding.

We recognize that some omissions and errors may have been made. We also know that our information will be out of date with the passage of time. Our experience has also shown that many answers are not obtainable at this time.

One of our Committee members, Dr. Harriet E. Blodgett, drafted a statement entitled "Some Points in a Philosophy of Work With the Retarded". This statement was reviewed by the Committee and served as a philosophical frame of reference. Because of its value, it is reproduced in Appendix B.

A BRIEF LOOK AT HISTORY¹

From the beginning of history every society has been confronted with the problem of mental retardation and what to do with those members who could not cope with the demands and expectations of its culture. Frequently these persons were feared, shunned, exploited or persecuted. Sometimes it was believed they had supernatural or magical powers. At other times religious convictions led to kindly treatment. Seldom, however, were they treated as individuals with rights and responsibilities. Only rarely were they seen as deserving of help or capable of assuming a productive role in the community.

A more positive approach began in the 19th century and scientific inquiry began to impinge on fear and superstition. Institutional care of a custodial level was begun as a public responsibility. Severely retarded persons were the only ones identified and they began to receive humane care.

At the turn of the 20th century two factors heavily influenced public attention—intelligence testing and the science of genetics. For the

For a well documented presentation of historical developments in mental retardation, see: "The Mentally Retarded in Society", Davis, Stanley P. (New York; Columbia Press, 1959) .

first time an instrument was available to measure the intelligence of a large number of the population and the spotlight was focused on the greater group who had previously gone without notice. Applied to army troops during World War I, the tests revealed alarming numbers of mentally retarded. The problem was gradually accepted as a public social problem of the first magnitude. The search for answers led in many directions including serious thought of the eugenic aspects. Investigators came to the conclusion that mental subnormality was transmitted through heredity. Many studies including the now famous Kallikaks and Jukes convinced some that civilization was in jeopardy unless effective controls could be found. The poor social behavior of some of these families led to hasty generalizations about the entire group. To combat this alarming problem, some citizens proposed that all mentally retarded be put to death; others advocated restrictive marriage laws or life time institutionalization and segregation. Sterilization became popular in the states for almost all who were to be returned to the community.

Time passed, public concern was diverted and World War II arrived. Again attention was called to the large number of retarded males in the population. Evidence piled up, however, showing that these men had been making a reasonable adjustment to civilian life. They were economically self-sufficient and socially responsible. Many performed adequately in the armed forces.

Following World War II many benefits were made available to disabled servicemen. Education, rehabilitation and training programs were offered. The idea of hiring the handicapped was pushed. Recognition was given that the retarded could also benefit. The parent movement which began in

Minneapolis led to the establishment in 1950 of the National Association for Retarded Children. This factor has done much to stimulate public awareness and to establish the climate we have today. This climate is essential because much needs to be done.

REPORT OF THE SUBCOMMITTEE ON EDUCATION

This committee viewed its assignment to include both pre-school as well as school age retardates. For our purposes we divided the school age population into "educable" and "trainable" groups which is the terminology used in Minnesota law. We noted, however, the increasing usage of the terms, "upper and lower track classes".

Minnesota law is mandatory in requiring school districts to provide classes for the educable school age child. The 1957 legislature passed a bill relating specifically to school programs for trainable retarded children of school age. This law (Chapter 803) is permissive in character but it still has given much impetus to the growth of new trainable classes. Appendix I gives more details concerning definitions, directives relating to trainable classes, and a copy of the statute.

It is generally presumed that the educable mentally retarded school age child living in Hennepin County is enrolled in school and is benefitting from the classroom training. It must be remembered, however, that some educable children do not or cannot learn for reasons that are frequently unknown. By educable, we are referring to those youngsters who, because of impaired mental development, are unable to benefit sufficiently from regular classes. With specially trained teachers and a level of curriculum adjusted to their abilities, the majority can become economically and socially independent. Most of these children range from 50 to 75 on standard intelligence tests. It does not follow, however, that since they are in school that they are necessarily enrolled in a special class. Many

retarded children are able to function adequately in regular classes. The Minneapolis Board of Education recently studied children who were excused from schools in 1963-65 and found that 33 percent of 358 students were mentally retarded. While further analysis of this report must be made, it would seem to suggest that the needs of this group were not being met by public education.

The Minneapolis Board of Education has provided considerable leadership in carefully reviewing the educational needs of the retarded and planning programs around these needs. The Department of Special Education has outlined some of their philosophy in a report entitled, "Program Patterns, Special Classes for the Mentally Handicapped". Excerpts of this report are found in Appendix II.

A special project conducted by the Minneapolis Public Schools related to vocational goals for high school age educable retarded youngsters was begun in September, 1960, and is continuing today. This study was supported in part by the Vocational Rehabilitation Administration. This is an example by demonstration of a public educational system attempting to realistically serve retarded high school students who would soon be required to face the competitive job market. Our committee considers this to be a most valuable and important project and hopes that this concept can be enlarged and expanded to other educational systems. The project report is summarized in Appendix III.

Minneapolis Public Schools serve approximately 1,500 retardates. However, in the educable classes the average intelligence quotient is 70 which is approaching the upper range of the educable group. Of the 1,500 listed as mental retardates, it can be seen that many attend these classes where

the primary problem is something other than retardation. Some of these youngsters undoubtedly have emotional disturbances which prevent them from functioning at a higher level and it is, therefore, more desirable to place them in an educable class than to retain them in a regular class where they are under-achieving. It is noted with pleasure that the Minneapolis Board of Education is beginning a special project for emotionally disturbed children this fall at Emerson School. This program is seen as a valuable resource for the Minneapolis Schools. This program is one component of a range of services being offered under the name, "Special Learning Disabilities Program". The expansion of these services will take some burden off the regular classes as well as the educable and trainable classes.

The Minneapolis Public School population for 1965 was approximately 72,000 students. With 1,500 students served as mental retardates, we have a 2.1 percent ratio. National sources frequently estimate that three percent of the population is mentally retarded. This figure, however, cannot be substantiated locally without a prevalence study and we must conclude that a precise percentage estimate of need is not possible at this time.

In addition to special education classes for retardates, Minneapolis also serves a variety of other handicapped children. The handicap and the numbers of students are as follows:

Speech	2,000
Mental Retardation	1,500
Special Learning Disabilities	650
Hearing	225
Orthopedic	250

Visual

58

Homebound and Hospitalized

1,300

By agreement, Minneapolis serves the large metropolitan area for hearing handicaps. In addition, the city attracts many families from a large geographic area who move here specifically because of the availability of special education programs. In some degree this would seem to put a heavier burden on their school system. This is a factor, however, which is evident in any large school system.

As of the school year 1964-65, the following classes for trainable retarded were available locally:

CITY	NUMBER OF CHILDREN ENROLLED	NUMBER OF TEACHERS
Minneapolis	49	4
Hopkins	8	1
Osseo	7	1
Richfield	17	2
Robbinsdale	10	1
St. Louis Park	8	1
	99	10

In August, 1964, there were 274, 192 children between the ages 5-20 enrolled in public and private schools in Hennepin County. Between the ages 7-20, there were 235,461 students. Using the lower figure we find that students in trainable classes comprised 0.04 percent (four one hundreds of one percent) . It is estimated that between two and four school age children per thousand are trainable retarded .2 or .4 percent

-two tenths to four tenths of one percent) and in need of trainable classes. This would suggest that we would need trainable classes serving between 470 **and** 940 youngsters. At this time we would be meeting about one-fourth to one-ninth of our need.

The Catholic parochial schools in Hennepin County numbered 57 during 1964-65. The elementary schools served 28,947 children with 15,130 of these being in the City of Minneapolis. In 1965-66, the Catholic secondary schools served 1,661 in the suburbs and 3,960 children in the City of Minneapolis. Although these figures are based on two different school years, we can say that the Catholic schools are now serving approximately 34,000 students in Hennepin County. The Archdiocese of St. Paul operates Christ Child School in St. Paul which serves the mentally retarded for this diocese. Christ Child has 114 elementary students enrolled in grades one through the fifth grade. Their extension school for older children serves 19 students.

There can be little doubt that some additional educable classes are needed in Minnesota, although our metropolitan area probably comes closer to meeting our need. We certainly have a need for additional trainable classes but these are increasing in number in Hennepin County each year. A picture of the growth of both types of classes for the State is shown in Appendix IV.

OTHER PRE-SCHOOL AND SCHOOL AGE EDUCATIONAL SERVICES

Minneapolis Curative Workshop - Nursery School
1800 Chicago Avenue, Minneapolis

This nursery school accepts two and three year old children where the

primary diagnosis is a physical handicap and the secondary diagnosis is mental retardation. In addition to providing the usual nursery school activities for their enrollees, they also offer a variety of rehabilitation services. The school's capacity is limited to 20 children and they have a waiting list of about 20. Those on the waiting list are begun on any therapy program immediately, however, so that it must be understood that the waiting period is only for the nursery school itself.

A child is kept here until age four which is the maximum age for the school. Some of them go at age four to Michael Dowling public school for Crippled Children. Others may go to the United Cerebral Palsy of Greater Minneapolis nursery school if there is a diagnosis of cerebral palsy. In either case they may return to Curative Workshop for continued therapy as needed.

This nursery school is basically a school readiness program which these physically handicapped and retarded children need very much because of their limitations. It is apparent that this kind of a service is also needed for children of four and five.

Hammer School
Wayzata, Minnesota

This school began in 1923 under private auspices. In 1961 it was incorporated as a non-profit organization. It offers residential care and school training for a licensed capacity of 42 students. The intelligence quotients range from 30 to 70. They accept children at age five and there is no upper maximum. Lifetime care is available.

A few students enroll for day classes only and return home each evening.

The majority live in. A formal education program is offered to those who can benefit and this is augmented by a liberal supply of arts and crafts. A nursery school program is offered to younger retardates.

The school has recently begun to teach woodworking and they have plans to expand services to older retardates and young children. They recognize a community need for permanent sheltered work and hope to be able to offer this as a part of their program. In the last few years they have built two new buildings and have made other physical improvements. It appears as though the staff and the board has been successful in building community support for the school, and this is shown in a variety of ways.

Minneapolis Association for Retarded Children - Daytime Activity Center
1701 Oak Park Avenue North, Minneapolis

The Center serves up to 70 children between the ages of 4-18. It operates 5 days a week, 11 months a year from 8:30 A.M. to 2:30 P.M. All children must be ambulatory because of the physical limitations of the building. Non-toilet trained children can be accepted. Appendix V includes much more detail about the Center, Eligibility Requirements and Operational Procedures.

On October 12, 1965, the Minneapolis Association for Retarded Children opened an extension of its Daytime Activity Center in Hopkins. This is located at the Gethsemane Lutheran Church, 715 Minnetonka Mills Road, in a ground floor suite of three rooms. The church is supplying the space rent-free and is also donating several hundred dollars' worth of equipment. In addition, they are supplying 40 volunteers.

This program will operate every Tuesday and Thursday from 9:00 A.M. to 2:30 P.M. and will serve eight children from ages 3-15. An instructor

will direct the program and a nurse and physical therapist will be available part-time. The children are non-ambulatory or severe, gross motor coordination disabilities. The objectives will be the same as for the larger Center but the Hopkins program will provide extensive physical stimulation to encourage development of small and large muscle coordination. It is hoped that this facet of the program will enhance independent mobility of the children.

School for Social Development
1639 Hennepin Avenue, Minneapolis

This is a private, non-profit day school facility serving up to 25 mentally retarded adults who are usually between the ages of 17-35 years. The clients are no longer eligible for public schools, are not employable and they are in need of socialization training.

The purpose of the school is to provide a varied program of social skill training, recreation and pre-vocational activities. The development of these practical skills in daily living are designed to help the retardate assume a greater place of responsibility in the community.

The emphasis on pre-vocational skills is designed to prepare the young person to take advantage of sheltered workshop or other community vocational programs.

United Cerebral Palsy of Greater Minneapolis, Inc. - Day Care Center
2633 4th Avenue South, Minneapolis

This Center serves up to a maximum of 20 children between the ages of 4-16. It is open 5 days a week from 9:30 A.M. to 3:00 P.M. Two basic types of children are enrolled. The regular and largest number are trainable cerebral palsied children where the objective is to train the child

to the greatest possible level of self-sufficiency, social skills, leisure time activities and academic achievement. The second type of child is severely involved cerebral palsied who will eventually require public or private residential care. Usually they serve three to four lesser handicapped children to each one that is severely handicapped. Appendix VI gives the detailed policies of the Center.

Sheltering Arms

4330 West River Road, Minneapolis

This is a day school program for mentally retarded children ages 6-14, operated jointly by the Minneapolis Public Schools and the Sheltering Arms Foundation. Research is a basic purpose of the program which also includes education of the trainable and educable child, comprehensive evaluation of the family situation, parent counseling and the training of professional personnel to work with retardates.

Tuition for the child is paid by the school district of residence who also provides necessary transportation.

Under the cooperative plan, Sheltering Arms furnishes the building, grounds, maintenance for the facilities and all of the non-teaching staff, including the program director, a business director, a social worker, clerical assistance, four classroom assistants, cooks and the facilities' maintenance personnel. The Minneapolis Schools provide the teachers, instructional supplies and transportation.

There are two classes for educable children and three for trainable level children. A total of about 55 to 60 children are enrolled. Priority in selection of students is given to difficult problems where a differential

diagnosis is necessary. Children with unusual family problems and children whose characteristics meet research needs are also given priority.

The Committee believes this program should be expanded and desirably we should have several equivalent programs spread around our geographical area.

Home Study School
6301 Penn Avenue South, Minneapolis

This is a private day school for up to 60 mentally retarded children between the ages of 4 and 20. Most of the children are in the trainable level. Emphasis is placed on personality growth and adequacy in occupational and social skills but academic work is available for those who can benefit. Special emphasis is placed on music as a technique to reach the children.

A number of local churches sponsor a variety of special part-time programs for the mentally retarded. Some of these are basically religious education with a mixture of recreation included. Other church sponsored programs are day activity centers which meet on a regular basis. These are important additions to the range of community services and we hope and expect that the number of these can be increased. Details concerning the existing programs can be obtained from the directory of Services for the Mentally Retarded of Hennepin County, published by the Minneapolis Association for Retarded Children, or by calling their office.

The Cooperative School-Rehabilitation Center
Minnetonka, Minnesota

This is a cooperative project designed to serve school age retarded persons from 14 to 21. It is a pilot project sponsored by 37 school districts

which form the Twin Cities Educational Research and Development Council and planned to run for five years. The major costs will be paid by the Office of Vocational Rehabilitation with local support coming from the University of Minnesota, the State Department of Education, the State Department of Public Welfare and the school districts. The financing is shown below:

	FEDERAL OVR	LOCAL SOURCES
July 1, 1965	\$ 133,814	\$ 109,500
July 1, 1966	113,814	129,500
July 1, 1967	93,814	149,500
July 1, 1968	73,814	169,500
July 1, 1969	53,814	189,500
	\$ 470,670	\$ 747,500

The program began in September, 1965, in temporary quarters at Glen Lake Sanatorium. The Center will be moved into a former children's hospital in Minnetonka which was donated by the State Department of Public Welfare, which also is providing the \$60,000 for renovation work.

The objective will be to train seriously retarded young people so that they may become self-sufficient adults.

It will study factors predictive of employment, sheltered or competitive, after the young people have had intensive pre-vocational training. An attempt will be made to try to identify those variables which can be altered to influence employability. This information will then be used to assist the staff in modifying the instructional program so that it will be more beneficial with youngsters in the 40-60 IQ range. Attempts

will also be made to teach skills which will prepare them for adult roles including employment.

This project is seen as an excellent example of cooperation between school districts, state and federal government. It is also an example of our schools' attempting to develop appropriate instructional content and methodology for lower track retardates. The committee is pleased with the Center idea and hopeful that it can make a much needed contribution in this particular area of need.

SUMMARY

The committee is cognizant of the growth of special education programs for the mentally retarded in this community. More rapid progress has been made in the City of Minneapolis in developing classes and services than outside the city. Undoubtedly, this is due in part to a larger incidence of the problem, but credit must be given also to the School Board and administration for their leadership.

The committee believes that the mentally retarded youngster needs and can benefit from a range of educational and supportive services under the auspices of the various school districts. Ideally, we would recommend that these services should be clustered in centralized, geographic locations. It should be possible to move children back and forth from trainable and educable classes according to their needs. In addition, the special education program and its teachers need a variety of backup services readily available to them and the children. If this is not numerically or financially feasible for smaller school districts, we would recommend the development of cooperative arrangement between districts.

We would consider this as a highly necessary direction to move and one that merits careful planning and sound leadership. The goal of educational programs for the retarded should be to provide a continuum of teaching and ancillary services adapted to the needs of each child so that he can achieve his highest level of ability.

We are aware of rapidly increasing expectations of our public schools. Many mentally retarded youngsters who were previously institutionalized are now being kept at home and the schools are asked to serve them. Others who have been institutionalized are being returned and the schools must plan for them. In addition, teenage retarded youngsters are remaining in school in larger numbers whereas previously they were dropouts.

The public schools are also getting many more retarded children with multiple handicaps. Better medical care is keeping more of these youngsters alive today and an increasing number of families with handicapped children move here because of the greater availability of special educational programs.

It is increasingly important for the delivery of good educational services to develop a central registration of all school age children. This should be done on a state-wide basis so that a child's complete records could follow him as he moves. Information on special learning and behavior problems along with diagnostic information and services given would be included and could prevent duplicating and time consuming learning on the part of the new district.

The committee believes that the costs for this large array of services must come basically from the public school tax dollar, through the school

district, the state and for special purposes, from federal revenue.

Increasingly, the private day and residential school programs serving the mentally retarded should assume the role of demonstrating new programs of an innovative nature and be prepared to support them or reject them based upon objective research findings. As the public school system accepts more of the educational responsibilities for the retarded, the private schools should be prepared to relinquish their programs and quickly step into newer or more uncharted fields. This concept places a responsibility on private school staff and boards to step up their short and long range planning. It calls for the exercise of genuine leadership and the ability to turn away from respected and traditional services.

A subject of great concern to this committee is the recruitment of personnel to serve the retarded. Well trained teachers and other staff are difficult to recruit. We note with pleasure the fact that the State recently approved changes in certification for teachers of the trainable retarded. The new requirement calls for a liberal arts degree with 25 education credits which should help recruitment problems. It is believed that quality can be maintained even though fewer educational credits are needed,, It is going to be increasingly necessary to assess the job that needs to be done and then decide what qualifications are needed. Flexibility in standard setting must be our guideline. As new programs develop for the mentally retarded, we will undoubtedly witness increasing competition for highly trained personnel. Undoubtedly we can do much more experimenting with teacher aides, classroom assistants and volunteers. It is difficult for an administrator to lose highly qualified professional personnel, but it is living evidence that additional programs are being

created to serve more of our retarded. This is the reward for the community and it is the compelling reason to study our personnel needs carefully. In addition, our universities and colleges must expand their training programs for special education personnel. The new Elementary and Secondary Education Act is going to be an added resource locally. In addition to providing 200 teacher aides, it will be possible to add 20 resource teachers in poverty areas.

It is perhaps self-evident that there are qualitative differences in the existing educational programs. Our committee has not made any effort to assess these differences because it is beyond the scope of our study. We are aware that the State Department of Education is inadequately staffed to offer consultative or supervisory service of anything but the most cursory nature. This is a problem the State is aware of and they are hopeful of improving their services in the near future.

The committee concludes that our community has a variety of educational and supportive services for the mentally retarded. We probably have more volume and quality of services than any community in our region. We are at this time (in this country) riding a crest of popularity, understanding and increasing support for mental retardation. It is, therefore, increasingly important that we accept these enlarged responsibilities seriously and be more adequately prepared to lead, guide, and evaluate what we are doing, not doing, or planning to do for the better education of our mentally retarded.

RECOMMENDATIONS

1. The Committee recommends the "clustering" of educational programs so that the children can be moved around within the program according to their varying and changing needs. We believe the State Department of Education should review this need and use its leadership to accomplish this goal. (Summary p. 11)
2. The Committee recommends that educational programs for the retarded be distributed geographically through the county so that transportation problems are minimal. The Committee recommends that the State Department of Education should provide guides to local school districts in order to achieve this. (p. 11)
3. The Committee recommends that additional educational attention and help be given to the retarded child with multiple handicaps. The Committee recommends this for both the pre-school and school age child. We believe the State Department of Education should assist local school districts in meeting this need through increased state financial aid. (P. 13)
4. The Committee recommends that additional churches and voluntary agencies collaborate with activity centers and the public schools in planning and sponsoring nursery schools for the pre-school retarded child since these school readiness and enrichment programs are so vital to a good start in kindergarten for this group. The Committee suggests that leadership for this purpose come from the Minneapolis Association for Retarded Children. (p. 7)
5. The Committee recommends that school districts continue their efforts to serve all school age children 5-21. Children with special learning disabilities—including the mentally retarded—should have educational opportunities designed to meet their abilities and needs. The Committee believes the school districts must redouble their efforts to serve all of the trainable retarded since it is apparent that we are now serving far less than one-half of them in trainable classes. The Committee believes the State Department of Education should consider the further refinement and implementation of standards by school districts. (p. 12)
6. The Committee recommends the addition and strengthening of "back-up services" by the schools so that social, psychological and other services are readily available to the teacher and children. Again, we believe the leadership for this recommendation must come from the State Department of Education. (p. 12)
7. The Committee recommends that the schools continue to define the educational needs of retarded children and plan program and staff around these needs. The Committee recommends much more experimentation with the use of selected volunteers, paid teacher assistants and differing requirements for teachers of the retarded. Earlier use of vocationally oriented courses would be beneficial to many. The Committee suggests

that the Minneapolis Board of Education provide the laboratory for this research and that an effort be made to obtain grant money to finance the project. (p. 14)

- G. The Committee recommends that smaller school districts organize their programs for the retarded on a cooperative basis with other districts as a means of providing stronger, more diversified services. Smaller school districts could attempt this on their own with the advice and assistance of the State Department of Education. (p. 12)
9. The Committee recommends the extension of cooperative agreement between the secondary schools and the Division of Vocational Rehabilitation so that the vocational needs of the retarded can receive earlier attention. This would help facilitate the transfer of students from school to the community. The Division of Vocational Rehabilitation, assisted by the State Department of Education, should seek ways and means of extending this plan. (p. 2)
10. The Committee recommends that the school districts, with leadership from the State Department of Education, develop a refined school census system which provides detailed information on handicaps of children. This must be based on good case finding and diagnostic techniques and the records should be forwarded to the new school if the child transfers. (p. 13)
11. The Committee recommends that private schools serving the mentally retarded continuously assess their programs in relation to what is being done in the public schools. The Committee believes the private schools should focus on providing services which are presently not available in public schools and be prepared to alter these as changes occur in the public school system. The committee further recommends the establishment of closer ties between public and private schools and urges more cooperative experiments between them. The Committee suggests the private schools meet as a group with the State Department of Education to exchange information and to plan programs.
(P. 13)
12. The Committee recommends that the public school system be fully recognized as the responsible authority for offering educational or training services to school age children between the ages 5-21. The Committee believes all of the public secondary schools should be equipped to offer services to retarded youngsters up to the age of 21. The Committee further believes that increasing attention should be placed on education for living and education preparatory to work.
(p. 2)

APPENDIX I

DIRECTIVES RELATING TO PUBLIC SCHOOL PROGRAMS FOR TRAINABLE MENTALLY RETARDED CHILDREN

I. INTRODUCTION

The 1957 Legislature enacted a bill relating specifically to school programs for trainable retarded children of school age (Chapter 803 Minnesota Law 1957) . Although this law is permissive in character, it nevertheless opens the way for a much more extensive participation by the public schools in the education of this group of children. Present programs and standards are based on this law.

A. Provisions in the Law

1. School districts may establish classes for trainable retarded, but this is not mandatory.
2. Such programs are to be established and operated in accord with the rules and standards set forth by the State Board of Education.
3. Reimbursement will be paid to school districts operating approved special classes for trainable children to help offset the excess cost of the programs.
4. Additional state aid is available to any school district for special transportation or board and lodging of a trainable child.
5. A pupil enrolled in an approved program for trainable children qualifies for foundation aid.

B. Definition

1. The trainable retarded child is defined in chapter 803 of the 1957 Minnesota Session Laws as follows:

Every child who is handicapped to such a degree that he is not educable as determined by the standards of the state board but who can reasonably be expected to profit in a social, emotional or physical way from a program of teaching and training is a trainable child.

2. Following is a summary of the general potential of trainable retarded children, which has been widely accepted throughout the country:
 - a. Their mental development is approximately one-quarter to one-half that of an average child.

- b. Their speech and language abilities are distinctly limited.
- c. They are generally not capable of learning academic skills such as reading and arithmetic beyond the rote learning of some words or simple numbers,
- d. They can eventually learn to protect themselves from common dangers.
- e. They are capable of learning self-care in dressing, undressing, eating, toileting, keeping clean, and in other necessary skills which will make them independent of their parents in the regular routine of living.
- f. They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, to respect property rights, and in general to cooperate with others.
- g. They are capable of learning to assist in chores around the house or in doing a routine task for some remuneration in a sheltered environment under supervision.
- h. They will require some care, supervision, and economic support throughout their lives.

ELIGIBILITY AND SELECTION OF PUPILS

Responsibility

"The eligibility of each pupil for special services and instruction shall be determined by the administrative officer of the school district, prior to admission, on the basis of substantial and competent evidence..." (Minnesota Regulations Relating to Education, article VII, 5033)

Standards of Eligibility

1. To be eligible for placement in a special class for the trainable retarded, a child must meet the following qualifications:

Score (approximately) between 30 and 55 I.Q. on an individual intelligence test administered by a qualified psychologist;

be ambulatory and have no major physical or sensory defects which would require a disproportionate amount of the teacher's time;

be toilet trained;

be able to communicate his needs to others;

be socially adjusted to the degree that he will not endanger himself or others by his personal behavior;

be of school age, but within reasonable age range of the other pupils in the class.

2. In certain instances, a child who does not meet all of the above standards may be placed in the trainable program on a trial basis. For example, children with cerebral palsy or other physical handicaps usually will not meet all of the above requirements. For pupils in this category, a trial placement in the trainable class, in addition to the differential diagnosis, is often necessary to determine whether their needs can be met through such a program. See Chapter III, Item D.

Screening

An initial step in planning a class for the trainable retarded will be to compile a list of names of children who may be candidates for such a program.

1. Trainable children in a community are usually known to agencies such as County Welfare Departments, Public Health Nursing Offices and Associations for Retarded Children. Physicians will also know of trainable children in the community.
2. It should be anticipated that many of the children identified in this manner will not be eligible for a trainable class. Some children may be too severely retarded to profit from such a program. Others may have multiple handicaps of such severity that placement in a special class would not be practical. For other children, trainable class placement may interfere with life plans made by other agencies.

Individual Evaluation

The determination of a child's eligibility for admission to a trainable class will be based on the results of an individual study of the child as outlined below:

1. Medical Examination
 - a. This examination, to be given by a licensed physician, should consider the possible existence of vision and hearing defects, neurological impairments or other physical conditions which may affect the adjustment of the child in the class.
 - b. Medical Record Form. The "Special Class Medical Report" form (Code XVI-C-13a) is to be used for recording the results of the medical examination.
 - (1) If a school district presently has a medical-health record form for general use in the school which would be adequate for the special class pupils, this may be used in lieu of the above form.

- (2) The medical record form or its equivalent is to be filed in the child's pupil record folder in the district, and is not to be sent to the Special Education Section unless requested.
- c. If a health-medical record is already available, and is less than three years old, it will not be necessary for the child to be re-examined by a physician, unless further evaluation is indicated.
- d. Re-examination of Pupils. Children enrolled in trainable classes should be given a medical examination every three years and more frequently if necessary in individual cases.

Psychological Evaluation

- a. An assessment of the child's mental ability must be made by a certified psychologist using the 1937 or 1960 revisions of the Stanford Binet Intelligence Scale, the Wechsler Intelligence Scale for Children or other comparable instruments.
- b. The psychological evaluation also should include measures and/or clinical judgments of emotional and social behavior that might affect the child's adjustment in the class.
- c. Psychological Report Form. Generally, psychologists have appropriate forms for reporting test results to school districts. This report is to be filed in the child's record folder at school, and is not to be sent to the Special Education Section unless requested.
- d. Continued Evaluation of Pupils. Special class pupils should be re-examined by a psychologist every three years, and more frequently if necessary in individual cases.

Personal History

- a. Information pertaining to the child's behavior and adjustment in the home and community may be obtained by a school social worker or some other person designated by the superintendent. In many cases the information may be available through county welfare departments.
- b. The personal history of each child is to include the following:
 - (1) Observations concerning toilet training, personal and social skills within the family and ability to communicate.
 - (2) Descriptions of any group experiences such as day-care programs.
- c. This information is to be on file in the child's record folder and is not to be sent to the Special Education Section unless requested.

E. Parent Consultation

1. School programming for trainable retarded children is but one small segment of a life-long plan of care and supervision. This, as well as the purposes and scope of the special class, should be interpreted to the parents of each trainable child prior to enrolling the child in the program. School districts will often find it helpful to seek assistance from appropriate local professional agencies in offering this service.
2. Continuing parent consultation and education are regarded as an integral part of the life plan for trainable retarded children, and should be provided throughout the time the child is enrolled in the special class. See Chapter IX.

III. ADMISSION TO CLASSES

A. Admissions Committee

Superintendents may find it useful to appoint a committee, or work through an existing group such as an inter-agency committee on mental retardation, for purposes of selecting children for placement in the trainable class.

1. Such a committee might consist of the professional personnel who have obtained the information on the children and other persons designated by the superintendent such as the special class teacher, the building principal and the school nurse.
2. Since placement and dismissal of pupils are continuing problems, it is recommended that this committee be established on a permanent basis.

B. Placement of Eligible Pupils

Children who meet all of the standards for admission to the trainable class, as outlined in Chapter II, Item B (page 4) of this manual may be placed in the program without prior approval of the Special Education Section.

NOTE: Minnesota Regulations Relating to Education require that each pupil enrolled in the special class must be approved by the Commissioner of Education. See Chapter IV following.

C. Initial Enrollment of Pupils in a Beginning Class. See Chapter IX, Item B.

D. Trial Placement

1. Generally, only children who meet all of the standards for admission are approved for placement in the trainable class. However,

in certain instances, a child who does not qualify completely may be placed in the trainable class for a trial period to determine if his needs can be effectively met through such a program.

NOTE: A child in this category may not be placed in the trainable class until notification of his approval has been received from the Special Education Section.

2. Procedure

- a. When the school administration wishes to place such a child in the trainable class, a written request for trial placement must be sent to the Special Education Section.
- b. A complete record on the child must be submitted with the written request, including all information outlined in Chapter II, Item D (page 5) of this manual, and any additional information which may be helpful in making a judgment as to the feasibility of enrolling the child in such a program.
- c. Following review of the child's records by the Special Education Section notice of approval or non-approval of the request for trial placement will be sent to the district.

3. Length of Trial Period

The length of the trial period for such pupils will be for one school year unless otherwise indicated. For children who are enrolled in the class after the school term has begun, the trial period will be for the remainder of that school year.

4. Trial Placement: Follow-up

- a. In the spring, the school administration and/or admissions committee is to review the progress of each child on trial placement to determine whether his enrollment in the special class should be continued or terminated.

NOTE: In certain instances evaluation of such pupils must be made before the end of the school year. See Item E. following.

- b. Notification of plans for such children for the next school year are to be submitted to the Special Education Section on Code XVI-B-60. Copies of this form will be sent to school districts in April of each school year.
- c. If the trial placement has been satisfactory in the judgment of the school administration and continued placement is recommended, the Special Education Section will approve the child for regular placement.

NOTE: The placement of each pupil enrolled in the trainable class is subject to review at any time during the school year by the Special Education Section.

E. Termination

1. Placement may be terminated when, in the judgment of the school administration and/or admissions committee: (a) a child is no longer benefiting from the program; (b) the program is in jeopardy because of the continued presence of a child; or (c) other justifiable reasons prevail. Such action should be taken only after adequate observation and study of the child have been made.
2. In such cases, provision should be made for counseling with the parents regarding further planning for the child. See Chapter IX.
3. Notification that a child's placement has been terminated must be sent to the Special Education Section on Code XVI-C-30a. See Chapter IV, Item C.

IV. APPROVAL OF THE SPECIAL CLASS FOR REIMBURSEMENT

A. Basis of Approval

Reimbursement paid to a school district for its special education program is contingent upon approval by the Special Education Section. Such programs are approved when: (1) all pupils in the class have been approved; (2) the teacher of the class holds a valid Minnesota Certificate to teach mentally retarded children; and (3) all other standards relating to the operation of state-aided classes, as outlined in this manual, have been met.

B. Reporting and Approving the Program (and pupils)

1. At the beginning of each school year a form entitled, "Information on Special Classes for Mentally Retarded Children," (Code XVI-C-30) will be sent to each school district operating a special class. This form contains spaces for including summary information on the program, the teacher and the pupils.
2. This form is to be completely filled out in triplicate for or by each special teacher and all three copies submitted to the Special Education Section by October 1.
 - a. If the form is properly completed and all aspects (teacher and pupils) of the program are qualified, the program will be approved and one copy of the form will be returned to the district.
 - b. If the form is not properly completed, or if all aspects of the program do not qualify, notification to this effect will be sent to the district.

C. Reporting Changes in Enrollment

1. Information on children enrolled in or dropped from the special class after October 1 of each school year is to be submitted on Code XVI-C-30a, "Notice of Change in Enrollment in Special Classes for Mentally Retarded Children".
2. This form is to be completely filled out and submitted in duplicate to the Special Education Section at anytime during the school year when enrollment changes occur. One copy will be returned to the school district.

D. Reimbursement of the Program, See Chapter VI.

V. ADMINISTRATIVE STANDARDS FOR SPECIAL CLASS OPERATION

A. Application

1. Each year special application must be filed with the Special Education Section by the administrative officer of the school district for the establishment or continuance of classes for trainable retarded children.
2. The application forms, Code XVI-C-1, will be forwarded to district and county superintendents in March of each year. These forms are to be fully completed in triplicate and two copies returned to the Special Education Section by April 15.

B. Methods for Providing Services

1. Minnesota public school laws relating to special education outline a number of methods for providing special services and instruction for trainable retarded children. However, the actual establishment of a formal special education program (special class) is the method that is most frequently employed by school districts.
2. Because the educational needs of these children are for the most part best served in a group setting, requests for home instruction generally will not be approved.

C. Types of Programs

The establishment of a full-day special class is the most common and desirable approach to providing a school program for trainable children. However, in order to provide services for a greater number of children and for purposes of economy, a school district may wish to follow one of the plans listed below:

1. Half-day plan. Under this plan the trainable children are enrolled in and attend school for only half of the day (either morning or afternoon). See Chapter VI for standards relating to special reimbursement and foundation aid.

2. Two half-day programs. This plan is similar to "a" above except that the teacher is employed full-time and works with two groups of trainable children, one in the morning and the other in the afternoon. For purposes of special reimbursement aid, this would be considered one full-time program.

3. Half-day educable - half-day trainable. In certain instances it may be desirable to establish a half-day educable - half-day trainable program. Under this arrangement (for example) the educable pupils would be assigned to the special teacher during the morning hours and would attend regular classes in the afternoon; the trainable group would be enrolled in school and assigned to the special teacher for the afternoon session only.

D. Inter-district Approaches. Following are possible approaches to providing special educational services and facilities for trainable children on a cooperative inter-district basis:

1. Nonresident children may be enrolled in an existing special class in an adjoining district. Trainable children in the operating district will be served first, but when space is available non-resident students may be placed in the class on a tuition basis.

2. Two or more districts may enter into an agreement to establish a special class for trainable children. When a group of districts enters into such an agreement, one of the participating schools must serve as the operating (employing) unit.

a. Each participating school is to pay the employing district a prorata amount of the net cost of the program. The net cost to be prorated will be the actual cost less state reimbursement.

b. Reimbursement for the cost of the trainable program will be paid to the operating district.

NOTE: See Minnesota Regulations Relating to Education, Article VII, Section 5034.

E. Housing Facilities

1. The room for the trainable program may be housed in the regular school plant or in a suitable building outside of the school providing that : (a) it is under complete control of the school board, (b) it is assigned to a building principal, and (c) the physical facilities are adequate.

2. The classroom must be in close proximity to fire exits, lavatories and playground facilities.

3. Whenever possible, the size of the classroom for trainables should be comparable to or larger than that required for a normal classroom. This additional space is needed for play experiences, craft work and other motor activities which are essential to the curriculum.

NOTE: For additional information, see, "Guide for Educational Planning of Public School Buildings and Sites in Minnesota".
(Code V-A-2, Revised)

F. Age Grouping

1. Generally, the age range in a trainable class should not exceed five (5) years. The greatest benefits from the standpoint of social learnings can best occur when the ages of the pupils fall within this range.
2. If possible the initial class to be established in a community should be for elementary-aged pupils, since children in this age group usually benefit most from such a program.
3. When two or more trainable classes exist in a community, efforts should be made to group the children according to their chronological ages.

G. Class Size. A class for trainable children may be established with a minimum of five (5) pupils. Maximum class size is generally set at ten (10) children.

1. The actual (maximum) enrollment in a trainable class will be determined by such factors as the size of the room, personality characteristics of the pupils enrolled, the severity of the children's disabilities, and the ages and age range of the pupils.
2. If the district employs an attendant to assist the teacher, the number of pupils may be increased to 15. See Item H following.
3. School districts that wish to increase their enrollment beyond the limits outlined above are to consult with the Special Education Section.

H. Length of School Day

1. The minimum amount of time per school day that a trainable class may be in operation is two and one-half (2 1/2) hours. The maximum length of time that the program may be in session will be determined by the local school administration.
 - a. The class must be in operation for a minimum of 5 hours per day in order for the program to qualify for maximum reimbursement.
 - b. When a modified all-day program is in operation, the lunch period may be counted as part of the school day. The lunch period is an important aspect of the training program and provides an excellent opportunity for teaching socialization skills and acceptable eating habits.
2. Trainable children will vary greatly in their ability to function in and profit from a group setting. Therefore, the hours in attendance must be flexible and need not be the same for all pupils.

I. Special Class Teacher

1. The teacher of a trainable class must hold a valid Minnesota certificate to teach mentally retarded children in order for the school district to receive state aid for the program. Requirements for certification in this area are included in Chapter VII.
2. Basic training and experience in kindergarten primary work is the most desirable background for teachers of trainable children.

J. Attendant Help

1. School districts enrolling 3 or more children in a trainable class may employ an attendant or aide to assist the teacher with the program.
2. Employment standards and salaries of such personnel may be determined by the local school board. Salaries for attendant help are reimbursable as outlined in Chapter VI.
3. Generally, parents of children enrolled in the program should not be employed in this capacity.

K. Records

1. Every school district operating a trainable program is to preserve and maintain a complete record of each resident and nonresident pupil enrolled in the class.
2. The file on each pupil is to include: (1) psychological reports, (2) health records and medical reports, and (3) personal history (See page 5) . Notes on parent-teacher conferences, progress reports, behavior check lists and other pertinent information should also be included in the file.
3. Pupil record files must be available to the special teacher at all times. This information is also to be available for interpretation to appropriate professional personnel, to the state supervisory staff and to the parents or guardian of the child.
(Minnesota Regulations, Article VII, 5034)

L. Equipment and Supplies

1. The selection of supplies and equipment for a trainable program should be the ultimate responsibility of the special class teacher.
2. Special equipment and supplies for a trainable program may include items such as a workbench, sandbox, phonograph, rhythm instruments, and craft and dramatic play materials. Assistance in the selection of materials may be obtained from the Special Education Section.
3. Reimbursement. See Chapter VI.

VI. STANDARDS RELATING TO FINANCIAL ASPECTS OF THE TRAINABLE PROGRAM

A. Annual Reports

1. Annual Report Forms, Code XVI-C-34, will be forwarded at the close of each school year to every district operating an approved special class for trainable retarded children.
2. These forms must be properly completed and returned to the Special Education Section by June 15, or within one week after the close of school, in order to qualify for payment of aids at the regular time.

B. Reimbursement: Salaries and Services

1. State aid will be computed on the basis of two-thirds ($\frac{2}{3}$) of the salary of each qualified teacher and each attendant employed in the school's program for trainable retarded, subject to the following limitations:
 - a. Maximum aid for each full-time person may not exceed \$3600.00.
 - b. Maximum reimbursement of salaries for part-time personnel will be prorated in proportion to the amount of time such personnel are employed in the special education program.
2. State aid is provided for medical, psychological and psychiatric diagnostic services when these are essential to the trainable program.
 - a. School districts will be reimbursed for two-thirds ($\frac{2}{3}$) of the cost of such services, the reimbursement not to exceed \$10.00 for a half-day or \$20.00 per full day of time actually devoted to diagnostic work.
 - b. Diagnostic services provided by public agencies, i.e., the Department of Public Welfare's Bureau for Psychological Services, are not reimbursable.

C. State Aid: Equipment and Supplies

Minnesota laws provide for reimbursement of special supplies and equipment purchased or rented for use in the trainable program. The maximum aid that may be reimbursed under this law is one-half ($\frac{1}{2}$) the cost of the items purchased, not to exceed \$50.00 per child per year in reimbursement.

D. Foundation Aid

1. School districts are eligible for foundation program aid for pupils attending classes for trainable retarded children on the basis of pupil units in average daily attendance.

2. The foundation program aid for such children will be paid to the district of the pupils' residence.
3. Attendance for trainable children is to be counted in the same way and reported on the same form that is used for all pupils. The rules outlined in the Manual of Instructions for Uniform Child Accounting (Code 1-A-7) apply to trainable children, with the following modifications:

- a. Length of school day. A trainable class must be in operation for a minimum of five (5) hours per day to be counted as a full-day program.

NOTE: The lunch period may be counted as part of the school day when it is included as part of the actual training program. See Chapter V, Item H.

- b. For classes that are in session for less than five hours per day, the attendance is to be counted on a half-day basis.
- c. Classification of pupils. For purposes of recording attendance, children enrolled in trainable classes are to be classified as elementary pupils.

E. Nonresident Tuition

1. When a pupil is enrolled in a special class in a school district other than his district of residence, the school providing the service will make a tuition charge to the child's resident district.
2. This tuition charge is not reimbursable. The special reimbursement aids are paid only to the district providing the special education program. However, the child's district of residence benefits since the reimbursement lowers the tuition charge.
3. A suggested procedure to follow in arriving at tuition costs for nonresident pupils in special classes (Code XVI-C-61) may be obtained from the Special Education Section.

VII. CERTIFICATION OF TEACHERS

- A. Regular Certification. Completion of requirements under plan a. or b. or c. following will qualify a person for the certificate in this area:
 1. Plan a. Graduation from a four-year college or university course with a major in the education of the mentally retarded.
 2. Plan b. Graduation from a four-year college or university course with a certificate to teach in the elementary or secondary schools and an approved college minor in the teaching of the mentally retarded.

3. Plan c. To qualify under this plan a person must: (1) hold a valid Minnesota teaching certificate for elementary or secondary schools, (2) have two years of successful teaching experience, and (3) have an approved college minor, or its equivalent, in the teaching of the mentally retarded evaluated by an approved teacher training institution,
 - a. A minor is usually considered to be a minimum of 23 quarter hours of approved college course work.
 - b. Whether a particular pattern (of course work) is equivalent to a minor is decided by the staff members of the teacher training institution approved to offer a minor in this field in consultation with the Special Education Section.
 - c. The course work which comprises the minor may include courses taken at both the graduate and undergraduate level. However, this plan does not require a bachelor's degree.

B. Provisional Certification

1. A provisional certificate to teach the mentally retarded is issued if a teacher: (1) holds a regular Minnesota teaching certificate; (2) has had two years of successful teaching experience, and (3) has completed at least 3 quarter hours of course work in special education, including two of the following required special courses:

Introductory courses on the education or psychology of exceptional children

Psychology of Mental Retardation

Methods courses in the education of the mentally retarded.

2. The provisional certificate is a two year non-renewable certificate. A teacher with a provisional certificate must complete the requirements for the regular certificate within the two year period.

C. Colleges with Approved Programs

1. The University of Minnesota, and the state colleges at Mankato, Moorhead and Saint Cloud have approved teacher training programs in the education of the mentally retarded.
2. Questions pertaining to college credits and approved course work in this special field should be directed to the appropriate teacher training institution listed in 1. above.

- D. Certification Procedures. The provisional or regular certificate to teach the mentally retarded is issued by the Teacher Personnel Section of the Department of Education upon receipt of all of the items listed on the following page:

1. Provisional Certificate

Recommendation of the college where the required course work (toward provisional certification) was taken.

Request of the superintendent

Fee of \$3.00.

2. Regular (Full) Certificate

Recommendation from the college

\$3.00 fee or a valid Minnesota certificate to which the certificate to teach the mentally retarded is added.

NOTE: Request by superintendent is not required when application for full certification is made.

3. Questions pertaining to the actual issuance of a teaching certificate should be sent directly to the Teacher Personnel Section.

VIII. TRANSPORTATION

A. General Rules

1. It is the responsibility of the school board of the pupil's district of residence to provide for the transportation of a trainable retarded child.
2. Transportation aid will be paid to the district of the pupils' residence.
3. In case daily transportation is impracticable, the school board may make arrangements to board and lodge the child, thereby making school accessible for him.
4. Aid will be paid only for actual days such pupils are transported or boarded and in attendance at school.
5. Where other pupils are transported on the same school bus with the mentally retarded children, the costs to be used in determining the reimbursement aid for transportation will be prorated on the basis, of the average cost per pupil for all pupils conveyed on such bus or buses.
6. In no case will the aid exceed the actual sums paid out by the school district for transportation or board and lodging.

7. Whenever mentally retarded children can travel comfortably on a school bus, or a regular commercial bus and that mode of transportation costs less than other means, aid will be allowed only at the lower rate.
8. Where two or more mentally retarded children from the same family are conveyed to the same school and a family conveyance is used for such transportation, aid will be granted on the basis of one child only.
9. If someone other than a parent or guardian is the carrier, such carrier must comply with the regulations governing the transportation of public school pupils as stated on pages 31-12, Minnesota Regulations Relating to Education, 1956 Edition, as amended, July 1, 1959.

Board and Lodging
Trainable Retarded Children

1. The district of residence has the responsibility to initiate board and lodging arrangements.
2. Before enrolling a handicapped pupil in another district on a board and lodging basis, the district of residence must have approval for such enrollment from the Special Education Section.
3. The request for approval submitted to the Special Education Section must include the following:
 - a. Evidence that the pupil is eligible for enrollment in a special class for trainable handicapped children.
 - b. Information substantiating the need for enrollment in another district on a board and lodging basis.
4. Following review of the information submitted to the Special Education Section, notice of approval or non-approval will be sent to the district.
5. If the request is approved, the Administrative Officer of the resident district is to contact his County Welfare Department for purposes of securing an approved foster home in the district where the child is to be enrolled.
6. Reimbursement for board and lodging will be authorized by the School Transportation Section only when the pupil's enrollment has been approved by the Special Education Section.

Claiming State Aid ,
For Transportation or Board and Lodging

1. In the spring of the year an application and report form, Code Vll-C-11b, will be forwarded to each graded school that received

transportation aid for mentally retarded pupils attending an approved special class during the previous school year. The forms will also be sent to county superintendents for distribution to ungraded schools.

2. In order to qualify for payment of aids at the regular time, the report forms must be submitted to the School Transportation Section and postmarked not later than July 10 after the close of the school term for which aid is claimed.

D. Reporting Non-Resident Pupils

1. Information on nonresident attendance is obtained from schools having approved special classes by means of Code VII-C-11c (3) .
2. When the form is completed and returned to the school transportation Section, the districts transporting pupils to approved special classes in another district are forwarded the application and report form, Code VII-C-11b. (See B above.)

E. Reimbursement for Transportation or Board and Lodging

1. Schedule of rates for transportation of each (trainable) child will be (1) first mile or fraction thereof, forty-five cents per mile per day, one way; and (2) for each additional mile or fraction thereof, fifteen cents per mile per day, one way.
2. Limitations on Payment of Aid. Aid for this service will be made from state funds for an amount not to exceed \$1.35 per child per day or \$225.00 per child annually. These limitations also apply to board and lodging.

F. Questions relating to transportation or board and lodging should be sent directly to the School Transportation Section.

IX. ORGANIZATION OF THE CLASSROOM PROGRAM FOR TRAINABLE CHILDREN

The primary purpose of this manual is to outline procedures and standards for school districts to follow in establishing and operating state-aided classes for trainable mentally retarded children. However, superintendents and their administrative-supervisory staffs should also have some knowledge of the purposes and organization of the training program as well as other pertinent facts pertaining to the actual teaching situation. The purpose of this chapter, then, is to provide an overview of the classroom program for this group of children.

A. Objectives

The major goals of a public school program for trainable retarded children are: (1) to teach them to care for their basic physical needs; (2) to teach them safety habits sufficient to protect them from common

dangers; (3) to help them develop social, language and leisure-time skills which will enable them to make social adjustments within the family and neighborhood; and (4) to train them in simple occupational skills which can be carried on at home or in a sheltered environment under supervision.

The building of a sense of security in the child and the development of respect for himself and for others are essential and related objectives.

NOTE: A summary of the general potential of the trainable child is included on page 2 of this manual.

Initial Enrollment of Pupils In a Beginning Class

Generally, a beginning class with an inexperienced teacher of trainables should start with only a few children. Others should be added gradually as the teacher feels advisable. A number of weeks may be necessary to bring the enrollment to full capacity. Shorter class sessions also may be advisable for the first few days of the program.

The Class Program

The program for trainable retarded children is somewhat unusual in the sense that emphasis in the classroom is placed on social training and habit formation rather than mastery of basic academic skills. Most of the learning experiences of these children will grow out of directed play activities. Although these experiences are considered of prime importance for their social implications, they also contribute to the pupils' individual adjustment and to growth in language development and communication skills.

The curriculum for trainable children as for any other group of pupils is the program considered to be most realistic and suitable in helping them achieve their highest level of potential. Within the general framework of the curriculum, however, it often will be necessary for the special teacher to adapt the content and develop new materials to fit the individual needs of his pupils.

Minnesota does not presently have a curriculum guide for teachers of trainable children. Until one can be prepared teachers will find it necessary to develop their own curriculum materials and/or use existing guides from other states. A list of curriculum guides and other publications which teachers may find helpful is included in the appendix. These items are reimbursable as special materials when they are purchased by the school.

Academic Subjects

Although academic subjects are a part of the training program, they should not be allowed to overshadow the importance of the advancement of other skills more socially practical to the child. For most of the

pupils formal training in this aspect of the program will not go beyond readiness activities. Many of the experiences of these children will be similar to reading and number activities of pupils in nursery school, kindergarten and first grade classes.

Only a few of the trainable pupils will be capable of academic achievement beyond first grade level. If a pupil shows significant growth in the tool subjects, he should be carefully studied to determine if he might profit more from placement in a class for educable retarded children.

Emphasis should be placed on the functional aspects of the tool subjects since these are the kinds of "academic" skills which will be most useful to the trainable retarded person. Most trainables can learn to read signs and individual words for safety purposes, to use certain number symbols and the use of money in smaller denominations, and to write their own names. Comprehension of number concepts beyond rote counting is generally lacking or extremely limited, as is comprehension of all abstract material--time, space, distance, symbols.

E. Evaluation of Pupils

Evaluating the progress of pupils enrolled in the training program is a more difficult task than in regular education because of the extremely slow rate of progress of most of the pupils and the general lack of objective measures. However, this is an important part of the training program, and teachers should be encouraged to develop or adapt an appropriate method of evaluating pupils and recording certain significant details about each child which they have been able to observe.

Such evaluations are particularly valuable in cases where children have been enrolled in the class on a trial basis. Assessment of pupils who will continue in the training program over a period of years is also essential as a guide to the teacher in preparing new materials and adapting the daily program to the individual needs of the children.

A number of different methods for evaluating pupils may be used, e.g., behavior check lists, rating scales, and measures of speech and language development. In addition, anecdotal records should be kept on as regular a basis as possible, and a progress report should be prepared and filed in the children's pupil record folder at the end of each school year.

The observations of the special teacher should be supplemented periodically with an individual evaluation by a certificated psychologist. This should be done at least every two to three years, and more frequently if necessary in individual cases.

F. Home-School Cooperation

Good communication between home and school is most essential to the success of the training program. Because of the special and varied needs of these children, parent-teacher conferences should be scheduled on a more frequent basis than in regular education. A two-way

communication between the parents and teacher is necessary in order that each child's adjustment may be aided by as uniform and consistent an environment as possible.

In talking with parents about their trainable retarded child, the teacher must be frank and realistic as well as kind and understanding. When the child has shown progress this should be brought to the attention of the parents as readily as when he presents a problem. However, the teacher must constantly endeavor to help parents keep their expectations of the child in proper perspective through relating his achievements to his ability level and capacity for making progress.

Annual written progress reports, mentioned in Item E. above, are desirable as a supplement to more informal contacts with parents, but these reports should be discussed with parents in a conference rather than being mailed to them for their own interpretation.

The special teacher should not be expected to assume the entire responsibility for this aspect of the program. When more specific assistance is needed in individual cases, the school should seek help from, or direct parents to, other professional resources, e.g., physicians, psychologists, and, more frequently, case workers from county welfare departments.

Intensive parent counseling involving life plans for trainable mentally retarded children is the primary responsibility of the county welfare departments. Most school districts do not have the necessary staff to provide adequate consultation service of this type and degree. Even when school social workers and psychologists are employed on the regular school staff, this function should not be the independent responsibility of the district, but rather should be a collaborative effort between the welfare department and the school.

G. Parent Education Programs

In addition to conferences involving individual children, efforts should be made on a broader base to provide an educational program for parents of children enrolled in the training program. Local chapters of the Minnesota Association for Retarded Children can be very helpful to the schools in this endeavor. Through membership in these groups, parents have the opportunity to learn not only from specialists and other parents but also from reading publications and other literature available through the associations.

School districts with established training classes sometimes provide periodic group programs for the parents. These meetings often follow a pattern somewhat similar to regular parent-teacher groups. Usually, they are provided as a supplement to the meetings of the local associations for retarded children, or because a local chapter does not exist in a particular community. When programs of this type are established for the latter reason, the teacher should seek help from professional persons in other agencies to insure having programs that will be interesting, informative and helpful to the parents.

MINNESOTA STATUTES

Relating to Public School Programs
for Trainable Mentally Retarded Children

M.S.A.. 1959, Sec. 120.04 Trainable Child. Defined

Every child who is handicapped to such degree that he is not educable as determined by the standards of the state board but who can reasonably be expected to profit in a social, emotional or physical way from a program of teaching and training is a trainable child.

M.S.A. 1959, Sec. 120.18 Trainable Children

Subdivision 1. Special Instruction for Trainable Children of School Age. Every school district and unorganized territory may provide special instruction for trainable children of school age who are residents of such district or unorganized territory.

Subdivision 2. Methods of Special Instruction. Special instruction and services for trainable children may be provided by one or more of the following methods:

- (a) The establishment and maintenance of special classes;
- (b) Instruction and services in other districts;
- (c) Instruction and services in a state college laboratory school or a University of Minnesota Laboratory school;
- (d) Instruction and services in a state residential school or a school department of a state institution approved by the state department of education;
- (e) By a program of homebound training, teaching and services; or by any other method approved by the state board of education.

Subdivision 3. State Board to Promulgate Rules. The state board shall promulgate rules relative to qualifications of essential personnel, methods of training, pupil eligibility, size of classes, rooms, equipment, supervision, and any other rules and standards it deems necessary for education of trainable children.

Subdivision 4. Agreements to Provide Special Instruction. Any district or unorganized territory may enter into an agreement to provide special instruction and services on such terms as may be agreed upon, but in that event each participating unit must agree on the method of reimbursement or on some other method approved by the state department.

M.S.A. 1959, Sec. 124.33 Trainable Children; Payments by State

Subdivision 1. Amount. The state shall pay to any district and unorganized territory; (a) for the employment in its program for trainable children, two-thirds of the salary of essential personnel, but this amount shall not exceed \$3,600 per annum for each full-time person employed, or a prorata amount for a part-time person or a person employed for a limited time, including but not limited to summer school; (b) for the employment of an individual jointly with another district or districts or unorganized territory in its program for trainable children, two-thirds of the salary of essential personnel, but this amount shall not exceed \$3,600 per annum for each full-time person employed, or a prorata amount for a part-time person or a person employed for a limited time including but not limited to summer school.

Subdivision 2. Reimbursement by State to District for Supplies and Equipment. The state shall reimburse each district or unorganized territory for supplies and equipment purchased or rented for use in the instruction of trainable children in the amount of one-half the sum actually expended by the district or unorganized territory but not to exceed \$50 in any one school year for each trainable child receiving instruction.

Subdivision 3. State to Reimburse District for Transportation or Board and Lodging. The State shall reimburse each district or unorganized territory for the transportation or board and lodging of trainable children when approved by the state board but this amount shall not exceed \$225 annually for each such child. Transportation funds may be used for conveying trainable children between home and school and within the school plant.

Subdivision 4. Aids are Additional to Basic and Equalization Aids. The aids provided for the instruction of trainable children shall be paid to the district providing the special instruction and services. Foundation program aid shall be paid to the district or unorganized territory of the pupils' residence. The amount of aid for special instruction and services for trainable children may not exceed the amount for such special instruction and services for trainable children for the year which the aid is paid.

APPENDIX II

PROGRAM PATTERNS

SPECIAL CLASSES FOR THE MENTALLY HANDICAPPED

Elementary Level Programs

Typical Format

It is assumed that most of the differences found among educable retarded are accommodatable within a self-contained, segregated class at the elementary level. Those cases which cannot be handled in this way are dealt with on an individual planning basis. Such exceptions usually demand intensive case study and treatment. A few special groupings have been tried experimentally. These include the types described below.

Readiness Classes

During the 1960-61 school year experimental "readiness classes" were instituted for younger elementary pupils who were unable to meet the demand level of the usual elementary special class encompassing the 50-80 I.Q. range. The measured I.Q. of a high proportion of these children fell in the lower educable range (50-65 I.Q.) though some pupils of higher ability who suffered from accompanying emotional or neurological problems were among those unable to adjust to a special class of their more socially adequate, retarded peers. Since there is as yet only one of these experimental groups, only a small number of cases can be afforded this special opportunity. Whether or not this service will be expanded will depend upon the outcome of a three year evaluation of the benefits derivable from this program. A report of the special teacher's evaluation of her first two year's work with this "adjustment class" is available from the Special Education office.

Classes for Multiply-Handicapped Children

Some multiply handicapped children will be found in every special class in every special education program. Multiply handicapped children are placed in the program which can best cope with their predominant educational problem.

There are three special classes for retarded-crippled children and one class for neurologically impaired-blind children at Dowling School. Retarded hearing handicapped children may be found in some classes at Dowling School and in special classes for the educable retarded in regular elementary schools, if their hearing losses are not so severe as to preclude their learning language through the ear with the aid of amplification. If their hearing losses are profound, retarded hearing-handicapped children generally need to be placed in classes especially designed to serve this type of case. A discussion of the educational needs of the hearing handicapped may be found in the report: "Children With Hearing Handicaps".

Typical Format

It is to be expected that if pupils are given opportunity for maximum realization of their potential, individual differences will become more rather than less pronounced as adult level is approached. Our secondary level program for the retarded, therefore, affords more special accommodations than the elementary level does. The adequacy and appropriateness of our secondary curriculum provisions are being studied through Project 681 (described in a later section) .

The elementary self-contained class probably permits more flexibility in adapting to the needs of the individual retarded student than does the present program organization of our secondary schools. By its very character and structure, the secondary program imposes adjustment tasks which cannot easily be simplified to the level of what a mentally limited pupil can do. In view of the evidence we are accumulating, we question whether the assumption that an integrated program can meet the needs of all adolescent educable retarded is justified.

As a general rule, retarded pupils who will become 13 years of age by December of the year of promotion, are scheduled to special classes located in various junior high schools around the city. Secondary pupils may spend as many periods of the day with the special teacher as their individual needs require. Most of the retarded pupils receive their more abstract, academic instruction from the special teacher and their instruction in industrial arts shops, home economics, physical education, music, art, etc., in regular classes with non-retarded students.

Arrangements will vary from building to building depending on the number of special classes within the building, the amount of specialization of teaching roles the special teachers are able to work out, and the space, staff and curriculum potentialities present in the regular program of the building. Building principals and counselors work with the special education staff to adapt building programs in such a way as to preserve a suitable degree of consistency of experience for pupils who may have to move from one building to another during their school careers.

Because secondary retarded pupils are programmed into regular classes for certain periods of the day, it is generally necessary to make a "grade level" classification for each student. E.g. junior high school special classes are designated as "7th, 8th or 9th grade" classes, senior high school as "10th, 11th and 12th grade." This is done to facilitate communication and scheduling. There is no connotation attached that pupils are doing a level of academic work which is typical of the grade level label used.

The Transitional Program

A program similar in assumptions and objectives to the elementary "adjustment", "lower-track", or "readiness class" is being tried out at the junior high school level. Pupils judged not capable of coping with the sequential period programming and hourly teacher changes typical of

the traditional junior high school program for the retarded are scheduled to a "Transitional Program" which keeps pupils under the supervision of one teacher for most of the day and provides a curriculum based on an experience-unit approach to learning. Under our present space resources, pupils may continue in the Transitional Program to age 16 (or a maximum of three years of service, whichever comes first) at which point they are referred for evaluation of work potential and future planning. After extensive evaluation at the Project 681 center, pupils may be referred to non-school resources for service, or assigned to one of the other secondary special education programs.

The majority of pupils are assigned to the Transitional Program at the end of their elementary careers. The school psychologist works in collaboration with the staff of the elementary center which the child was attending to develop a recommendation on promotion to the secondary level. The elementary school should make a referral to the Child Study Department for this purpose not later than the beginning of the pupil's "6th grade" year.

High School Level Programs

Promotion Policies

If a pupil has followed along the recommended policy lines regarding age promotion (i.e. movement to the junior high school level if he is to be age 13 by December 30) , he will generally be advanced to the high school level program at or near the age of 16. Some borderline retarded pupils are able to achieve sufficiently well in regular elementary classes to permit their service in the regular program until they reach the secondary level. Pupils who enter special classes for the first time at the junior or senior high school levels may be out of step with the age-grade placement pattern of those who have been in special classes throughout most of their school careers. Since pupils entering at later grade levels are often more able than those identified and placed earlier, it may be entirely appropriate that they should be, in a sense, a year advanced in grade placement.

The recommended promotion policy is not to be rigidly applied in any case. Promotion, like placement, is to be determined on the basis of the best interests of the individual pupil. Acceleration in psychological and social development may present strong argument for promotion to secondary levels at the age usually recommended for pupils of normal ability.

High School Patterns

A pupil may follow any or a combination of three patterns of service at the high school age level. 1. continuation in a special class program in a comprehensive high school; 2. enrollment in a vocational training program at Vocational High School; 3. participation in a work experience program; or 4. service through a non-school agency.

1. Special Classes in Comprehensive High Schools

Special classes are currently provided in five of Minneapolis' ten comprehensive high schools and Vocational High School and Technical Institute. These classes serve pupils from other city high schools as well as pupils who reside in the district.

Special classes in the comprehensive high schools are designed to carry forward instruction in basic skill and information areas as long as the pupil evidences ability to profit from this type of curriculum. It is considered important that the retarded person have enough information about the society and world in which he lives to give him some insight into his citizenship responsibilities when he elects to exercise his marriage, family rearing and voting rights, as many will.

Many retarded will show a negatively accelerated rate of improvement in such skills as reading and arithmetic when they reach mid-adolescence. It was once commonly maintained that "terminal intellectual growth" was achieved by around age 16. Later research findings question this assumption. It is not to be presumed that the schools have taught the retardate all that may be of value to him because this point of leveling-off is reached in certain kinds of skill attainment.

It is assumed that smaller classes are made possible through the special education program to permit presentation of concepts which are important to life adjustment via methods which need not rely entirely upon reading from the printed page. Many retarded and non-retarded pupils may be poor readers for unusual reasons such as specific brain damage, but the same pupils may retain serviceable ability to understand and reason when communication is based on non-visual exchange.

Under present conditions of competitive employment in our society, it is unrealistic to assume that the young retarded adolescent who is having difficulty adjusting in school will be able to move out of the protected school environment and adjust in the work world. The job market holds few employment opportunities for the young adolescent of normal ability. It is even less hospitable to the poorly adjusted retarded individual. A too early thrusting of the retarded adolescent into unsupervised community competition can vitiate many of the benefits of all the previous years' investment in special education service. It is essential that every attempt be made to help him to grow in social skills until he has achieved enough behavior stability and maturity to make him appear a reasonably attractive, responsible, job prospect to an employer,

Special classes in the comprehensive high schools operate on the same principles of individual programming and integration-in-regular-classes wherever beneficial under which junior high school special classes proceed. This necessarily means that the retardate is thrown in contact and competition with increasingly difficult curriculum content as he integrates in regular classes at higher grade levels. If there are no slow-moving classes into which he can be programmed, the problem is accentuated.

Some retarded pupils do not have the ability to adjust to an integrated program and must, therefore, be allowed to spend more of their time in the special classes.

If reasonable program and curriculum adjustment is not adequate to incorporate the retarded pupils' s need, the student may be referred to Project 681 (described in the next section) where an extensive assessment of his needs and abilities will be conducted and further planning initiated.

APPENDIX III

RETARDED YOUTH: THEIR SCHOOL REHABILITATION NEEDS

SUMMARY

Project 681 was initiated because of a concern for expanded development of special education and rehabilitation services for the retarded. The project was designed to explore for methods of operating which might alleviate deficiencies in traditional school-rehabilitation functioning, including: (1) the problem that conventional provision of service rested too heavily on the assumption of follow-through by the client or his parent, (2) the problem that keying rehabilitation service to the end of the high school period tended to miss the majority of the retarded because of their high dropout rate, (3) the problem of limited rehabilitation services available through purchase, (4) the problem that many retardates needing help could not be made employable in relatively short periods of time or by one agency working alone, and (5) the problem that the community had no central reference point for all agencies to find out what had transpired with a particular retardate and what might be planned for him in the future.

The specific purposes of the project were:

1. To demonstrate and evaluate types of program and training which could be promoted or set up within a public school framework to best serve the purpose of effectively preparing adolescent retarded for employment and community responsibility.
2. To use findings of the research to gain understanding of the problems and to develop practices calculated to result in maximum benefit for the retarded.
3. To facilitate coordination of community services directed to common goals of promoting the occupational adjustment of the retarded.
4. To develop basic information and techniques for promoting the vocational adjustment of retarded students which might be put to use in rural or less populated areas.

The project ran from September, 1960 through August 1964. During this time it served over 500 retarded students in its demonstration unit. In addition, it located and interviewed some 400 former special class students who had left school in the three years immediately before the project began. The project also worked with over 200 other students in special studies.

The project was thus somewhat divided into service and research functions although the two were never totally separated. The primary purpose of the demonstration unit was to demonstrate effective services. Part of

the research function was to evaluate these services, and part of the research function was addressed to the study of basic problems the project was designed to explore.

The staff of the project, in addition to the project director who was the consultant for the school system in special education and rehabilitation, consisted of:

A project coordinator - who supervised the program and was responsible to the project director for coordinating and carrying out both the research and the service aspects.

A unit worker - who did intake and transmitted information within the unit and who provided personal and family counseling through interviews and interpretation to parents, schools and agencies.

Two laboratory supervisors - in charge of work laboratories where they evaluated work readiness through job samples and tryouts, provided individual training, and supervised simulated work projects.

A special teacher - who worked in a classroom with group work, group testing, and the development of realistic, vocationally-related curriculum.

A work coordinator - who placed students on jobs in the community, supervised and evaluated them at work, and conducted a general job orientation and guidance session with all students in the project once a day.

Two research workers/psychologists - who did psychological studies, took part in developing and evaluating operations and procedures, and conducted evaluative and survey research.

The Research Sub-Studies of the Project

Project 681 involved a program of studies which grew out of continuing efforts to improve service provisions and which all bear upon the characteristics of the mentally retarded. Research functions of the project were begun with a comprehensive follow-up study of former students. An attempt was made to contact the entire population of the Minneapolis Public Schools' educable special class students who graduated or terminated their education from 1957 to 1960. Personal interviews were conducted with 91% or 385 of the 423 former students (and/or parents). The interviews covered questions concerning: reasons for leaving school, work history since leaving school, present employment status, recalled school experience and attitudes about school, marital and financial status, health status, and certain specific personal information.

The population comprised about two-thirds males and one-sixth non-white students. The average Binet Scale scores for the entire group was 73; the average Wechsler Full Scale score was 76. The majority of these former students were not able to read beyond the fourth grade level. They came from economically poor backgrounds and lived in areas of the city where juvenile delinquency rates were high.

Almost half of the subjects were holding full-time jobs, or were in the armed forces, or were housewives at the time of being interviewed. However, only 23% could be rated as successful when multiple considerations such as vocational and marital stability, level of wages earned, independence and crime record were considered. Almost all of the employed were working in unskilled or semi-skilled jobs. Kitchen help, machine operators and laborers made up 73% of the jobs held by boys. Kitchen help, waitresses, machine operators and unskilled factory workers made up 92% of jobs held by girls.

Less than one-half of the subjects had been clients of the Vocational Rehabilitation agency. Of those referred to Vocational Rehabilitation, a majority had already been closed or rejected from service by the time of follow-up. Of those closed by Vocational Rehabilitation as rehabilitated, 79% were in full-time employment, in the armed forces, or were housewives. Of those rejected for service, 56% were in one of the satisfactory employment categories mentioned above.

Sixty-five percent of these students had not finished school and many felt that they had been forced to leave school. Many wished they had had more schooling and over one-third of these students said they were making plans to get further education or training.

A second study was called "the Vocational Study." Working with the Minneapolis Vocational High School and Technical Institute, the project did systematic study of the program offered there for the retarded. This program had been in existence since 1946, and had served many of the special class students who later showed the most adequate vocational adjustment. However, in recent years, fewer and fewer special class students were able to gain entry or compete successfully in the trade offerings of Vocational High School because of the growing level of difficulty of these courses.

It was found that methods of selecting retarded students for a trade school program could be improved so that accurate prediction of survival in training would be increased. However, the rate of survival in trade school training remained so low as to render questionable the appropriateness of this kind of training for the retarded.

Studies of IQ distribution, reliabilities and relationships were made. IQ scores, as such, were de-emphasized in serving students in the project. Inter-test correlations between Binet scales and between Binet and Wechsler scales ran from .43 to .68. Using the standard classification system (*Ik* 80-89 dull normal, 70-79 borderline, and below 69 mentally defective), it was found that only 31% of the students kept the same classification on subsequent testing. It was concluded that IQ scores of students in this special class population were unstable and could not be used with confidence for prediction of individual potential.

The broadest population studies undertaken by Project 681 were "the Borderline Study," a study of students who functioned as retarded but who scored high psychometrically, and "the Ninth Grade Study," an analysis of

the characteristics, problems, potentials, and possible courses of rehabilitation of the students in the entire 1962-63 ninth grade level special classes for the retarded (N=138) .

A striking feature of this special class population was its sociological identity: of the ninth grade students, 65% lived in the sociologically deteriorated central area of the city where 27% of the city's juvenile population lived. A fourth of the students came from homes which were actively anti-school, or had relationships with the school which were destructive of the student's personal integration and which seriously interfered with school attendance or acceptance.

Two-thirds of the ninth grade group showed potential for academic benefit from the completion of senior high school, yet a third later dropped out before finishing tenth grade. Nearly 90% showed potential for social development throughout a senior high program. About 80% showed potential for competitive employment in adulthood, and three-fourths of the remainder showed potential for terminal sheltered employment.

Another study from a somewhat different viewpoint involved analysis of student and parent self-reports during project intake interviews. Interviews with students entering the project's service unit were recorded on a standardized intake interview form, and a parallel form was used to record the parent interviews. Educational history and attitudes, family-related activities, competence in travel and self-care, social competence including peer relations and delinquency, health, and work experience and plans were areas of inquiry.

In general, parents tended to be more accurate and reliable in the information they gave, but also quite often negative in talking about the students. Both students and parents tended to be cautious about job plans*.- with over half of the parents stating they did not know what kind of work the student should go into. Nine out of ten parents felt the student still needed further schooling or training of some type. Equally often mentioned by the parents as something the students needed was attention, patience, and guidance from an understanding person.

The Service Program of the Demonstration Unit

The demonstration unit of the project was set up to provide an in-school facility for prevocational evaluation, planning and training. It was felt that such a service could aid education by developing better means for the schools to assess the work/training potential of the retarded, and at the same time aid rehabilitation through more effective utilization of school resources.

The unit was able to handle up to forty students at one time. They were usually divided into three groups for scheduling to a classroom and two work laboratories. (One of the laboratories was concentrated in the mechanical-manipulative area and the other was focused on service-clerical work. All of the students spent time in all three rooms. Typically, at a given time, about ten students would be in the unit for initial evaluation and the others, who had been through the initial two week evaluation period, would be continuing in the unit for work experience/training.

Several other students would be out on jobs under the unit's supervision.

Students were referred to the unit when they were considered by their school counselors and teachers as ready or about to leave school. They were usually of age sixteen to twenty-one, although some younger were occasionally seen. All referrals were accepted for evaluation, thus no selection methods were used. The goal was to attempt to serve all referred.

Upon entering the unit, the student, as well as his parents, would be interviewed by the unit worker. He then moved into the initial evaluation process, which consisted of group observation and testing, tryouts in the work laboratories, psychological study, and review of school and other information. Orientation of the staff was on assessment of the student's needs rather than on whether or not he would fit into the project's established training program.

At the end of the evaluation period a case staffing was held and was usually attended by members of other agencies also involved. Results of the observations, tests and job tryouts were presented and discussed. A free exchange of opinion was promoted. As a result, recommendations were reached such as:

- Continuance in the unit for work experience/training
- Return or entry into some other school program
- Immediate placement
- Referral to community resource

Results, with recommendations, were interpreted to the student and to the parents. The parents' reaction and direction was sought just as their help in planning had been sought at the time of initial contact.

Students who continued in the unit received an individualized program of job preparation, training and tryout placement in competitive jobs. In the work labs students were given individualized assignments, and areas were expanded or developed in response to the kinds of jobs available. At the same time, common factors such as work habits and attitudes, grooming and personal cleanliness, persistence and stamina were emphasized. Individual tutoring programs aimed at specific purposes were developed as needed by the students.

Training, in practice, overlapped guidance because the students learned more from the interpretation of their performance in actual situations than from formal test results or verbal counseling alone. Counseling was both verbal and situational through direct experience, group interactions and environmental manipulations which gave the student opportunity to test reality by working through concrete situations. Free feedback of reaction from peers and staff was encouraged. Models of reactive and supervisory action were charted which attempted to reinforce desired behavior patterns.

Almost all students who continued in the project for training were eventually placed on competitive jobs in the community for an actual work tryout. Job placement was viewed as an extension of the project's evaluation and training program. It was early and easily seen that just as

evaluation could not be viewed as a once and forever determination, job placement could not be viewed as the solution to the needs of these students. A broader concept of "placement service" rather than job placement needed to be developed. Efforts were made to place students on a variety of jobs for experience, to upgrade them through a series of jobs wherever possible, and to continue to work with them over a long period of time.

Students who, after initial evaluation were judged unready for vocational training and who were returned or entered some other school program, were expected to be re-referrals at a later time and their school progress was followed.

Students who left for immediate jobs or referral to community resources were contacted regularly to determine their status and follow-through on plans. Many of them returned voluntarily to the unit for additional evaluation or aid. It became obvious that continued follow-up contact in all cases was performing a very essential service function in addition to the evaluative-research function it was designed to provide. Follow-up, since it was done by the staff itself, produced direct feedback to the project's program. Students who returned to the project provided valuable comparison between initial and subsequent evaluation and, in many cases, a base for measuring the program's progress in meeting the needs of its clients.

By the end of the project, 603 students had received some degree of service from the demonstration unit. In considering their status as of November, 1964, two results were discussed. One of these results was that evaluation in the unit seemed to result in continuations or further trial of many students in school. This was considered to be of particular significance because of the referral requirement that the student be about to drop out of school. The second result was that the project's program had been able to help a majority of other students into at least temporary job experience.

Of the 603 students, 34 were in the project unit in November, 1964, 244 had been returned to school and the remaining 325 were out of school. The students in school will gradually be re-referred to the unit as they complete or are no longer able to profit from the programs in which they have been placed. Since age was one of the factors found related to a positive employment outcome, these students should be in a better position to compete in the adult world, because of added maturity, when they were next referred to the unit for transitional services.

Of the 325 out-of-school cases who had been served by the project, 122 were working in competitive employment as of November, 1964. If the students we were unable to contact (left the city, deceased and unable to locate groups) are disregarded, and if students in sheltered employment, housewife, and military groups are considered employed in the broad sense, then 52% of the project's former students can be said to be employed. It should be noted that this figure is higher than that for the basic follow-up group (students who left school during the three years prior to the project) even though that group contained all special class students whereas the project did not include the immediately placeable students

who were not referred to the project for services. Also the basic follow-up students were on the average two years older at the time of contact than the project students and thus would be expected to have achieved a greater degree of vocational success.

Many more of those students now classified as "not working and not in school" had had at least temporary job experience because of the services of the project staff. It would be unwise to consider full-time competitive employment as the only goal to be striven for, however, because for many individuals this is unrealistic. The routing of such individuals to appropriate agencies (workshops, day care centers, etc.) was also a service of the project.

An important feature of the project was the close contact maintained with former students. No cases were "closed" by the project, and many students returned to the unit several times, particularly for job support and further placement aid. A follow-up study was made each summer of all out-of-school cases. This procedure revealed the frequent change of status of the individuals in this population, and underscored the instability of statistics based upon information gained at a single point in time. Concern was focused more upon the long-range patterns which emerged. If return to school and utilization of community resources are considered desirable outcomes, 70% of the cases show a positive outcome.

Some Implications

Project 681 was essentially a rehabilitation service program established as part of a public school system. It reflected the philosophy of the public school system in that it attempted to meet the needs of all its students. It differed from a state rehabilitation agency in that it did not have to so much justify its services on the basis of financial return to taxpayers and thus did not have to select those clients most able to produce that return.

The implications drawn from the experience of working with a total population of retarded youth are many and varied. In regard to the provision of services to retarded individuals, the first important element was a sound, action-related, differential diagnosis—that is, a diagnosis which made fairly valid guesses as to why a given person functioned as retarded and, more importantly, what could be done to improve his functioning. The purpose of diagnosis had to be to derive differential courses of action, and these courses needed to be as varied as are the reasons for the psycho-socio-educational-vocational phenomenon which we call mental retardation.

It is significant, and perhaps contrary to expectations, that the project had little difficulty finding jobs for its students, perhaps because of its identification with the public schools. Considerable difficulty was encountered, however, in securing placement in sheltered workshop and day activity-social development facilities because the number of students needing such services far outstripped the number of such facilities available.

For those students placed on jobs, long-term supporting services and follow-up were found necessary. Placement needed to be viewed as part of a developmental adjustment and training process, not as simply procuring jobs. The population served by the project had certain inherent limitations such as poor social judgment and lack of ability to follow-through on plans, which necessitated more aggressive contact and closer supervision than is usually offered by a vocational rehabilitation counselor.

Most retarded students are not ready for serious consideration of permanent employment until the completion of at least the equivalent of a high school education. Since the vast majority of non-retarded students do not enter the labor force until this age, it is unrealistic to expect the retarded to do so any earlier. It is thus essential to develop school programs which will hold retarded students and help them to mature relative to the broad range of demands which being an adult and a worker imposes. The project tried to facilitate this development by making specific recommendations for program modification of students as they were returned to referring schools. It is through this kind of interaction concerning individual cases that new program possibilities are most likely to be developed.

In general, however, it can be stated that special education programs must move beyond "watered-down" traditional procedures if they are to meet the needs of their students. The fact that most senior high level retarded read at no better than the 4th grade level indicates that they cannot be expected to use printed material as the major learning tool. Special education has not produced a basic method which educates the retarded as effectively as the abstract verbal-conceptual method does the non-retarded. The curriculum should become a means of promoting development in broad aspects of adjustment with the end objective being maximum self-sufficiency, not possession of information to be memorized and parroted back on demand.

The experience of projects such as Project 681 also has some bearing on the new social action programs being developed. Programs such as youth development and the emerging war on poverty are all concerned with people who are inadequate in general economic adaptive ability, and whose problem often is something other than the lack of a specific job skill. If eligibility requirements are too narrowly defined, those most in need of service may not qualify for it. Analysis of individual people in trouble indicates that there is a deep-running commonality to their problems which requires that agencies take a broad and flexible view of their clients' needs. The treatment of these needs may well be facilitated by use of some of the rehabilitation technology which was developed to serve people who have the general handicap of retardation.

APPENDIX IV

TABLE I

GROWTH OF SPECIAL EDUCATION PROGRAMS FOR THE MENTALLY RETARDED IN MINNESOTA

SCHOOL YEAR	Educable Classes	Pupils in Classes	Trainable Classes	Pupils in Classes	Total Classes	Total Pupils in Classes	Cost of Special Services
1956-57	191	3300	21	200	212	3500	\$ 1,215,563
1957-58	220	3596	22	210	242	3806	1,281,297
1958-59	296	4378	31	303	327	4681	1,730,143
1959-60	338	4736	36	349	374	5085	2,068,771
1960-61	379	4773	40	380	419	5153	2,479,484
1961-62	438	5583	47	406	485	5989	2,517,646
1962-63	496	6340	49	435	545	6775	2,774,475
1963-64	523	6803	61	483	584	7286	2,828,249
1964-65	581		70				

1 - Minnesota Department of Education Annual Reports

2 - As of November 1, 1964, not complete

APPENDIX V

MINNEAPOLIS ASSOCIATION FOR RETARDED CHILDREN

DAYTIME ACTIVITY CENTER

The Hennepin County Daytime Activity Center is a program that is sponsored and administered by the Minneapolis Association for Retarded Children, a non-profit organization. Direct financial support is received from the United Fund, State Department of Welfare and parent fees. The parents of the child are responsible for the payment of fees; however, they are based on the ability to pay and those parents who need financial assistance must apply to the Hennepin County Welfare Department.

The Center operates 5 days a week, 11 months out of the year, September through August with the month of July set aside as vacation period for staff and children. The fee charged covers all program cost together with transportation to and from the Center and a hot lunch. Daily hours are from 8:30 A.M. until 2:30 P.M. Holidays throughout the year are designed to coincide with those of the Minneapolis Public Schools.

The age range served is 4-18. All children must now be ambulatory, the reason being that the physical characteristics of the building prohibit the inclusion of non-ambulatory children at this time. Non-toilet trained children are accepted.

Those children served fall into three categories:

- pre-school retarded (ages 4-7)
- post-school retarded (ages 14-18)
- retarded children of school age (7-12) who have been referred to the Center from school districts offering services to these children but who for valid reasons are unable to serve the child at this time. All children accepted at the Center are on trial placement and will be served only so long as the Director and staff feel the best interests of the child are being served.

The Center offers a program covering a wide range of social, recreational, and educational activities that are non-academic in character and practically oriented. There are 65 children currently enrolled. They are divided into six groups and served in six separate program rooms. The grouping is as follows:

- 1 4-7 year old nursery group - maybe trainable
- 1 4-7 year pre-school group - educable
- 1 5-8 year olds
- 1 7-10 year olds
- 1 10-14 year olds
- 1 14-18 year olds

The goals or objectives of the Center are the following:

- Socialization skills
- Self-care skills
- Pre-vocational skills
- Parent services
- Referral Agency
- Long-term, non-clinical diagnostic service
- Leisure time interests

SOCIALIZATION SKILLS

Experience in a group setting which necessitates learning to share, take turns, respect the rights of others, and responding positively to an authority figure. Success or failure to function in the community is directly related to proficiency in these areas. Also, included in the area of social skills is exposing the retarded child to success and failure and assisting him in dealing with both.

SELF-CARE SKILLS

Varies with the amount of experience and the age of the group. With the younger children, the very basic self-care skills such as feeding, washing, dressing, are stressed. The older groups would work at a more sophisticated level on such things as the effective use of deodorant, shining shoes, washing and ironing of clothing, just to mention a few.

PRE-VOCATIONAL SKILLS

Such activities are more particular to our teen-agers. The emphasis is on the "pre" in that we would not train them for one specific job. We would be working to develop good work habits and attitudes, necessary to function successfully in the world of work. Emphasis is placed on the practical skills that would facilitate an easier adjustment to a work setting. Such activities as the use of public transportation, familiarization with money and its use, and practical home economic activities are just a few of the areas stressed.

Emphasis is also placed upon creating and maintaining an adult atmosphere with these young people, which is absolutely necessary if they are to function effectively in the community.

PARENT SERVICES

Included under the goal of parent services would be parent relief and parent education. The former refers to a limited number of children being served primarily to provide some relief at home. Placement in these cases is usually short term and emphasis is placed upon training in the very basic self-care skills.

The Legislative Act creating Daytime Activity Centers specifies that parent education be provided. This requirement is fulfilled in a variety of ways. There is a monthly parent meeting at the Center on the first

Wednesday of each month. We usually have a guest speaker and time is provided for parents to speak with the Director, Public Health Nurse and the individual instructor of their child. Attendance at parent meetings is required and failure on the part of any parent to attend two consecutive meetings without valid excuse, will place in jeopardy the stay of their child at the Center. Cooperation between the home and Center is essential for maximum effectiveness in working with the children.

In addition to parent meetings, the Director and the Public Health Nurse try to have conferences with each family during the program year.

Progress reports are made out on each child two or three times a year. The month of February is set aside as the time for individual parent-instructor conferences to discuss these reports.

While the above mentioned parent education services are provided at specified times, the entire staff of the Center is available at any time for questions or conferences at the request of parents.

REFERRAL AGENCY

While a Daytime Activity Center could conceivably be the starting point in services to the retarded child, it should by no means be the stopping point. The Activity Center should represent one service in the continuum of services available to the retarded. This being the case, awareness of new and perhaps more appropriate services is a must for any Center that wishes to serve the retarded most effectively.

We would, during the course of a year, be continually evaluating children as to their suitability for placement in public school program, vocational training centers, or any other services available.

LONG-TERM NON-CLINICAL DIAGNOSTIC SERVICE

Extensive and continuous observation and evaluation of each child enrolled at the Center. Information so obtained will lend itself to more accurate prediction of what can be expected of a particular child and assist in finding suitable placement as his needs change.

STAFFING

The staff at the Center consists of the following:

1. Director
2. Six full-time instructors and 3 part-time instructors
3. Full time public health nurse
4. Full time cook and custodian and an assistant to each.

The educational and experiential background of the staff is varied; however, they all have a few essential qualities that are necessary to work with retarded children:

1. Relate effectively to children and children relate to them.
2. They possess no preset notions on how to work with children.
3. Able to work for long periods of time and see little if any progress.

MARC BOARD OF DIRECTORS AND LAY BOARD OF THE DAYTIME ACTIVITY CENTER

The MARC Board of Directors sets major policy for the Center. However, they have established a special committee that is assigned the responsibility of discussing and evaluating day to day operational procedures of the Center. In addition, this committee formulates recommendations of policy and program functions to be presented to the MARC Board for action. The DTAC Director works very closely with this group. The term "Lay Board" has been chosen for identification. The Chairman of the Lay Board is a member of the MARC Board and serves as liaison. Other members (four) may include parents of children at the Center or who have attended the Center in the past.

MARC - DAYTIME ACTIVITY CENTER

ELIGIBILITY REQUIREMENTS

1. Age range 4-18, ambulatory*
2. Non-toilet trained children accepted
3. Pre-school educable and trainable children (ages 4-7) post-school educable and trainable (ages 14-18). Neither trainable nor educable children of school age will be accepted except by referral of school districts offering classroom services to children of these capacities.
4. Medical Requirements
 - A. Emergency information policy
 - B. Medication administration policy
 - C. Parents must provide:
 1. Annual medical examination
 2. Semi-annual dental examination
 3. Immunization: initial series and booster
 - a. Diphtheria, Pertussis and tetanus
 - b. Small pox
 - c. Polio - oral or Salk
 - d. Skin test for tuberculosis
 - e. Measles
5. Maximum enrollment of 70.
6. Children will be kept in the Center only so long as the Director and Staff feel that the best interests of the child or the group is being served.
7. The 1963 Daytime Activity Center Law requires services to parents; therefore, parents of children enrolled at the Center are required to attend parent education meetings monthly.

*Although non-ambulatory children are not now excluded, nor are intended to be excluded, the physical characteristics of the Center prohibit their inclusion at this time. MARC is encouraged to seek a solution to this condition at the earliest opportunity.

APPENDIX VI

UNITED CEREBRAL PALSY OF GREATER MINNEAPOLIS. INC.

CUSTODIAL DAY CARE CENTER POLICIES

Objectives:

To provide a temporary service to the families of severely involved cerebral palsied children requiring eventual public or private residential care. The purpose of this service will be:

1. To guide and counsel the parents in planning for the day-to-day and long term care of their child.
2. To relieve the family from the 24 hour-a-day care of the child, thereby enhancing more normal relationships among other family members.
3. To provide an interim facility, prior to placement, in which the child is exposed to a group situation for such benefits in socialization, habit trainings and independence as he can absorb.

Eligibility:

Cerebral Palsied children, aged 4-12 years, functioning below the trainable level, for whom residential custodial care will eventually be needed, may be considered for admission if:

1. The parents are sincerely interested in planning realistically for the child's future in a residential facility, and if such plans for placement are being made or have been completed.
2. The child requires a degree of care that can reasonably be provided by the program.
3. The child is not otherwise served or eligible for similar service by other community facilities.

Eligibility will be determined on a year-to-year basis, and is reviewed before each school year begins.

Age:

A child will be considered within the age limits if he has reached his fourth birthday by the beginning of the school year, and will not reach his thirteenth birthday until after December 31 of the school year.

Admission:

Written application for admission is made through the Executive Director. The application must be supported by recent medical and psychological reports, and an indication of the current status of plans for residential care.

Tuition:

The program is supported by the United Fund of Hennepin County, and by tuition fees paid by the parents of the children. Fees are established by the Board of Directors in accordance with the need of the program, and must be paid monthly. In cases of hardship, fees may be adjusted. Service is not denied because of inability to pay tuition, . Full tuition is due, whether or not the child attends every day.

Duration:

Service will be continued up to a maximum of three years if evaluation by the Board of Directors determines that there is continued significant benefit to the family, that the family cooperates with the program, and that the child continues to be readily integrated into the group. If the child becomes eligible for other services or reaches the maximum age, service will be terminated, except that children who are wards of the state and awaiting admission to public residential facilities will not normally be terminated by reason of age.

Parents' Responsibility:

Parents are expected to cooperate with the program by actively planning for their child's future, carrying out home training as recommended by the teachers, attending conferences and meetings which are scheduled at reasonable intervals, maintaining transportation schedules, providing lunches, towels, changes of clothing, laundry and other needed items for their child, and otherwise working with the program as necessary.

Evaluation:

Evaluations to determine the parents' progress toward concrete planning of their child's future, and to determine whether the child continues to be readily integrated into the program will be made periodically.

Exceptions:

Any of the provisions enumerated above may be waived at the discretion of the Board of Directors.

July 27 , 1964

UNITED CEREBRAL PALSY OF GREATER MINNEAPOLIS. INC.

DAY CARE CENTER POLICIES

Objectives:

1. To evaluate the potential of trainable cerebral palsied children through qualified professional observation over an extended period of time.
2. To train the children to the greatest possible level of self-sufficiency, social skills, leisure time activities, and academic achievement.
3. To guide and counsel parents in coming to decisions on the day-to-day and long term plans for their children.

Eligibility:

The program is offered for children in the age range of 4-16 years, afflicted with cerebral palsy, not otherwise served by the community, and capable of benefiting from the program. Children requiring custodial care are not normally eligible.

Admission:

Written application for admission is made through the Executive Director. The application must be supported by recent medical, psychological, and such other reports and documents as the School Committee shall from time to time require.

Tuition:

This program is supported by the United Fund of Hennepin County, and tuition fees paid by the parents or guardians of the children. These fees are established by the Board of Directors in accordance with the need of the program, and must be paid monthly. In cases of hardship, fees may be adjusted. Service is not denied because of inability to pay tuition. Full tuition is due, whether or not the child attends every day.

Duration:

Service will be terminated when evaluation indicates that the child has developed to its fullest significant potential, becomes eligible for other services, reaches the maximum age limit, can not benefit further from the program, or when the parents fail to cooperate with the program. The maximum length of service will be three years, unless there is significant evidence, through evaluation, of benefit to the child by continued attendance.

Parents' Responsibility:

Parents are expected to cooperate fully with the program by seeing that the child attends as regularly as possible, carrying out home training as recommended by the teachers, attending conferences and meetings which are scheduled at reasonable intervals, maintaining transportation schedules, providing lunches, towels, changes of clothing, laundry and other needed items for their child, and otherwise working with the program as necessary,

Evaluation:

Children will be evaluated periodically by a qualified body selected by the School Committee and the Executive Director. When desired, additional evaluation by qualified professionals may be furnished to the School Committee by the parents, for consideration by the Committee.

Other Handicaps:

Depending on enrollment, there may be room for children with other handicaps from time to time. Admission of such children will be at the discretion of the School Committee, and will be for a limited period only.

May 12 , 1964

REPORT OF THE SUBCOMMITTEE ON EMPLOYMENT

EMPLOYMENT RESOURCES

INTRODUCTION

Included in this section are the major community resources which are established to aid the mentally retarded adult prepare for and accept competitive employment. It has been our intent to name and briefly describe these programs. Our study approach involved visits to most of the listed organizations, discussion of program with staff and review of available reports.

It has been our philosophy that the continuum of services should be aimed at assisting mentally retarded young adults achieve their ultimate productive capacity. Ideally, they should have received maximum educational benefits in school. After completing school many will require a variety of additional vocational services before they are at their maximum productive and living capacity.

Assisting mentally retarded young persons and adults in gaining and holding employment is important to them and their families and it is equally important to the community. Employment has precise economic gains for all of us and it also has significant social and psychological importance for the retarded. The employed retarded person is a taxpayer and a contributor rather than having to be paid for and cared for by others. This employment invariably brings personal pride and contentment.

The mentally retarded have difficulty finding and holding a job for many reasons. Most jobs are beyond their ability level and they usually have problems hunting for suitable employment. They also have trouble filling

out application forms, handling an interview, following initial instructions, accommodating to the demands of others, traveling to and from work and so on.

To further complicate the problem, employers do not know how to supervise or use his more limited skills. Frequently fellow employees are unsympathetic and he may become the target of unkind teasing. Fortunately, much of this is changing and a far more helpful and intelligent attitude is gradually evolving.

As evidence of change, several Minnesota employers recently had these things to say concerning their experience in hiring mentally retarded employees. The quotes come from a workshop held on October 13, 1965, by the Minnesota Mental Retardation Planning Council.

1. "Retarded persons have a lower accident rate than normal persons. Therefore, employment of the retarded does not adversely affect insurance rates."
2. "Retarded persons are generally more cheerful and content at their jobs than are normal employees."
3. "Supervisors are often reluctant to spend the extra time needed for initial training of retarded persons. They have to learn that once he 'catches on' he will need little supervision and will be a conscientious, dependable employee."
4. "Retarded persons generally respond more positively to correction than normal persons."
5. "A worker who is qualified to do a job is not retarded in the

eyes of the employer."

Another encouraging sign is the recent adoption by the Minnesota State Civil Service of a new classification for retarded persons. This classification eliminates testing and substitutes screening by two alternating boards of review. Each board is made up of a social worker experienced in mental retardation, an administrator from one of the State institutions, a representative from the Division of Vocational Rehabilitation and a State personnel officer. They will study every case referred by the State or a private agency and designate it as pass or fail. Those who pass will receive a "service worker" classification. This new system is a major breakthrough for the handicapped in Minnesota. In addition, it also will provide needed personnel for service jobs in institutions and other State facilities.

In spite of these optimistic signs, it appears that opportunities for jobs for the mentally retarded are decreasing in private business and industry. Competition for certain jobs is becoming keener as unskilled workers, displaced by automation, seek and obtain work previously done predominantly by the retarded. The absolute numbers of unskilled jobs is also on the decrease. While our economic picture nationally and locally continues to look bright, we are aware that recessions would have severe adverse effects on the retarded. In addition, the least skilled jobs in 1965 are more complex and demanding than they were in 1955. It is believed that: this trend will continue. One important and very noticeable effect has been an increasing tendency to require more education and skill for these lesser jobs. This is due in part to the additional complexity of the Jobs but it is also caused by the increasing competition for them. We believe

that employers should require education and training as dictated by the demands of the assignment but these should not be inflated requirements.

For the benefit of the mentally retarded and for our entire community, every effort must be made to equip them to find and hold suitable employment. Preparing the retardate to obtain a job requires a full differential diagnosis of his degree of retardation, personality, skills, family history and physical limitations, among other variables. This comprehensive knowledge should then be used to capitalize on his assets and improve his liabilities. Some will need only a brief job placement service while others will require many years of help from a variety of programs. This heavier investment of time, money, staff and program has positive results today with a few, but it is not available in sufficient quantity or quality. Many retarded have stood still or regressed as they grew into adulthood because they haven't received what they need. This is a reflection upon our employment and educational resources but more importantly, it is a reflection upon our historical development. The practical results are as follows: it means that many adult retardates never work who should work; it means that employment resources spend time on things that should have been done years earlier in school; it means that the schools spend time on things that could have been handled prior to school age. The answer obviously is early case finding, adequate diagnostic services and a wide range of treatment resources being used at appropriate times. The ongoing process of assuring that each individual receives the services he needs when he needs them, and in the amount and variety required, is the essence of planning and coordination. In order to achieve this goal, we, must be able to describe our employment needs for the retarded and

design services to meet requirements. Too often our delivery of services has been based on thinking that says, "This is what we do. If you need what we do, then we can help."

The committee believes that employment programs for the retarded should be "clustered" geographically throughout our community. The philosophy behind this thought recognizes that retardates frequently require several services at one time and that they must be helped to move freely and quickly from program to program on an as needed basis.

Employment services may be divided into primary and secondary programs. The primary ones include such things as vocational counseling and evaluation, prevocational training (now called work adjustment training), specific vocational skill training, on the job training, sheltered workshop experience, job placement and follow-up services after placement. Secondary services include such things as parent counseling, social and recreational programs and selected residential living placements.

Prevocational or work adjustment training has been defined as learning how to learn to work. It is literally basic to and precedes vocational training. Most people learn these living skills gradually as they grow up. The lack of these is the most common reason people lose jobs. The retarded will learn positive attitudes most easily by specific, formalized training. The objectives of this training are to develop:

1. Good work habits and attitudes
2. A realistic work oriented self-concept
3. Social skills in an employment setting
4. A recognition of performance standards

5. A sense of responsibility to the job
6. Those motor and performance skills which are expected on the job.

These items are referred to as a "work personality". They are considered more important than job skills in getting and holding a job.

Prior to obtaining a regular job, many retardates need experience in sheltered employment. Sheltered employment is defined as employment that enables partial self-support for the handicapped worker under conditions which allow for: (1) low production rates resulting from the handicap, (2) a need for special supervision on the job, (3) an inability to handle the full range of job duties, and (4) a need for special job engineering or adaptive equipment. Sheltered work is almost always provided in sheltered workshops which are authorized by the Federal government to pay less than the minimum wage. This employment may also be offered by a private employer if the handicapped worker has an individual subminimum wage certificate. Sheltered employment is indefinite in duration and for some it is a permanent plan. Other clients, however, may improve so they graduate into competitive employment.

Our community has approximately 250 sheltered work stations at this time serving the mentally retarded. This number fluctuates and should grow as current plans materialize. One estimate says we presently need 900 work stations. The Committee agrees that it is most difficult to estimate this need accurately because of the lack of information concerning prevalence. We do know, however, that many additional persons need sheltered work who cannot get it. We also know that new work stations are immediately filled as soon as they are created. The agencies serving the retarded place sheltered workshops in second place on their needs-priority

list just behind day care, facilities. The Committee agrees our community can use specialized workshops serving only the retarded as well as more stations in generalized workshops which serve a variety of handicapped people including the retarded. The Committee further believes that workshops must move further in the direction of becoming more specialized in the kinds of contracts and jobs they offer. As this is accomplished, trainees must be moved according to their abilities, interests and needs., This movement requires the closest communication and interchange among the shops. It also means that any elements of fear, anxiety and competition have to be successfully removed. In addition, it requires a centralized record keeping system which could facilitate these transfers.

Some of the staff skills need to be available to all workshops rather than each shop attempting to do everything for its own requirements. One example is in bidding contracts. Where possible, this should be done by skilled bidders who assign the work where it can be handled best and where it is needed. Another example of this principle is in job placements and follow-up supervision. These assignments go together and job placements particularly require knowledge, skill and continuity. It is inefficient and poor practice to attempt to do this in the smaller workshop. This is a full-time, specialized job that could be done for the workshops by staff who serve the total group. Specialists in jig making ought to be used, also, for all shops in order to make best use of their talents. These are some of the ways in which workshops should continue to move. Other examples could be given, but these are sufficient to illustrate the principle.

Sheltered workshop directors have recently organized a group known as the Regional Sheltered Workshop Association. Members are directors of shops in Minnesota and North Dakota. Eau Claire, Wisconsin, staff have also attended meetings and directors from Northern Iowa have asked to be included. In addition to exchanging general information, the organization has begun to do the following:

1. Exchange surplus job contracts
2. Exchange job openings
3. Lend special tools and jigs
4. Exchange lists of companies each serves.

This type of exchange of knowledge and information is seen as highly desirable. It is anticipated that even closer cooperation and communication will develop in this group with the passage of time. Our Committee recommends this kind of cooperation among the other employment resources also.

In a mail questionnaire sent out by this Committee in 1964, the following replies on employment-oriented services were received:

	Number of Agencies Now Offering Service	Number of Agencies Planning to Offer Services
Prevocational Training	10	1
Vocational Training	5	1
Sheltered Workshops	4	2
Vocational Evaluation	9	
Job Placement Service	9	
Job' Supervision	3	

At this time and based on present information, the Committee can only - generalize about the adequacy of services of an employment nature. We know what exists and what is offered quantitatively. We are certain we do not have sufficient programs in any of the areas of need. We are also convinced that many retardates get insufficient or no employment service at all. The description of agency services that follows provides more detailed information on what we do have.

UNITED CEREBRAL PALSY OF GREATER MINNEAPOLIS. INC.
360 Hoover Street N.E. , Minneapolis. ,

This organization offers a three part program. The day care program is mentioned in the section on education. The recreation program offers a range of recreation and social experiences for cerebral palsied persons aged' 16 years and over. The group meets one evening a week in the main building for eleven months of the year. The sheltered workshop program which began in 1953 is the subject of our attention here.

The general purpose of the workshop is to assist adults with cerebral palsy to achieve purposeful and remunerative industrial employment. The policies of the workshop are detailed in Appendix I. The capacity of the shop is 90-95 maximum work stations and they average 71 persons on the job.

The majority of the cerebral palsied workers are also mentally retarded. Between 40-60 percent of the employees are cerebral palsied and the remainder are mental retardates who do not have cerebral palsy. It is necessary to maintain a mixture of employees because many of the cerebral palsy clients cannot perform tasks requiring fine eye-hand coordination such as sewing.

Workers are paid between \$.75 and \$1.50 per hour. This does not mean, however, that their productivity is this high since the rate is subsidized. The employees must be able to earn a minimum of \$.40 an hours to stay in the shop. This is about one-third the production level of a normal worker.

The shop also serves trainees referred by the Division of Vocational Rehabilitation. The trainees stay here up to six months for vocational evaluation and this program is supported by fees from the Division of Vocational

Rehabilitation. After the evaluation is completed, a number of alternatives are possible. The person may be placed directly on a job in private employment. He may be placed in a school or another training situation. He might stay on here as a sheltered worker or be assigned to another sheltered workshop. In some instances, there is no satisfactory resource and the client is released without any plan or further help.

The director of United Cerebral Palsy estimates we need another 20-25 percent more sheltered work stations locally for the type of client served by his shop. It must be remembered that he serves the better worker only and those that cannot earn at least \$.40 an hour must be dropped. He feels there is a much greater need for more heavily subsidized work stations where the individual is less capable of producing and is paid nothing or only a small amount. This lower level program would expect very little production and would be designed to fill the gap between a daytime activity center and a regular sheltered workshop. As a step in this direction, the , director and the Board are planning to operate a garden and nursery program to serve about ten clients. They estimate this will cost \$10,000 per year plus \$5,000 in supervisory staff time. Many of the clients served would never be able to graduate into private employment or even into a regular, sheltered workshop. A few might be expected to reach the present workshop level.

This agency also sees a community need for a program for the most severely handicapped persons who are living at home. The primary purpose would be to relieve the family of their care during the day and perhaps for vacation periods. Many of these individuals are described as "basket cases" because of the extent of their handicaps and for most of them a permanent residential care program will eventually be required.

MINNESOTA HOMECRAFTERS

4157 Minnehaha Avenue, Minneapolis

This program is designed to serve the handicapped person living at home whose disability precludes or almost entirely precludes him from commuting to and from a job. Homecrafter teachers will go into the home and teach a wide variety of arts and crafts skills. The purpose is to help them make a saleable product which will bring earned income.

Most of the clients are referred by the Division of Vocational Rehabilitation. While some of these are mentally retarded, the majority have physical handicaps of major proportions. The staff includes the director and three teachers, one of whom works out of St. Cloud. One teacher is a merchandising specialist who searches for sales outlets. In addition to teaching skill, the staff assist the client to package and sell the product as well as to purchase necessary supplies. The present charge to the Division of Vocational Rehabilitation is \$6.00 per hour but they have recently been asked to increase this to \$8.50 per hour.

Most clients are in training up to six months but Vocational Rehabilitation will extend this time if the client is improving and if there is any hope of his becoming a wage earner. Minnesota Homecrafters believes that their clientele are becoming more and more handicapped in comparison with the ones previously served. They believe that the less handicapped persons are seen more frequently in the sheltered workshops and this leaves the more handicapped, tougher rehabilitation cases to this program. It appears that this is desirable and proper use of facilities but it is further evidence of the need for programming to serve handicapped people which is not necessarily related to earning money.

The teachers have learned the importance of a family member becoming interested in the client's new skill. This kind of interest on the part of the family is vital to his motivation and productivity. Many times it is most helpful if a member of the family also learns the skill and works along with the client. In many situations it would appear helpful if a volunteer could be obtained to come into the home and offer encouragement.

Minnesota Homecrafters served 105 clients in 1964 with a budget of \$28,000.

MINNESOTA DEPARTMENT OF EDUCATION. DIVISION OF VOCATIONAL REHABILITATION, MINNEAPOLIS OFFICE. 1516 E. Lake Street, Minneapolis
(Branch Office at 807 N.E. Broadway assists persons up to 21 years of age.)

The general purpose of this public program is to provide vocational guidance, medical services, training, placement and other auxiliary services for persons of working age who have a physical or mental handicap which impairs them vocationally. Individuals accepted for service are those with reasonable expectation that they can become employable.

Clients come as self-referrals or more usually they are referred by some agency or organization. A referring organization generally is asked to supply them with case information including social, psychological and medical information. At this time 476 retardates are in their caseload but not all of these are receiving service at any one time.

By policy, the diagnostic phase of the program is usually completed within three months. If training is provided in a sheltered workshop, this is restricted to a maximum of six months unless there is good justification to continue. At the present time the Minneapolis office has a waiting list of 1,500 clients. Because of policy and limitation of funds, the counselors select those clients who have the best predicted chance of

becoming' employable in the shortest period of time. The success of this type of program is measured by the numbers of people placed on a job and earning income. While this is sensible and realistic, it is obvious that persons needing longer term training and more costly help are frequently not) going to obtain it. Minnesota has never obtained all of the Federal dollars available for vocational rehabilitation because it has continuously failed to put up the necessary matching funds. This is extremely . unfortunate and short-sighted in view of the waiting list for help and the long range benefits of the program. In addition, the State has a 25 percent turnover of staff each year among vocational counselors. This is primarily due to salary levels which are not competitive and it certainly has a negative impact on this program.

The Division of Vocational Rehabilitation has begun to work out cooperative written agreements with some high schools and are supplying., therefore, much better service to these young persons. In brief, the schools , hire and pay for a counselor who is supervised by Vocational Rehabilitation. Such agreements have been written with Rochester, Pipestone, Cloquet, Duluth, St. Paul, Anoka and Minneapolis, and Hopkins is considering the plan. In Anoka and Hennepin County two counselors have been assigned to work with 25 high schools and 19 of these are in Hennepin County.

Vocational Rehabilitation believes that the schools must provide more work oriented educational programs and they are encouraged that the schools are moving.gradually to do this. In addition, they recommend the schools put more emphasis on adjustment to daily living programs. This is needed by many mental retardates and frequently is a critical factor in their

vocational success or failure. Frequently this is seen as far more important than any work skills.

For planning purposes Vocational Rehabilitation generally considers three percent of the general population as being physically handicapped and another three percent as being mentally retarded. With the high school population, they use, the figure of one and one-half to two percent as the estimate of mental retardates who need service beyond high school. If additional boys and girls could be kept on in school to the age of 21 and given more help pointed toward their employability, the demands for Vocational Rehabilitation services would be reduced.

This agency would like to establish a much closer relationship with high schools and have the schools provide a more complete spectrum of classes and training opportunities for the retarded. They see this as a most desirable goal.

The Division of Vocational Rehabilitation says we are presently very limited on available resources and adds that transportation is often a problem. They particularly emphasize the need for additional workshop stations and say these must be close to the population served. Large central workshops are needed with a network of smaller, affiliated, satellite shops strategically placed. . In addition, it appears to Vocational Rehabilitation staff that the workshops must move closer in cooperative planning. Some of the specialized job assignments need to be done by staff that serve two or more shops. One example of this is the staff person who does the bidding on work contracts. It takes time and experience to bid contracts, knowledge of the workshop and private industry

and an established reputation. One or more specialists should be able to steer contracts to the most appropriate shop and keep them all busy full time.

GOODWILL INDUSTRIES OF MINNEAPOLIS
417 South 3rd Street, Minneapolis

This is a non-profit, sheltered workshop run by a volunteer Board of Directors which has been in operation 42 years. It is loosely affiliated with Goodwill Industries of America but operates as an independent autonomous unit. Financially they are completely independent and self-supporting. The organization serves all types of handicapped people by giving them jobs. Used clothing and furniture are collected, repaired as needed and sold to the public. Sheltered employees work in the office, on the trucks, in shoe repair, doll repair, electric repair, upholstering, painting, mending, pressing and selling.

The capacity of the program at this time is limited to 170 persons. Goodwill goal is to serve 500 persons daily. In 1964 they served a total of 354 handicapped people but an additional 300 were turned down because of physical space and tool limitations. Their gross income last year was \$712,000. A capital building fund has been established and they are hoping to purchase a larger building in the near future.

This program serves a large variety of handicapped persons including the mentally retarded. The director estimates that about 25 retardates are in the shop at any one time. The retarded employees work on the sorting belt and do value grading plus other assignment.

Last year Goodwill placed 19 employees on jobs in the community. Others found jobs on their own or with the help of someone else. Some employees.

stay here for extended periods of time while others remain for only weeks or a few months. Referrals come from a variety of sources including the Division of Vocational Rehabilitation who pays for trainees.

In 1964 Goodwill sold articles to 285,000 customers and this gave 245,000 work hours to employees. The 354 employees last year earned \$186,000. It is obvious that more space is needed when you tour this building and see the crowded conditions. The demand for service is such that a larger building is seen as most desirable. An all purpose sheltered workshop such as this is ideal for many retardates and even preferable for some.

OUTREACH. INTERNATIONAL

1619 Portland Avenue, Minneapolis

This is a non-profit organization which opened in May, 1965. It was incorporated to provide training, rehabilitation and residential care for mentally retarded persons of employable age. The Board sold bonds to purchase the property of the Lutheran Bible Institute. They own nine buildings, two vacant lots and the main four-story building has 73,000 square feet. They have space to provide board and room for about 200 persons and the sheltered workshop will serve up to 70. The smaller buildings are presently rented and are a source of income. At a later date they could be used for living quarters or program activities for the retarded. After remodeling and renovating was completed this spring, Outreach began their program by taking in a few clients referred by Opportunity Workshop. Over the summer additional persons have been taken into both the workshop and the residence dormitory. By the end of this year, they expect to be serving 70 or more persons.

The workshop is now making noodles, fruitcake and pizza for sale. The

building is equipped with a printing shop and it is believed this can be used in a number of ways. Outreach is also planning to further diversity

i so,, they can accept other work contracts and use workers in a variety of other ways. At present, trainees are working on the food line, serving as janitors, dishwashers, bus boys and maids.

Also available as an integral part of the program are a variety of social and recreational activities. This includes arts, crafts, music and drama. Adjustment to daily living courses include personal grooming, table manners, making change, using public transportation and operating a telephone.

Outreach is a major, new resource in the community for the mentally retarded. It is embarking on the very difficult task of serving a comparatively large number of retardates with a complex and diversified program. The Committee is encouraged by this development since it believes this helps to fill a large gap in our array of services.

SALVATION ARMY - SOCIAL SERVICE CENTER
906 North 1th Street, Minneapolis

The Salvation Army is an established social service organization which offers a large variety of services to people. One of these programs is the operation of a work program which is similar to Goodwill Industries in that used clothing, furniture and other articles are collected, sorted, cleaned or repaired and offered for sale to the public at a number of outlets. Persons working in the program are most usually homeless men with drinking and other personal problems. Some of these are mentally retarded but they constitute a small proportion of the total clientele. Nevertheless, this is an important program for this group.

OPPORTUNITY WORKSHOP, INC.
512 W. 73th Street, Minneapolis

This agency offers prevocational evaluation and training, sheltered employment, and placement and follow-up services to mentally retarded adults.

The vocational evaluation program is designed to do two things: first, to decide whether the client should be routed to a non-vocational activity, to prevocational training, to sheltered employment, or to immediate private employment; second, to make specific plans within these alternatives. This program takes four weeks and includes intake, psychological and educational testing and work trials.

The training phase consists of work experience and classes which stress personal and social adjustment and job responsibility. The length of training varies from three to ten months depending on the individual.

Sheltered employment involves the hiring of the client and assigning him to a job. The pay varies according to skill and productivity as does the length of time clients remain in the program. Some are able to move into competitive employment within six months while others remain for years.

Placement in private employment occupies the full time of one staff person who makes contacts with business and industry to find suitable jobs. About 20 clients per year are placed. These are seen several times after placement to check on their progress and the employers are also seen.

Clients come to Opportunity Workshop usually by referral from the Division of Vocational Rehabilitation, a county welfare department or some other agency who underwrites part of the cost of services. The present program and building can accommodate 100 clients. Plans are underway at this time

to build an addition of 24,300 square feet which will make it possible to double their capacity. The need this program is shown in the steady growth of the operating budget which has gone from \$8,500 in 1953-54 to \$172,000 in 1964-65. The new building plans would cost \$50,000.

Opportunity Workshop is also planning a daytime activity center for retarded adults 17 years of age or older which would be located in their old building at 6315 Penn Avenue South. The client group would be comprised of individuals who have need for planned activities or who have growth potential, but who are not presently ready for sheltered employment or are not currently possible candidates for other programs. The goals will be to:

1. Improve the persons' ability to profit from other vocational services.
2. Develop competence in personal habits, grooming, self care, handling money, recreation and vocational independence.
3. Improve social skills with family and peers.
4. Help the client to assume additional tasks in the home.
5. Improve acceptance of the client within the family and to promote better parental understanding.

The program will emphasize selected work activities of a simple, repetitive nature with little pressure for quality or deadlines. This would be designed to enhance attentiveness to work and the ability to work cooperatively with others under supervision.

Group and individual training is seen as a basic part of the service to be used to improve the retardates' life adjustment. Recreational activities, crafts and hobbies would be complementary parts of the total plan.

Parent counseling would be offered in groups and through individual sessions. Monthly progress reports would be written on each client for staff review and for work with parents. Specialized treatment procedures will be obtained as needed from appropriate community resources. These will include such things as physical therapy, speech therapy and psychiatric treatment.

The development of this center for this age group and purpose is seen as a very desirable objective. The center would be closely related to the workshop and the programs would complement each other. The Committee is convinced that the center will help fill an important gap in community services.

MINNEAPOLIS REHABILITATION CENTER
1900 Chicago Avenue, Minneapolis

This Center opened its doors in 1960 as a specialized multi-disciplined agency designed to serve persons with a combination of physical, mental and emotional handicaps which prevent them from entering and staying in the competitive job market. Clients are invariably the hard-core unemployed. The majority have had troubles all of their life with marriage and family relationships. They usually have limited education, poor social skills and limited job skills.

While this Center does serve the mentally retarded, they serve those where retardation is accompanied by other handicaps such as suggested

above. In a study released in April, 1965, entitled, "The Rehabilitation of the Hard Core Unemployed," the Center discussed a special project involving 170 clients referred by the Twin City offices of the Minnesota State Employment Service. The Wechsler Adult Intelligence Scale was administered to each trainee. Intelligence quotients ranged from 54 to 135. Success was achieved in job placement for the lowest achiever and the client with the score of 135 was considered unemployable. Other results indicated that factors other than intelligence were more significant variables in achieving job success. This is an important factor to be kept in mind in planning employment services for the retarded.

The Center receives the bulk of its referrals from the Division of Vocational Rehabilitation and the employment offices. A few have come from county welfare departments, private insurance companies and miscellaneous other sources.

Clients remain in the program from one to twenty weeks and a two-month follow-up period is initiated after job placement. The agency budget was \$126,000 last year and the average cost per client was \$435.00.

This is a specialized rehabilitation program desired to bring a team approach to bear on the problems of the multiply handicapped hard core unemployed. The sole purpose is to assist the client in becoming productively employed and self-sufficient. As such it is a resource for some adult retardates.

JEWISH VOCATIONAL WORKSHOP

315 First Avenue North, Minneapolis

This workshop is administered by Jewish Family and Children's Service of Minneapolis and operates as a part of their vocational office. They serve persons from age 16 to 75 whose ability to find or hold jobs is impaired by age or by severe mental, physical or emotional disabilities.

The shop is a tolerant, protected setting. Clients are helped to improve their self image, build sound work habits and develop healthy relationships with fellow workers and supervisors. Trainees remain for a few months or they may stay for years before being ready for private business or industry.

Contracts are sought from private business and industry and usually a variety of job assignments are available. Employees are paid according to workshop standards and vary from individual to individual. Vocational counselors and caseworkers meet with clients and their families regularly.

This workshop previously served primarily the Jewish client but they are now in the minority and any handicapped person who can benefit is eligible. Tuition fees are paid by referring agencies. Mentally retarded clients are a significant part of the total served and they fit in well with other trainees.

HENNEPIN COUNTY WELFARE DEPARTMENT 400 South 5th Street, Minneapolis

This department offers a large and diversified service for the mentally retarded. Out intent in this section is merely to call attention to the agency as an employment resource. There are 15 social workers who have caseloads made up exclusively of mentally retarded and epileptic clients.

While these social workers carry a broad range of responsibilities, they do have specific concern for training and placement for persons in their load. They may and do use every possible resource in the community to assist the client in preparing for and obtaining employment. In addition, they sometimes are able to personally help clients find and hold jobs. The agency has one full-time job placement specialist who serves mentally retarded, mentally ill and others active in the caseload.

MINNEAPOLIS DIVISION OF PUBLIC RELIEF
250 South 4th Street, Minneapolis

The caseload of this agency is made up of poor persons who have insufficient or no income. Many of the adults in the families or adult single men or women are mentally retarded. A social work staff of about 30 carried the relief-giving and job placement responsibilities. They work cooperatively with the Employment Office, the Division of Vocational Rehabilitation and other resources to try to place clients on jobs.

This department also has a Vocational Guidance Section comprised of six persons who offer testing, vocational counseling and placement services* Many of the clients served are difficult placement problems because of the amount and variety of pathology present.

This agency has made good use of community resources such as the Division of Vocational Rehabilitation and the Employment Office. In addition, they have periodically conducted reading classes with the help of volunteers and have assisted clients in obtaining high school equivalency credits. They have also sponsored classes in grooming and job application and job interviewing.

THE MINNEAPOLIS EMPLOYMENT SERVICE
200 2nd Avenue South, Minneapolis

The Minneapolis Office of the Minnesota State Employment Service is the large, general purpose public employment resource in this community.

They serve as a major resource to employers who are searching for personnel as well as a major resource for individuals seeking jobs. They have a responsibility to both groups and cannot over-emphasize either one.

If they refer a poorly qualified job seeker, the employer will not hire him or, if he does, he may later be dissatisfied. The task then is to get the best or most appropriately qualified job seeker together with the potential employer. The volume is large and hundreds of people go in and out of this office daily.

The variety of skills seen is considerable and ranges from professional and executive to casual laborers and domestic workers. Because of this the Office offers some specialized services and staff is assigned to special departments. There are specialists assigned to assist the handicapped worker including the mentally retarded. Special testing and vocational counseling services are available but not in the degree needed. Consequently, only a select few can be given this extra time and attention.

The Employment Office also administers the Manpower Development and Training Act. This law permits the Office to expend money for evaluation and training programs for selected groups including the mentally retarded. Training programs have been established to teach a variety of skills and these training and educational costs are covered. In addition, some trainees qualify for minimum maintenance grants while in training. These

grants are Equivalent to the amounts paid under Unemployment Compensation and the maximum amount is \$38.00 per week.

PRIVATE EMPLOYMENT AGENCIES

There are in excess of 100 of these agencies which provide job placement services on a fee basis. There is no present way to know the extent of their service to the mentally retarded. Some of them that specialize in the lower skill occupations undoubtedly serve the retarded among their total clientele.

MINNESOTA ACADEMY OF SEIZURE REHABILITATION. INC.
430 First Avenue North, Minneapolis

This agency began in 1961 under a grant from the Division of Vocational Rehabilitation and most of the finances still come from this source. By policy they do not serve the mentally retarded but in some instances they serve seizure cases where there is also some degree of retardation. The number of these cases would be small.

This organization offers neurological supervision, psychological evaluation, vocational evaluation and counseling, work adjustment training, and sheltered workshop experience.

* * * * *

SUMMARY

The above listing of organizations and services includes the major employment directed programs available locally. There are additional agencies which put some emphasis on employment or employment-directed services, but-these are covered in another section of this report. A listing of this type tends to appear impressive. It must be remembered that many

of these organizations have limited programs and do not offer diversified services to their clientele; in addition, a number of the organizations serve only a small number of retardates annually.

Considerable further analysis of the effectiveness of programs needs to be made. The committee's information is limited to incomplete impressions and it cannot, therefore, attempt to make qualitative judgments. Much of the information necessary to objectively evaluate these services would require considerable research. For example, if an agency places a retardate on a job in private industry, we could say this is a measurable sign of success. However, if the client loses the job two months later, the placement is less than fully successful. Information of this kind is not available now. This is but one example of the need for administrative research which will be necessary in order to make sounder judgments.

On a priority basis the committee recognizes sheltered workshop facilities as the single most important community need at this time. It must be emphasized, however, that it is very necessary to maintain a balance of services. By this the committee means that all of the various employment resources are interdependent and must relate to each other. In other words, it would be unfortunate to have all the vocational counseling services we need if a proportionate growth was lacking in the other programs.

One of our committee members drafted a statement called "A Plan for Meeting the Long-Term Sheltered Employment Needs of the Mentally Retarded in Minnesota". This statement is reproduced in Appendix II and we call the

readers' attention particularly, to the introduction and the material on the Twin Cities area. The report estimates that one out of a thousand persons of any given population is in need of long term sheltered employment. In our county at this time, we would need 900 work stations so we could say we are meeting only one-fourth to one-fifth of the present need.

Our Committee is impressed with the growth of employment services in our community for the mentally retarded. We are encouraged by these developments but we recognize that much more is needed. We are aware of a growing need to document what is being done in relation to the demand for service*. If the existing and newly organized programs are to do the job and be adequately supported, it is going to be increasingly necessary to be able to say objectively how many persons are served and what were the results of the service.

RECOMMENDATIONS

1. The Committee recommends the establishment of even closer relations between educational resources and our employment oriented services. The Committee believes the public schools are increasingly doing a better job of preparing the mentally retarded youngster for work and this is seen as a legitimate and valuable goal. The assignment of vocational counselors in secondary schools is seen as a major device to accomplish this recommendation. As a means of implementing this, the committee suggests that the State Department of Education and its Division of Vocational Rehabilitation formally adopt this as their policy, and further, that they use all available resources to assist school districts in accomplishing it. (p. 14)
2. The Committee recommends that employers establish job requirements at levels no higher than what the work realistically demands. This recommendation is based on the trend to require a high school diploma or experience for jobs which are far less demanding. The Committee believes the Chamber of Commerce could provide the local leadership to implement this recommendation. (pp. 3-4)
3. The Committee recommends that job placement services be designed to provide for all necessary counseling and supervision after a retarded person has been placed on a job. Too frequently these important follow-up services are time limited by policy or not provided at all. The Committee believes the Division of Vocational Rehabilitation should take primary responsibility for achieving this goal. However, it is recognized that all organizations providing placement services must accept a share of this responsibility. (p. 5)
4. The Committee recommends the establishment of educational programs for employers so that they can obtain objective information about the limitations and strengths of the mentally retarded. The Committee suggests that this be done by the Minneapolis Association for Retarded Children using various resource people. This should be offered periodically using a variety of techniques including such things as lectures,, written material and visits to sheltered work shops, (p. 2)
5. The Committee recommends the "geographic clustering" of employment services so that mentally retarded clients can be easily moved from program to program as needed. Organizations planning new or expanded programs should be alert to this need. The Committee believes the Community Health and Welfare Council should be a major resource in implementing this recommendation. (p. 5)
6. The Committee recommends that highest priority be given to the establishment of additional sheltered workshops. Additional emphasis must be put on developing many more sheltered work stations for long term and life time placements for those retarded who can never graduate into private business and industry. The planning for this should be assumed by the Community Health and Welfare Council. (pp. 6, 7, 27)

7. The committee recommends further assessment of the feasibility of the certain specialists. We believe it would be economical and in other ways desirable to cooperatively employ contract bidders, placement persons and jig design specialists. This should be examined by the Regional Sheltered Workshop Association.

(p. 7)

8. The Committee recommends that all possible means be used to strengthen and expand the services of the Division of Vocational Rehabilitation. This agency and its resources are of key importance to the mentally retarded. The Minnesota Association for Retarded Children and its affiliate chapters should provide the leadership. (p.14)

9. The Committee recommends that suitable attention be given to the further development of all types of employment services. This is predicated on the need for more service, but more importantly, it recognizes the interdependence of each service. The Community Health and Welfare Council should help plan and coordinate this. (pp. 27-28)

10. The Committee recommends that stimulation be given to research directed at evaluating our employment services. Some attention should be given to relatively simple administrative measurements and additional emphasis must be placed on a more sophisticated evaluation. The State Planning Council has already detailed some of these research needs and we can expect further leadership from them in this area. (p. 27)

APPENDIX I

UNITED CEREBRAL PALSY OF GREATER MINNEAPOLIS. INC.

SHELTERED WORKSHOP POLICIES

OBJECTIVES:

To assist adults afflicted with cerebral palsy to achieve purposeful and remunerative industrial employment by:

1. Identifying, evaluating and developing vocational aptitudes.
2. Providing temporary paid employment in an industrial setting for the purpose of work habituation, personal adjustment, and training toward vocational goals in competitive or sheltered employment .
3. Providing a limited number of work stations for individuals engaged in government sponsored vocational rehabilitation programs .
4. Offering extended sheltered employment to qualified clients unable to meet competitive standards by reason of their handicap.
5. Providing guidance and counseling to clients for the day to day and long term management of their affairs and needs.
6. Providing assistance to qualified clients in finding selected or general competitive employment.

ELIGIBILITY:

The program is offered to adults 16 years of age and older, afflicted with cerebral palsy (or other handicaps in some cases) , capable of attending to their personal needs with a minimum of reasonable assistance, and able to benefit by participation.

To qualify for extended sheltered employment, a level of productivity sufficient to meet standards established by the Workshop Committee must be demonstrated.

ADMISSION:

Referral or application for admission is made through the Executive Director. Applicants will be admitted to the program on the basis ,of the type of handicap, need for service and availability of work. A medical report is, and other background material may be required.

DURATION

Every effort will be made to employ clients to the fullest possible extent, but since the volume and type of contracts available varies over a wide range, employment may be sporadic. The workshop shall not engage in nonproductive activities except as needed for training.

Service may be terminated at any time for the following reasons:

1. When evaluation indicates insufficient vocational potential to make further employment feasible.
2. When evaluation indicates that the client is competitively employable.
3. Upon completion of a formal rehabilitation program.
4. When the client fails to cooperate with the workshop program.
5. When the client engages in any act of dishonesty, theft, or moral turpitude; willfully jeopardizes the safety and welfare of other employees or staff members; willfully damages, endangers or misappropriates the property of the organization or its employees; or compromises the organization's relationship with its sponsors, customers, clients or the community.

EVALUATION:

Clients will be evaluated periodically, according to standards established by the workshop committee, to determine their performance, productivity, wages and continuing eligibility for service.

OTHER HANDICAPS:

in order to offer a reasonably comprehensive sub-contracting service to the industrial community, and to cooperate with various governmental rehabilitation programs, it is recognized that the deficiencies of cerebral palsied clients must be augmented by the abilities of clients having other handicaps. A ratio of about two cerebral palsied clients to one otherwise handicapped client is therefore the policy of the organization, as enabling the fullest possible employment for the cerebral palsied.

WAGES:

The shop's hourly minimum rate, as established by the Board Directors, shall be the starting wage for clients. The hourly rate for individuals will be determined and adjusted periodically on the basis of performance.

Piece-work rates are determined by competitive production norms, using a base rate not less than the federal minimum wage, and clients

will be paid for each day's work at the higher of the hourly or piece rate.

EXCEPTIONS;

Any of the provisions enumerated above may be waived at the discretion of the Board of Directors.

January 25, 1965

WORKSHOP EMPLOYEES VACATION POLICY

SUMMARY

The Board of Directors has authorized a policy to provide up to a maximum of five days per year of vacation with pay for regular employees of the workshop. This policy will become effective June 1, 1965, for all employees currently on the active employment list.

VACATION CREDIT

Paid vacation for all workshop employees are authorized on the basis that 2% of the straight-time hours worked by an employee in the previous calendar year constitutes the employee vacation credit for the current year. Vacation credit is not accumulated if the employee works only for the duration of a formal training program.

DAYS OF VACATION

The hours of vacation credit, divided by 7% hours (1 working day) will determine the number of days of vacation earned. Fractional days will be rounded off to the nearest full day.

VACATION PAY

The hours of vacation credit, multiplied by the employees current guaranteed wage, represents payment for the vacation period.

VACATION SCHEDULE

Employees having vacation credit must take their vacation between April 1 and October 1 of the current year. There is no carry-over of vacation credit from year to year, and there is no pay in lieu of vacation.

TERMINATION

When employment at the workshop is terminated, the employee will be paid, for his vacation credit.

REEMPLOYMENT

An employee who returns to the workshop after a previous termination begins accumulating vacation credit for the following year as of the date of his re-employment.

5/24/65

APPENDIX II

PLAN FOR MEETING THE LONG-TERM SHELTERED EMPLOYMENT NEEDS OF THE MENTALLY RETARDED IN MINNESOTA

April, 1965

DEFINITION

Sheltered employment is that type of employment that enables partial self-support for the handicapped worker under conditions which cannot be reproduced under usual employment circumstances. These conditions allow for:

(1) low production rate resulting from the client's handicap, (2) a need for special work supervision, (3) an inability to handle full range of job duties, and (4) a need for special job engineering or adaptive equipment. Sheltered employment is almost always provided in a sheltered workshop, a rehabilitation facility which is authorized by the government to pay less than the usual minimum wage. Sheltered employment may be provided by a private employer if the handicapped worker holds an individual subminimum wage certificate. Sheltered employment is indefinite in duration and may be a permanent job for a rehabilitation client. Sometimes, however, a sheltered employee may improve his employability to the extent that he can later be placed in competitive work.

LONG-TERM SHELTERED EMPLOYMENT NEEDS:

At this time it is impossible to predict how many mentally retarded adults in _____ could benefit from long-term sheltered employment. However, it is possible to estimate the number of long-term work stations needed for all types of handicapped persons in Minnesota. This can be done from estimates of the Division of Vocational Rehabilitation. DVR estimates that 1% of any population needs and can benefit from Vocational Rehabilitation services. The estimate would mean in a city of say, 10,000 population we will have about 100 persons that need and could benefit from Vocational Rehabilitation Services. Further, it has been found that about 10% of all persons referred to Vocational Rehabilitation need some type of long-term sheltered employment. This means that 10% of 1%, or one out of, _____ thousand persons of any given population will need long-term sheltered employment. In the State of Minnesota approximately 3,000 to 4,000 persons could benefit from long-term sheltered employment (based on a state population of approximately 3,413,864 people). Following is the available and estimated needs for long-term sheltered employment according to region:

This gives us some idea of the needs of long-term sheltered work stations and how these needs are currently being met by existing facilities. Again the reader is reminded that the above figures include all types, of handicapped individuals. The long-term sheltered employment needs of the mentally retarded in Minnesota are "hidden" in the above totals.

One way to provide for the sheltered employment needs in Minnesota would be to establish base sheltered workshops, one in each of the four regions shown on Map A. The base workshop approach would provide the following advantages:

- (1) to provide an evaluation and training program for the region. It would be impractical to have a number of workshops in an area all providing evaluation and training. The recruitment and cost of staff would be difficult and impractical.
- , (2) provide a "center" for training workshop supervisors, and other personnel that could be moved to, and operate, a satellite workshop in the region.
- (3) provide supportive services to the satellite workshop when needed. When the satellite workshop becomes established in the community, there would be no reason for it to be affiliated with the base workshop. It could become independent when its Board of Directors felt independency feasible.

REGION I

In Region I the base workshop could be at Fergus Falls since a workshop for the retarded has existed there for a period of four years. Map A also shows a portion of Region I that is presently being served by the Grand Forks and Fargo-Moorhead workshops. It is possible that Grand Forks might furnish the stimulus for a satellite in either Roseau, Crookston or Thief River Falls and Fergus Falls might help establish satellites in Bemidji and Brainerd. The need in Region I has been estimated to be 400 work stations. If Fergus Falls, Brainerd and Bemidji each serve 100 clients and another 50 are served at either Thief River Falls, Crookston or Roseau, this should provide for the needs of Region-I since some clients are being served by the Grand Forks and Fargo-Moorhead workshops.

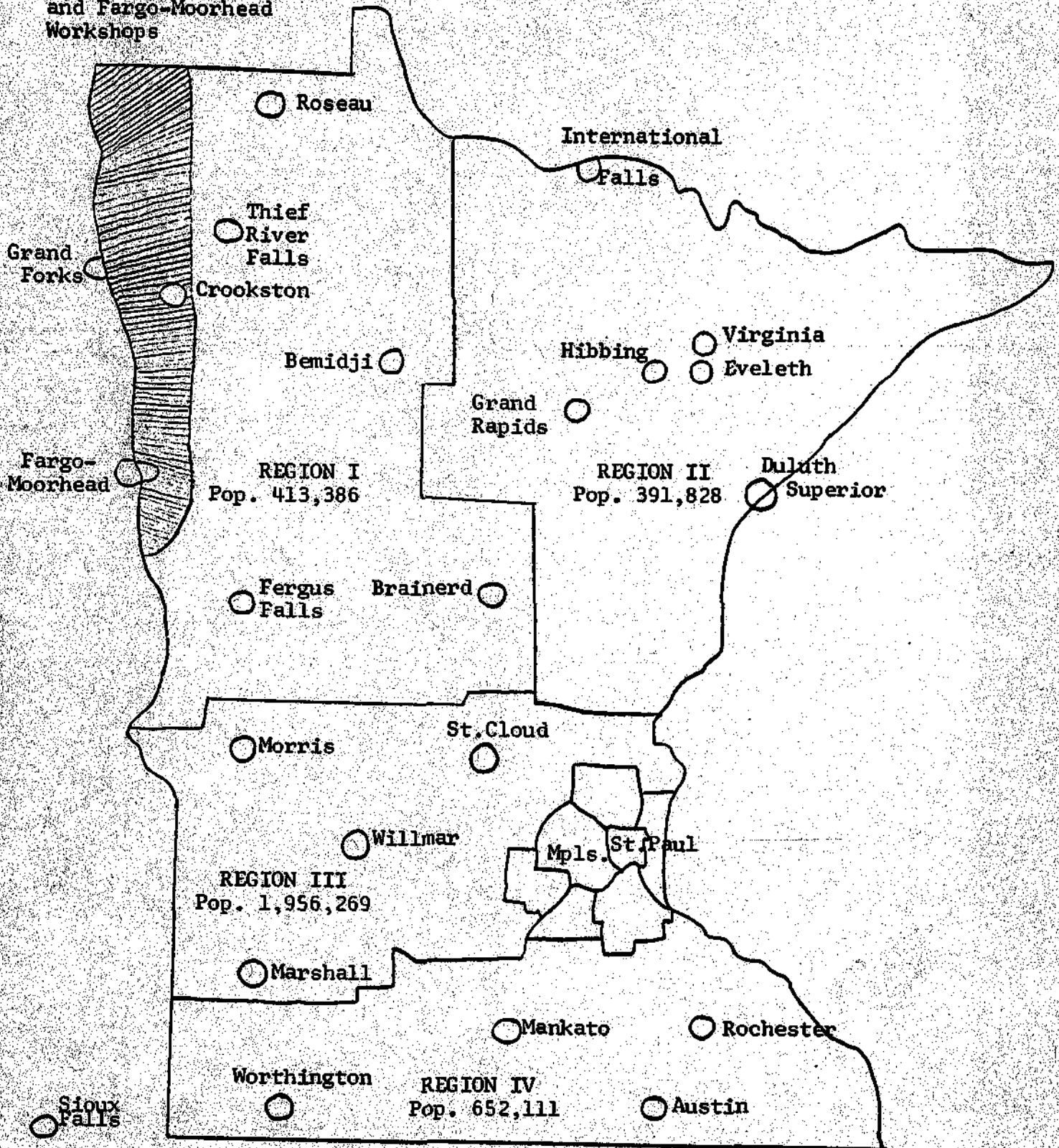
REGION II

In Region II the logical location for the base workshop would be at Duluth. Satellites could be established at International Falls, Grand Rapids and one in the Hibbing-Virginia-Eveleth area. The need in Region II has been estimated to be 390 work stations. The Duluth area would need to provide at least 150 work stations and 100 would be needed in the Hibbing-Virginia-Eveleth area. If 100 stations were provided at International Falls then approximately 50 stations should adequately serve the Grand Rapids area.

MAP A

1960 CENSUS

Shaded area could be served by Grand Forks and Fargo-Moorhead Workshops



REGION-III

In Region III the situation is quite different because the Twin City area is geographically located in this region but will be considered separately later in this report.

The base workshop in Region III could be located in the Twin City area or in St. Cloud or Willmar with satellites in Marshall and Morris. The need in Region III, excluding the Twin Cities area, is for approximately 450 work stations. The St. Cloud area would need to provide 150 work stations, the Willmar area 100, the Marshall area 100, and the Morris area 100.

The need in the Twin City area is for 1500 work stations. See Map B for possible locations of these work stations.

REGION IV:

In Region IV the situation is different than in the other regions because there are three agencies which now offer programs - Rochester, Mankato and Austin. A possible location for a satellite from one of these three bases could be Worthington. However, there is a workshop in Sioux Falls, South Dakota, which should be considered when planning for the needs of the southwest corner of Minnesota.

TWIN CITY AREA:

According to the 1960 census the population of the Twin City area (seven counties) is over 1.5 million. In this area the workshops could, and have specialized in serving the various types of handicaps. The concentration of population in this area warrants a specialization of long-term sheltered workshops, i.e. United Cerebral Palsy Workshop for the cerebral palsied, Opportunity Workshop for the mentally retarded, Minneapolis Society for the Blind, etc.

Since approximately one-half of the population of Minnesota is concentrated in the Twin City - 7 county area, it has been considered separately on Map B. According to the table on Page 34 the estimated needs for long-term sheltered employment in this area are for 1500 work stations. This again is for all types of handicapped, needing sheltered employment. If the first 10 agencies listed on Map B grow according to their expectations, and three new agencies are started in the Hammer School, Fridley and East St. Paul areas for the mentally retarded this would be a good start on filling the needs in the Twin City area.

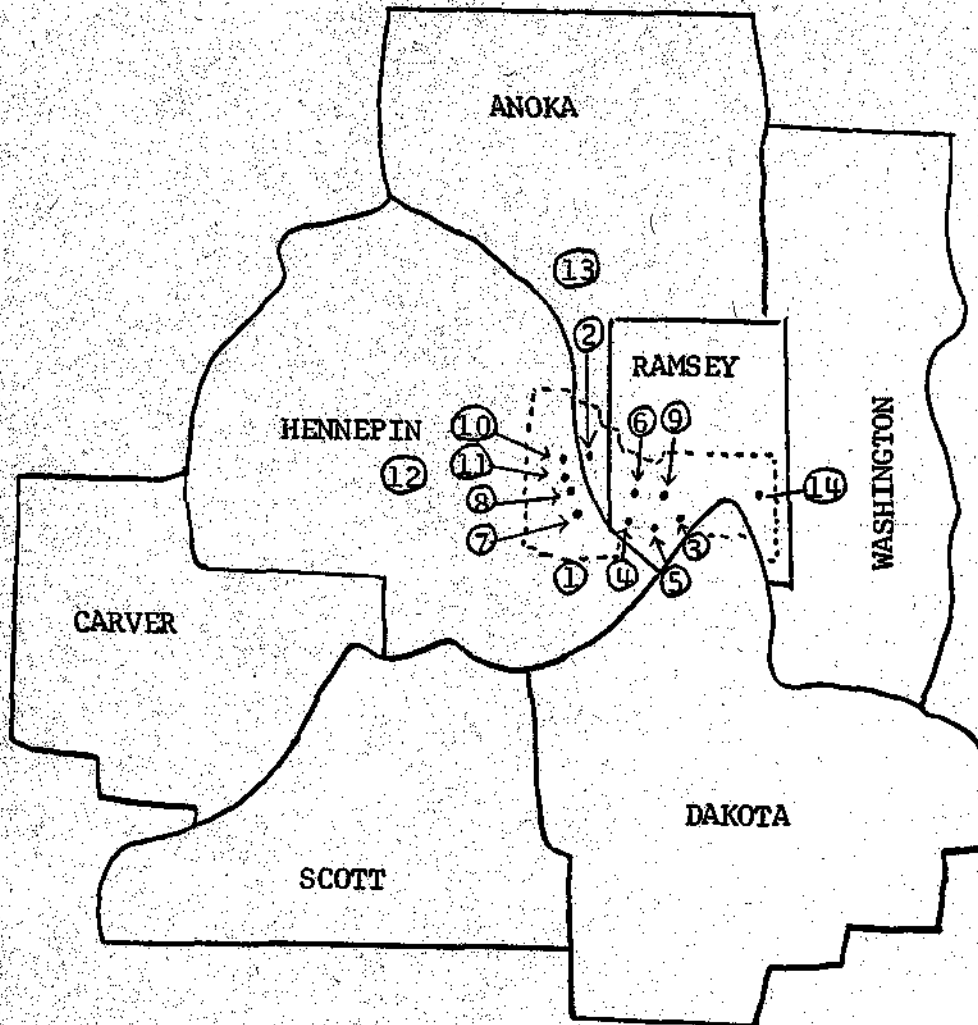
CRITERIA FOR SELECTION OF LOCATION OF WORKSHOPS:

The following criteria should be considered in choosing the location for the base and satellite workshops of the four regions:

1. Population (100,000 or more desirable)
2. Industrial Center
3. Existing agencies which offer evaluation and training
4. Division of Vocational Rehabilitation Office

MAP B

Population - 1,525,297



WORK STATIONS NOW
AVAILABLE FOR
RETARDED

WORK STATIONS TO
BE AVAILABLE IN
3-4 YEARS

1. Opportunity Workshop, Inc.	50	100
2. UCP of Minneapolis	45	60
3. St. Paul Goodwill	25	75
4. Christ Child School for Retarded	18	50
5. St. Paul Rehab Center-Community Wk.	15	50
6. North Star Workshop	9	50
7. Outreach, International	5	60
8. Minneapolis Goodwill	10	15
9. UCP of Greater St. Paul	6	15
10. Jewish Vocational Workshop	7	10
11. Minn. Academy of Seizure Rehab.	10	50
12. Hammar School Area	0	100
13. Fridley Area	0	100
14. East St. Paul Area	0	100
TOTAL	200	835

5. County seat
6. Mental Health Center
7. Higher education facility

An important consideration for the location of a base workshop should be the higher education facilities available in the area. This is important to provide personnel to be trained in supervision and evaluation for workshops and for providing consultative personnel to the workshop program. The workshop could also offer a practicum to graduate students which should attract good people into the workshop field.

BOARDING HOMES

Both the base workshops and the satellites will need to consider using supervised boarding homes for those clients who cannot commute. The County Welfare Departments and the Division of Vocational Rehabilitation Offices need to become involved in this phase of the program. This is the reason for attempting to locate the base and also the satellite workshops in cities which are county seats and which have DVR offices.

SUPPORT OF SHELTERED WORKSHOPS:

Since this report is concerned with sheltered employment, and sheltered employment is usually provided in a sheltered workshop, the support of sheltered workshops becomes a very important consideration.

It is internationally agreed that sheltered workshops for the mentally retarded cannot be self-supporting. There is very little agreement, however, on how much subsidy is needed. This, of course, would vary greatly among the various workshops, but some guidance may be provided by the proposed 1965 budget from one of the Twin City area workshops. The budget is based on services to approximately 100 clients and is as follows:

EVALUATION AND TRAINING

Expense	Income
\$68,279	\$68,279

This portion of the workshop's budget is self-supporting because a fee is charged for evaluation and training. No subsidy needed here.

SHELTERED WORKSHOP

Expense	Income
\$64,600	\$32,133

The sheltered employment portion of the workshop budget shows a deficit of \$32,467, which is presently being requested from the Community Chest. The deficit is due to low productivity of the sheltered employees. In the above workshop the subsidy needed is approximately \$325.00 per client per year. If the network of sheltered workshops shown on Maps A and B in this report were established, it would be impossible to subsidize all

of the workshops by the Community Chest or United Fund. Legislation has been introduced in the legislature that, if passed, would provide for the subsidization of sheltered workshops and long-term sheltered employment. The legislation would provide for a state sheltered workshop consultant who would be responsible for coordinating the state network of workshops. The Division of Vocational Rehabilitation would be the regulating agency as far as these workshops are concerned. Workshops would need to meet certain minimum standards to be eligible for subsidization.

Following is an example of an annual budget needed to serve 40 to 50 clients in a long-term sheltered workshop.

STAFF

Director	\$ 8,000 to \$10,000
Workshop Director (2) (one for each 15-20 clients)	12,000 to 16,000
Placement Director	6,000 to 8,000
Secretary-Bookkeeper	3,500 to 4,500

OTHER COSTS

Social Security	\$ 950
Building rental	6,000
Utilities	2,400
Insurance	500
Taxes Licenses	50
Telephone	600
Postage	100
Auto Allowance (for staff)	600
Auto maintenance (shop vehicle)	600
Laundry-sanitary supplies	500
Household supplies	50
Office supplies	400
Conference expense	300
Miscellaneous	500
	<hr/>
	\$ 43,050 or \$52,050

For the beginning workshops, additional costs for renovating building installation of telephone system, purchase of delivery vehicle equipment would need to be considered.

Some questions regarding this plan that might be raised are:

1. In Region I how many people are being served and could be served by the Grand Forks and Fargo-Moorhead workshops?
2. In Region I, should a satellite be in Thief River Falls, Roseau, or Crookston?
3. In Region II, should a satellite be in Hibbing-Virginia or Eveleth?

4. In Region III: should the base workshop, be located at St. Cloud or Willmar "and the Twin City area be treated independently from the rest of the Region?
5. In Region IV, since Mankato is centrally located, has a 4 year college, a DVR office, is a County Seat, and is building a Mental Health Center, should it be the base workshop f6r the region?

Other questions will certainly be raised.

This report is by no means intended to be the "last word" in providing long-term sheltered employment to the mentally retarded in Minnesota. However, it might be considered a rough guide for the development of a plan.

Mervin J. Healy

REPORT OF THE SUBCOMMITTEE ON
LIVING ARRANGEMENTS, CARE AND SUPERVISION

The requirements for living arrangements for the mentally retarded are as diverse as the group itself. These range from the completely dependent three month old hydrocephalic to the adult retardate who works, pays his own way and is able to live alone. In the first instance, the need is for total care and supervision and in the second instance, there is no need for public concern of any kind. Our committee limited its concern to those mentally retarded who require public attention.

It is not possible to say how many mentally retarded live in Hennepin County. We know that approximately 1,250 persons from this county are living in State institutions. It is generally estimated that 95 percent of all mentally retarded live in their home community. Using 1,250 as the number living away and this number representing five percent of our total, we estimate that there are about 25,000 mentally retarded persons now living in Hennepin County. Looking at prevalence in another way, we estimate the total population of this county as approximately 900,000 persons. It is frequently estimated that three percent of any given population is mentally retarded. Three percent of 900,000 would give us a figure of 27,000. These two methods then suggest the likelihood of our having between 22,000 and 30,000 mentally retarded living in Hennepin County. At this time a more precise computation is not needed.

There is considerable conviction today that the mentally retarded should remain in their home community. This is the philosophy of our time and it is in contrast to earlier beliefs and practice. Not too many years ago

a frequent practice was to diagnose the mentally retarded infant and immediately advise the parents to commit him to a state institution. Today much more attention is placed on understanding the handicap and developing the most suitable treatment plan. The availability of treatment resources frequently determines the living arrangement. Sometimes a nursery school which meets one half day a week makes it possible for a child to remain at home. Many parents, however, need much more help than this.

Our Committee looked upon the family home as the single most important residential resource. We recognize that many parents try very hard to keep their retarded child with them. We also believe some do so even when it requires more than what they can give physically, emotionally and financially. As additional community programs are developed more and more of the retarded should be enabled to stay home without a disproportionate burden being placed on parents. It is also important to recognize the varying abilities of parents to care for a retarded child. Some have many personal strengths and resources while others are inadequate persons themselves. This factor must receive attention when planning with parents for the child.

It is obvious that none of our resources exist in a vacuum. Each is dependent to some degree on the other. An adequate array of service for the mentally retarded is a long range goal and residential programs are parts of the total.

There are six broad classifications of mentally retarded persons who need planned residential care and treatment. The Minnesota Department of Public Welfare is planning for the day when groups I and VI can be cared for in

community facilities. This would substantially reduce the state institutional population but additional community planning, building, programming and financing are necessary in order to accomplish this goal. The State believes the institutions at Brainerd, Faribault and Cambridge should be geared to meet the needs of groups II, III, IV and V. As this is accomplished they would raze those buildings which do not now meet health and fire standards. In addition, they would remodel other buildings as necessary to make them suitable for the remaining population. The State planners believe the State institutions should be reserved for two major groups. These are:

1. Those who require 24 hour supervision because they may get lost or hurt. They may also need special orthopedic attention.
2. Those adolescents who have a strong reaction to puberty and need a larger treatment team to build suitable programs for them.

If these plans are successful, we would have a smaller population in State institutions than what we now have.

The six groups referred to above are as follows:

GROUP I

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

the development of a high level of affective responsiveness to others.

GROUP II

CHILD DEVELOPMENT PROGRAM:

This program is for ambulatory children up to the age of puberty.

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

GROUP III

TEENAGE PROGRAM:

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

GROUP IV

THE ADULT ACTIVATION PROGRAM

This program is for bedfast and non-ambulatory patients who may be late adolescent, adult, and aged. These patients benefit greatly

from care somewhat similar to that described for the child activation program. This group includes "grownup" cerebral palsied children who may have had considerable assets overlooked because of their expressive difficulties. Needs in the orthopedic area may also be very great. Many of these patients are able to be physically habilitated to the point of not requiring total care in bed but being able to get about in wheeled conveyances.

GROUP V

ADULT MOTIVATION PROGRAM:

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

GROUP VI

ADULT SOCIAL ACHIEVEMENT PROGRAM:

This program is for active late adolescents, adults, and aged. It includes those residents who have become overdependent on the institution as a result of long term hospitalization, those who have various "character problems" such as antagonistic behavior or other difficulties in forming constructive interpersonal relationships,

those who are able to achieve a high level of independence within the institution but have difficulty in developing social or work relationships outside the institution, and those who are potentially able to establish a satisfactory extramural adjustment but who have not acquired the skills required for such an adjustment.

Group I, which consists of severely damaged, non-ambulatory children, could be cared for in a community facility and there are private institutions which specialize in this type now. Group IV is very similar except for age and they also could be cared for in community facilities. Group VI probably could be cared for also in the community if they are properly selected and if the program is adequate. At this time persons in Group I from Hennepin County number 85, while in Group VI we have 343 persons. If these were returned to Hennepin County, plans would have to be made for a total of 428 persons. This would be most difficult to accomplish now but it may be possible as new resources are developed.

As the State refines their thinking on these groups it would be desirable to hold a series of planning sessions devoted to the types of persons in each group and the kind of programs they need. This would assist community planners and residential leaders to determine their ability to develop the necessary local resources.

In spite of the new staff positions provided for State institutions by the 1964 legislature, the adequacy of care is far below minimum standards. A solution to this problem cannot be found in the community, however, unless many changes take place. It can be argued that the community will develop additional resources if the problems are dumped in their lap, and that they will not develop services until this happens. Our Committee would not

support this argument. We believe one of the key factors in the development of community resources is the question of finances. We endorse the general goal of keeping the mentally retarded in the community. We believe the law pertaining to State institutional care needs revision. At this time the county is responsible for each patient in a State institution for only ten dollars of the monthly cost. Some of this is recovered from parents. On the other hand, the county is totally responsible for the cost of care in boarding homes, nursing homes, foster homes or other private residential programs. In practice the choice of placement is based primarily on finances instead of being made on the basis of which facility can best meet the needs of the retarded and his family. We believe the State should assume the major cost of care regardless of whether placement is in a State or a private facility. The county could continue to pay ten dollars of the cost.

It is recognized that cost comparisons are difficult. The present State costs are \$5.14 per day and there is no differentiation between patients needing little care and those who need extensive care. In addition, this amount includes administrative and capital building costs.

The private nonprofit residential or proprietary facilities range in cost from \$125.00 to \$175.00 per month. The cost in foster homes or group homes again is different and does not include certain extras. A thorough cost analysis study must be done looking at levels of need and program offered before basic changes can be made. It is our belief that the same or similar financial plans ought to apply to all living arrangements.

There are certain groups of mentally retarded who are very difficult placement problems. These include adolescents, the hyperactive younger child,

the emotionally disturbed and the delinquent retarded. Special efforts need to be made to find resources for these groups and programs to serve them. These groups also cost more in order to provide suitable treatment for them. Residential planning must include these categories and must recognize the extra cost factor. Too frequently our placement efforts for these groups is based only on the issue of who will accept them. This is the reality of the problem today. Planning and programming in the near future must change this situation.

At this time the State Department of Public Welfare is planning to experiment with a new program for housing selected mentally retarded persons. Beginning in January, 1966, the Medical Services Division will begin transferring retarded patients from Cambridge State School and Hospital to Moose Lake State Hospital. Cambridge has been a facility for mentally retarded while Moose Lake has been exclusively for the mentally ill. This idea is based on the belief that selected retardates who manifest some emotional problem can best be served by psychiatrically oriented staff. In addition, the idea has very practical merits. The schools for retarded are very overcrowded and a person on the waiting list waits up to five years for admission. The population of the hospitals for the mentally ill has been gradually decreasing for years. These hospitals have surplus beds but they do not have surplus staff. However, their staff is much less pressed and can more easily absorb these extra patients.

This mix of the retarded with the mentally ill is seen as a progressive step. Other changes are also possible. At some future date it may be desirable to remove all mentally ill from one hospital and transfer them

to the remaining seven hospitals. This facility could then be used to house the mentally retarded.

Other factors must also be kept in mind in planning efforts between the State and the communities. At this time the State estimates it has 1,000 mentally retarded persons in its institutions who have no particular handicap and whom they feel belong in the community. If appropriate community living arrangements and program can be developed, it is undoubtedly correct that this group should be returned. It is probably a mistake, however, to release these patients if community resources are inadequate. The patient and his family are unhappy if the trial fails. The county welfare department and the residential facility also react negatively. This is not to suggest that trial placements should not be used; rather, it is intended to highlight a problem. These persons have a right to return to community living as soon as they have achieved maximum benefit from the state institution. However, they also have a right to come into a community that is prepared to serve them as they need it. The answer to the problem and similar ones has to be with better planning, development of better community services and a better financing plan as indicated earlier.

Ideally, community living arrangements should be planned so that most retardates can reside in small facilities approximating family living. Large residential programs in the community have the same problems as the State institution. The mass people atmosphere causes a depersonalization in the patient so that he loses ground in his ability to relate on a personality basis to other human beings. The goal is to keep the residency program small and yet have readily available a wide variety of programs and services aimed at helping the retardate achieve his maximum

level of development. The State institution theoretically offers a residential program plus all the educational and training services required by a diverse population. None of our State institutions have been able to achieve this. It is even more difficult to achieve it under one roof in a community facility. The answer has to be in developing small community residential programs which basically offer family type living arrangements.

At this time we are beginning to notice an increasing growth of a variety of programs for the retarded. The educable and trainable classes and the new daytime activity centers have already taken some of the burden off the State institutions. This demonstrates that a scarcity of programs forces us to use services that are not appropriate. As more choices become available, we will be in a better position to prescribe according to individual need.

We can predict a fairly rapid development of services for the retarded in the next few years. Congress recently passed Public Law 88-164 which provides money for the construction of facilities. A state plan must be completed before available money can be allocated. The Minnesota plan will be completed this year and funds should begin to be disbursed in January and February. This should stimulate a variety of building plans which will house new or expanded programs. While the initial amount of Federal money is only \$112,000.00, it is expected that more will be available next year. The Minnesota Mental Retardation Planning Council has recently suggested priorities for the construction of facilities with available Federal money. At the top of the list is new facilities for diagnosis and evaluation. In second place they list residential facilities and the third priority is for additional daytime activity centers.

Because of the importance of this statement, it is reproduced in its entirety in Appendix I.

While the Committee is optimistic about the large movement to establish additional residential facilities, we are very aware of an extreme shortage at this time. This applies to State administered as well as privately administered programs. The State institutions now have a waiting list of approximately 700. Statewide, about one-half of these are temporarily placed in smaller facilities and because of the cost differential they are here only until an opening is available in a State institution. The other one-half are in foster homes or their own homes.

The Committee recognizes a need also for specialized short-term residential facilities. Beds should be available for a few days or months for a retarded youngster when there is a family emergency. Physical or emotional complications can create this need which might be solved by such a program or by a homemaker service. Some families also need a short term facility to enable them to take a vacation. This is one extra service that can make the difference between a family surrendering a child or being able to keep him at home.

The following pages describe briefly the residential facilities in our community. Other private residential programs throughout the State are mentioned also because many local residents are placed in them by parents or the county welfare department. The Committee visited most of the local resources, toured the buildings and talked with staff.

THE ANGELS

13403 West McGinty Road, Minnetonka

This is a residential setting for 35 mentally retarded children from birth to six years who are non-ambulatory, severely retarded and in need of total care. Accepted are children with multiple congenital defects, malformations of the central nervous system and includes those who are mongoloid, cretin, spastic, epileptic, microcephalic, hydrocephalic, and spina bifida.

The staff consists of the Director, medical director (specializing in pediatrics), 7 trained child-care staff, maintenance man, laundress, housekeeper, cook. Additional medical services available through the consultant staff of a neurologist, a dentist, and a physical therapist.

The Angels affords each the individual care and understanding necessary to stimulate and develop the full physical and mental capabilities of the severely handicapped child. Therapeutic walkers and wheel chairs are furnished along with hydrotherapy in the swimming pool for those who will benefit.

The child care staff work closely together to study individual needs and to plan a program for each accordingly.

Social casework service is provided for through the Hennepin County Welfare Department.

Pediatric care is provided on an intensive basis by the medical director. Psychometric services are also provided through the county welfare department responsible for the child, or the parents. Similarly, psychiatric services are to be provided in the same manner. A complete dental program

is conducted by the staff dentist.

Referrals are made to the Director and/or Hennepin County Welfare Department .

The fees are \$165.00 per month including board, room, care, clothing and medical.

The director previously ran the Mahan Home in St. Paul. She and her mother operated it there for 40 years until 1961 when they moved to the present location.

The director sees a great need for residential beds for these severely handicapped children, and hopes to expand this program to accommodate 50 persons. She believes similar facilities are needed also for older children.

The home offers three free beds to families who cannot pay the costs. There are some private pay patients but most of the residents are paid for by Hennepin County Welfare Department. Their use of the program, however, is a temporary one until the patient can be accepted into a State institution.

HAMMER SCHOOL, INC.
Wayzata, Minnesota

Pull-time care is available for 40 boys and girls 5 years and over. Day school for 10 pupils. Must be toilet-trained and ambulatory--no epileptics or severe spastics. Children who can benefit from training and group living.

The staff includes five full-time teachers, 5 full-time housemothers, cook, assistant cook, 2 maids, caretaker, laundress, part-time cleaning

person. The Director helps with relief.

Children are taught to take responsibility and a part in the daily routine as in a home. There is opportunity for both group and individual play. Staff members always in supervision. Children eat together with staff. Stress is on good manners, good sportsmanship in play and work.

A 2-family house on adjoining property affords an opportunity for 4 older girls with a housemother to develop their experiences in homentaking. They live here, prepare some of their own meals, and keep house. Space is provided in this house for an additional classroom for crafts.

Psychiatric, psychological and medical services are arranged as needed.

Full school schedule within the institution. Academic and crafts program. Text books are the same as used in public schools. A nursery class (pre-school) is provided.

The referral procedure - prefer direct contact with parents, even if referred through an agency. Parents or agency should contact director.

Fees are: \$165.00 per month, plus medical and dental
\$180.00 per month for children 10 and under.

The Hammer School makes good use of volunteers who offer much to the services needed by the residents. Community relationships have been solidly established and tangible benefits have resulted from these efforts. A new kitchen and dining room have been completed and plans are underway to renovate or replace the older buildings.

The Director has built a diversified program on top of the basic residen-

tial-educational service and the Board is considering additional activities. One example of this is the idea to build a unit to house older residents who need more care but who do not need nursing home care.

ROLLING ACRES RESIDENTIAL CARE CENTER Excelsior, Minnesota

Rolling Acres gives full-time care for not more than 13 mentally retarded children of either sex from 12 to 24 years, under I.Q. 50. Children must be ambulatory and toilet-trained, but children with behavior or feeding problems, and other handicaps are accepted. Program serves the entire state.

The staff consists of 3 child-care staff persons; volunteers from church groups, boy and girl scouts, and parents.

A varied program of development of manual and domestic skills with numerous possibilities for field trips, planned recreation, arts and crafts activities,, Summer camp program adjacent to Rolling Acres is available. Casework is provided by the Carver County Welfare Department.

Psychological and psychiatric services are provided through county welfare departments when indicated.

Trainable class-type activities are conducted 5 days per week according to the individual child's needs and ability to benefit.

Referrals are to be made through Carver County Welfare Department, Chaska, Minnesota. Private referral can be made to the Director of Rolling Acres. The fee is \$135.00 per month.

Final arrangements have just been completed for selling Rolling Acres to Mount Olivet Lutheran Church of Minneapolis. This change will undoubtedly have an impact on the size and direction of this organization.

OUTREACH, INTERNATIONAL, INC.
1619 Portland Avenue

This organization is described also in the Employment Section of this report. We will merely mention here the importance of the 200 residential beds which became available this year for retarded adult men and women. This is an important new resource in the community which will partially fill the housing gap for adults who need a placement of this type.

CHAMPION CHILDREN'S HOME
Duluth, Minnesota

This home offers full-time care for 39 moderate and severely retarded children from birth to 14 years. The fee is \$150.00 per month.

DOROTHY LANE CHILDREN'S HOME
Sauk Centre, Minnesota

They give full-time care to 11 boys and girls ages 4-12 years who are ambulatory. They are moderately to severely retarded. The fee is \$150.00 per month.

JULIE BILLIART HOME
Jackson, Minnesota

They care for 30 severely retarded children from infancy to six years of age. These children are non-ambulatory and require bed care. The fee ranges from \$100 to \$150.00 per month.

LAKE PARK-WILD RICE CHILDREN'S HOME
Fergus Falls, Minnesota

They care for 26 ambulatory children between the ages 10-16. They must be educable and preference is given to hyperactive or disturbed children. The fee is \$7.00 per day plus medical and clothing costs.

LAKEVIEW HOME

Sauk Centre, Minnesota

They offer care to eight children who are ambulatory or semi-ambulatory between birth and nine years. They need not be toilet trained and they may have severe mental and physical handicaps. The fee is from \$125.00 to \$150.00 per month plus medical and clothing costs.

LAURA BAKER SCHOOL

Northfield, Minnesota

They care for 55 educable, ambulatory children from age four and over. Lifetime care is offered.

PETTIT CHILDREN'S HOME

Sauk Centre, Minnesota

They give care to 20 ambulatory children from six to fourteen years of age who must be able to feed themselves and communicate their needs. Trainable children are accepted and they may accept hyperactive children. The fee is \$150.00 per month.

ROSEAU CHILDREN'S HOME

Roseau, Minnesota

They care for up to 45 children from birth to 12 years of age. They accept only non-ambulatory, severely handicapped youngsters who may be mongoloid, cretin, spastic, epileptic or who have other handicaps. The fee is up to \$125.00 per month.

VASA LUTHERAN HOME FOR CHILDREN

Red Wing, Minnesota

They care for 60 children from birth to 13 years of age with an I.Q. of 50 or less. They may be ambulatory or non-ambulatory and most of them are severely retarded. The fee is \$125.00 per month plus medical and clothing costs.

WORTHINGTON CRIPPLED CHILDREN'S SCHOOL
Worthington, Minnesota

They care for 50 educable, orthopedically handicapped children between six and twenty years of age. They also offer day school for four students. The fee is paid through the child's school district and the monthly cost will not exceed \$275.00 for tuition, board and room.

RICHARD PAUL FOUNDATION HOME FOR RETARDED
St. Paul, Minnesota

They accept up to twelve children between four and twelve years of age. They are trainable or lower-educable and may present emotional problems. However, they must be able to fit into a small group setting. The cost is \$150.00 per month plus clothing, medical and dental.

WELDOMES HOMES, INC.
St. Paul, Minnesota

They offer full time care for up to 39 children from birth to ten years of age. The program serves severely retarded, non-ambulatory children who require total care. The cost is \$200.00 per month.

Most of the residential programs listed are proprietary agencies and only a few are voluntary, non-profit organizations. This becomes important for qualifying for Federal construction funds since only the non-profit programs qualify.

It can be seen that our local community has very few private, residential group homes. This is why it is necessary to place so many Hennepin County residents in private facilities all over the State. Hennepin County Welfare Department uses all the above listed homes and in many of them, purchases one-half the available beds. According to the State these homes

generally are full. It frequently is a serious problem to find an opening and requires considerable "shopping around".

Our own County Welfare Department spent approximately \$300,000 for boarding care for the retarded in 1964. Depending on the home, the cost ranges from \$90.00 to \$200.00 per month. These are local tax dollars only.

The County carried a caseload of about 1,250 mentally retarded persons. Each of the 15 social workers has approximately 90 persons in his caseload in the community. They also carry responsibility for those retarded who are in State institutions or who are placed in an out of county facility.

The County has three caseloads made up of mentally retarded youngsters who have moved into Hennepin County for some training or educational program. There is in excess of 300 such persons at this time and this number is growing because of the local availability of resources.

There is a shortage of boarding and other residential facilities locally and throughout the State. In general, however, we are better equipped to house the total care young child than other groups and we may be approaching a saturation point on beds of this type. The hyperactive, ambulatory boy is a difficult placement problem as is the delinquent retarded. Children generally are easier to place than adults.

The County has over 600 foster homes for children but only 35 of these are for mentally retarded. Many more could be used. Family group homes serving up to ten children could be helpful but they are also very difficult to recruit. Meeting the requirements of the State Fire Marshall has been

a serious problem for boarding home operators since the nursing home standards are used also for boarding homes. Recruitment of foster homes and group care homes for the retarded is a constant problem locally and the supply never measures up to the demand. Some nursing homes do admit mentally retarded patients and a few of them seem interested in specializing in serving retardates only.

One new facility for total care of infants is now being planned. This is called ECHO (Exceptional Children's Home of Opportunity) . A Board of Directors has been named and they do have land available at Long Lake. They are now trying to raise capital for their buildings.

In addition to the facilities mentioned, the mentally retarded are also housed in a variety of other places in the community. This would include such organizations as the Linden Club, the YMCA, the YWCA, the Salvation Army and the Minneapolis Home for the Blind. The mentally retarded are a small number of the persons living in these group homes, but nevertheless they are important resources for these few.

While the housing resources are important, it must be kept in mind that there are important services which can enable parents to keep their retarded children. Two examples are day care and homemaker services. If these were available in adequate supply, it would undoubtedly make it possible for many more parents to keep their retarded children or keep them longer at home. The important point is the need for a larger variety of services for the retarded of all ages. At the community level this is becoming increasingly necessary as the State Department of Public Welfare steps up the implementation of its policy of giving more responsibility to the

community. Appendix II details the most recent policy on this matter by the Commissioner of Welfare.

One of the serious problems in the field today is the lack of program standards for residential services. This means there is no objective way to measure the quality of service given to any special group of retardates. It also places a heavy responsibility on public and private resources since they have no set guidelines to go by. It is, therefore, reassuring to know that the State is in the process of developing standards. These will assist us in setting costs and being better equipped to make more appropriate referrals. It is recognized that these standards will need regular revision and interpretation.

The Committee recognizes that the State government has traditionally assumed primary responsibility for providing residential facilities for the mentally retarded. It is believed that this is changing, but the committee believes the financial responsibility must continue to be the State's. This type of care is usually too expensive for parents to assume and a broader tax base than the county seems absolutely essential. Again we are very encouraged by the new public awareness of the needs of the mentally retarded and we are pleased with the interest in expanding or developing new residential facilities. The Committee encourages these developments and suggests that groups with these plans discuss them in advance with representatives of organizations such as the Community Health and Welfare Council, the Hennepin County Welfare Department, the State Department of Public Welfare and the Minneapolis Association for Retarded Children.

RECOMMENDATIONS

1. The Committee recommends that the Medical Services Division of the State Department of Public Welfare hold a series of meetings with county welfare departments and other concerned groups about their plans concerning the residential needs of Groups I - VI, (p. 6)
2. The Committee recommends that a series of meetings be held to discuss policy concerning the future care of the mentally retarded. The Committee believes these meetings might best be sponsored by the Minnesota Association for Retarded Children in cooperation with the Minnesota Mental Retardation Planning Council, (pp. 8, 9)
3. The Committee recommends that fewer patients from the State institutions be released to the supervision of the county until more adequate provisions for their care is provided. (pp. 6, 9)
4. The Committee recommends that the State Department of Public Welfare speed up its planned use of State mental hospitals for additional mentally retarded patients. In addition to mixing the patients, the Committee recommends that either Anoka or Hastings State Hospital be converted and used exclusively as a State school for the retarded. (pp. 8, 9)
5. The Committee recommends that the State assume major financial responsibility for all types of residential care for the retarded. This will require legislation and additional finances. The Committee believes the Minnesota Association for Retarded Children should lead this campaign. (pp. 7, 21)
6. The Committee recommends that a cost analysis be made of the various types of residential programs. This should be done by an independent, professional group of auditors. The Committee believes that necessary funds might be obtained from a private foundation and suggests that the Minnesota Association for Retarded Children apply for such a grant. (P. 7)
7. The Committee recommends that serious consideration be given in the near future to the need for a prevalence study since program planning must eventually depend on more definitive information. The Committee suggests that this idea be reviewed by the Research Advisory Committee of the Minnesota Association for Retarded Children. It is believed that the Association might obtain foundation financing for this project. (P. 1)
8. The Committee recommends the establishment of detailed standards for residential facilities and their programs and that the plan include automatic review annually. As the standard setting authority, the State Department of Public Welfare should consider using an advisory committee composed of professional and lay persons to assist them. (p. 21)

9. The Committee recommends that priority be given to the residential needs of adolescents, hyperactive younger children and the emotionally disturbed retarded. The Community Health and Welfare Council should take primary responsibility to interpret this need. (p. 8)
10. The Committee also recommends high priority be given to the establishment of additional foster and boarding homes as well as day care and homemaker services for the retarded. The County Welfare Department is the major resource to develop these services. Eventually, however, it is believed that State money must be made available.
(PP. 19, 20)

APPENDIX I

PRIORITIES IN CONSTRUCTION OF FACILITIES

At this point in Minnesota's development of a continuum of care for the mentally retarded, gaps in essential services throughout the State, as well as lack of basic statistical data requisite for sound planning, are so great as to be staggering. Because of the widespread nature of these deficiencies, relative needs of regions cannot be measured in the definitive sense suggested in the Federal guidelines. For this first year at least we are suggesting that priorities be determined as follows:

- I. Since no matching funds have been appropriated by the State legislature for 1965-66 State building programs can be eliminated.
- II. Inadequate facilities for diagnosis and evaluation are the most serious single deficiency in provision of service. Federal regulations state that "facilities for the provision of diagnostic services shall be planned to serve an annual caseload of not less than 150 or more than 300". The only communities in the State able to provide the comprehensive variety of medical and paramedical services needed to staff this size caseload are the Twin City metropolitan area (Region 4) , metropolitan area of Duluth (Region 2) , Rochester (Region 6) , and St. Cloud (Region 3) . Applications from these areas should be considered in the following priority:
 - A. Duluth is the second largest metropolitan area in the State, with a steadily increasing population projected for the future. There are no comprehensive facilities existing in this section of the State.
 - B. The St. Cloud medical community serves a seven-county growing population area in the central part of the State. Community interest is very high. The medical community, hospital, Department of Welfare, Community Mental Health Center, State college, and public and private schools are meeting to develop a program for diagnosis of all handicaps. Its proximity to the State School and Hospital at Cambridge, to St. Cloud State College, and to the University of Minnesota make it an excellent location for the development of comprehensive services, including the possibility of residency and research programs at the institutions mentioned.
 - C. At present all of the elements involved in the provision of comprehensive diagnostic service exist in scattered and fragmented form in the Twin City Metropolitan Region. These partial services must be structured and coordinated if adequate service is to be afforded to the seven county area. The University of Minnesota provides some services now. A pilot project which will evaluate an estimated 300 cases per year over a 5 year period has been approved at Ancker Hospital in St. Paul. A study is being made by the Department of Public Welfare of the feasibility of incorporating diagnostic services into Hastings State Hospital in

Dakota County, as a part of a larger program designed to accommodate mentally retarded as well as mentally ill patients at Hastings.

- D. Rochester is one of the world's great medical centers. Interest in serving the retarded is high but additional facilities for this purpose are not needed at this time.
- E. Other sections of the State may be able to plan partial diagnostic services, which will require construction or remodeling funds. As these plans are submitted they should be reviewed in light of the additional factors listed in Section V below.

III. The second largest gap in service is our overcrowded institutions. Federal regulations state that construction funds are available for facilities "to serve not less than forty nor more than 500 retardates in facilities providing 24 hour per day care".

Among applications within this category priorities should be set up as follows:

- A. Any facility which will relieve the immediate overcrowding at Faribault State School and Hospital.
- B. Any facility, which will relieve the immediate overcrowding at Cambridge State School and Hospital.
- C. Any facility which will absorb those retarded who otherwise would be sent to Faribault.
- D. Any facility which will absorb those retarded who otherwise would be sent to Cambridge.
- E. Any facility which will absorb those retarded who otherwise would be sent to Brainerd, or will prevent overcrowding there.

IV. Third priority should be assigned to daytime activity services. Federal regulations state that "facilities for treatment services, educational services, training services, custodial services, shall be planned to serve a daily caseload of not less than 40 nor more than 200 retardates in facilities providing less than 24 hour per day service". It is also suggested that a day facility be within a one-hour drive from an individual's home. Assuming that these criteria are met, priorities should then be assigned as follows:

- A. Those facilities serving the most densely populated areas.
- B. Those facilities serving low socio-economic groups.

V. Federal regulations further state:

- A. The State agency shall determine the priority of projects on the basis of the relative need for facilities in the area to be served by the project taking into consideration existing facilities and services. Projects within each area shall be considered in order of importance as given below:
 - 1. Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.
 - 2. Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.
 - 3. Facilities which provide a single service for a particular community or communities.
- B. Other factors which should be considered in determining priorities are:
 - 1. Use of proposed facility for research purposes.
 - 2. Use of proposed facility for training of personnel.
 - 3. Ability of the sponsor to meet program standards as set forth by the task forces and administrative agencies.
 - 4. Experience of the applicant.
 - 5. Clearance of proposals by applicant agencies with other local planning groups, (i.e., hospitals with Area Planning Councils; United Fund and private agencies with parent planning groups such as the Hennepin County Community Health and Welfare Council, Ramsey County Community Chest and Councils; etc.) .

APPENDIX II

POLICIES OF THE DEPARTMENT OF PUBLIC WELFARE ON MENTAL RETARDATION

FROM: MORRIS HURSH, COMMISSIONER

For some period of time there have been indications from the Department of Public Welfare that there have been changes in policy on the state mental retardation program from those described in the Manual on Mental Deficiency published in 1959. These changes relate to commitment, placement out of the home, placement in state residential facilities, and the function of the Section on Mental Deficiency and Epilepsy.

The basic concepts on which these changes are based are related to our concern about the effects of separation of a child from his family, both on the child and on his parents, as well as on siblings. More and more evidence has accumulated over the past years to indicate the fact that separation of infants and small children from their parents without appropriate solution of associated problems may well be disastrous to the emotional and intellectual development of the child and produce lasting emotional disturbance to the parents, sometimes of major proportions. This has been demonstrated to be true for retarded children as well as for non-retarded children. The policies of the Department of Public Welfare, then, are as follows:

1. No child should be considered for placement out of the home without a comprehensive evaluation not only of the afflicted child but also of the family and community resources. Ideally such an evaluation is coordinated and multi-disciplinary and includes pediatric, psychological, social, and psychiatric studies. Mental health centers, the two four-county projects, the services of the university of Minnesota, and services still in the development stage can be utilized for this purpose, as can purchase of locally available service.
2. Commitment to guardianship as mentally deficient is not a necessary or desirable step in all cases. A non-committed person is entitled to the same services as a person under guardianship. A person need not be committed as a prerequisite to admission to a state Institution for mentally retarded. If commitment is desirable, it can be done at any time in the retarded person's life and need not be done when the retardation is first discovered.
3. A final decision on placement should not be made until the parents have been told of the variety of facilities and services available and given the maximum opportunity to consider their feelings both about caring for their child who is retarded and about possible separation for shorter or longer periods of time. When separation is necessary in order to resolve a crisis, or to provide adequate nursing

care or supervision, placement should be in a facility as close to home as possible to allow frequent contact between parent and child. Placement should not be considered as a permanent step.

4. In an instance in which a placement outside the home is urged that is considered inappropriate by the county welfare agency, such a placement should be discouraged until reasonable case work effort has been made to help the parents completely assess their situation. In some instances, a temporary placement may be necessary while case work continues. If the parents continue to insist on a long-term placement, a foster home placement is more desirable than institutional placement.
5. Case planning for the retarded should be done as much as possible at the local level among those agencies that will be dealing directly with the person.

Effective October 1, 1965, application for admission to a state facility will be made by the county welfare department directly to the receiving institution, which will maintain its own waiting list. To this end, the MDE Section will leave the initiative for planning and decision with the local agencies. The Section will make every effort to guarantee that continuity of responsibility is preserved at the local level but will remain available for consultation in relation to planning for more complex and difficult cases when this cannot be done locally.

The process of transferring some of the current responsibilities of the Section to the county welfare departments and institutions for mentally retarded involves revision of a number of existing policies and procedures. As these specific changes are formulated, they will be incorporated into the Public Welfare Manual.

SUMMARY AND CONCLUSIONS

The Committee found this to be an educational assignment for themselves. Every major resource was visited and the staff was interviewed. This same procedure was used for many other community organizations who serve the mentally retarded along with other types of handicapped people. The Committee was impressed with the range and variety of services. They were pleased also with the expansion of existing programs and the development of new ones. This progress, however, must be placed in its proper perspective. At this time the metropolitan community is very short on almost all types of service to the retarded. Mental retardation as a major social problem has always lagged behind the advances made in other fields. Public awareness and concern in recent years has provided new impetus and it appears as though we are on the threshold of rapid advances in our thinking and programming. The recognition that the retardate can improve with good education and training has given new vigor to public support of programs. The old, fatalistic philosophy that they do not change is disappearing rapidly.

It was difficult for the Committee to assign priorities to program needs since almost everything was found to be in short supply. Additional foster and small group homes are considered essential. More sheltered work stations and follow-up services after placement were considered vital needs as were more trainable classes. It was recognized that an evenness of development of all types of services is important since they are all interdependent. This latter point cannot be overemphasized and should be a basic guideline in all planning for additional services.

While some specialized services are necessary for the mentally retarded, the committee supports the idea of the importance of strong, basic community health, welfare, education and recreation programs. These basic resources should be available to all including the mentally retarded. Good public health and nursing services, homemaker and day care services are examples of essential community programs which are needed by all.

Finances are seen as a key ingredient in the development of services. The Committee believes a broader tax base is needed than city, county or school district. In addition, we recognize that there are inequities in that some programs receive public support while similar ones are currently not eligible. This tends to force the community to use certain programs and neglect using others because of financial pressures. A solution to these financing problems will enable us to use programs based upon the needs of the individual. This dilemma must be solved.

The Committee believes that improved communications will be of increasing importance. Organizations serving the retarded can no longer afford to stand alone if they are going to do their job. The movement of clients from program to program must be geared to their changing needs. Centralized diagnostic services with responsibility for placement and follow-up service is seen as a possible technique to accomplish this difficult goal. After diagnosis and placement, the diagnostic center should follow through to measure the progress or lack of progress. The Center should be able to transfer the client into other programs as needed. In order to accomplish this each organization would have to be financially secure and would have to agree to the basic policy. This type of a centralized diagnostic center could also be given responsibility for casefinding and central

record keeping. The Committee believes that this problem and this suggestion requires much more thought. In the interim, however, the committee believes that the organizations serving the retarded can and should work harder at communicating with each other. Informal groups such as the workshop association are a big step in this direction.

The Committee completes this written report with the belief that this is the starting point rather than the conclusion in developing services for the mentally retarded. In the past two years we have seen impressive commitments of federal, state and local dollars for serving the retarded better. The task locally continues to be great, but it no longer seems impossible.

8. Staff

A. Number of professional workers - 358

B. Number of clerical (non-professional) workers - 104 Total-462

C. Briefly describe training of professional staff:

Many listed as professionals have no professional training.
The variation was from non-college to Ph.D. level. "Clerical" was
a poor term to use - Several agencies listed child care staff,
shop supervisors, etc., in this category.

9. Does the organization use volunteers? 17 - Yes 6 - No

Briefly describe use of volunteers;

Use of volunteers varies from no use to very appropriate use. Some
agencies seem to use these people in lieu of paid staff. Others use
them more appropriately to supplement staff.

11 - 15. How many retardates:

#11 Served in 1st yr. of operation	#12 Served in 1963	#13 Served Currently	#14 On Waiting List	#15 Under Guardian- ship	Misc.
?	9	7	0	4	
?	31	25	6	24	Residential
?	66	55	27	55	Residential
6	200	165	20	10	
16	27	20	6	10	
?	2832	2832	0	264	HCWD
?	17	13	15	6	Residential
?	270	-	-	-	Camp
0	75	-	-	-	
?	20	14	0	0	
6	60	62	10	32	
4	39	40	6	19	Residential
?	6	6	-	4	Day
25	475	515	80	?	MARC
37	61	61	0	26	
?	6	-	-	-	
?	2	-	-	-	
?	18	10	1	2	
15	70	90	30	60	
?	5	5	0	0	
	4,287	3,922	251	516	

Many agencies have shown marked growth in quantity of service.

16. What are the sources of referral from which the clients come?

The sources of referral were broad for all agencies. Seemed to be flexible in accepting referrals. Not limited to one type of referring agency or person.,

17. Describe how communications about clients are maintained between your agency and the referring party.

All agencies express knowledge of the proper channels and techniques. The question is how effectively they use them. Only a few seem to have a requirement of reporting progress at specific intervals.

18. To which outside resources do you refer your clients while you are serving them?

Some variation here but its hard to tell how well they make use of other services as adjuncts to their own service. A few said they made no referrals while serving a client.

19. To which outside resources do you refer your clients when you have completed serving them?

Replies indicated that the range of services to which clients are referred upon completion of service is much narrower than the range from which referrals are initially received. It appears that involvement in working with a client tends to reinforce biases in using other resources. Perhaps better use of these resources would be made if there were more adequate knowledge of the quality of other services.

20. What diagnostic facilities do you use?

Ranges from none to many. Some agencies have a wide range of professional disciplines on staff; others use the referring resources diagnostic facilities. Still others accept only their own diagnosis. The majority tend to depend on either a few specific facilities or their own evaluations.

21. What consultative services does your agency staff make use of?

Again a wide range and variety. Only a few have sufficient professional staff to cover this themselves.

22. Does your agency carry on an In-Service Training Program for its Staff?

20 - Yes 3 - No

23. Does your agency make use of other agency staff or facilities in its In-Service Training Program? 19 - Yes 5 - No

Which ones? Most use several resources; several use only one or two.

24. Does any other agency offer services similar to those you offer?
If so, which agency?

Yes - 16; No - 7. This is a little surprising in light of the answers to question #36 in which there are many duplications. I think that several agencies confused this question (#24) with their idea of the difference in their own approach to service.

25. What major gaps in services within programs are you aware of? (below)

26. What overall unmet needs of the retarded are you aware of? (below)

GAPS IN SERVICES AND UNMET NEEDS

Day Care Facilities	12
Public School Classes for the Trainable	10
Sheltered Workshops	10
State Institutional Facilities	(6
Small Residential Facilities Near Home	(5
Range of Programs for Post School Age Retardates	6
High Quality Casework for Families	5
Good Diagnostic Services	5
Supervised Recreation Programs	5
Vocational Training	5
Foster Homes	3
Employment Opportunities	3
Speech Therapy	2
Boarding Homes for Retarded Workers with Low Incomes	2
Lack of Communication Between State Department of Public Welfare and Local Agencies	2
Delay in Action on Referrals to Hennepin County Welfare Department	1
Lack of Acceptance and Understanding of the Retarded	1
Centralized Information and Evaluation on Programs for the Retarded	1
Occupational Therapy	1
Better Transportation Facilities	1
Adult Activity Program for Trainables	1
Lack of Knowledge of Services of Other Agencies	1
Failure to Make Referrals	1
Failure to Notify Agency when Making Referral	1
Orientation Program for Retardates Returning from Institutions	1
Financial Assistance for the Adult Retarded	1
Residential Camping	1
Good After Care Program	1
Education and Training for the Multiply Handicapped	1
Physical Education	1
Casework for Retardates	1
Research	1
Lack of Coordinated Medical Services	1
Work-Study Program for Older Retardates	1
Home Aides	1
Friendly Visitors	1

27. In what ways are you now working with other agencies serving the retarded:

Most agencies make and receive referrals from other agencies. However, they seem to work most closely with only one or two other agencies. Apparently this is because of familiarity, trust, etc. There would seem to be a lack of comprehensive knowledge of resources.

28. What kind of case would your agency routinely consider unsuitable for its service:

Some tendency to rule out the severely or multiply handicapped, the very young and the post-school age. In general, the criteria of unsuitability seems appropriate to the agency.

29. Who pays for services to individual clients?

Family, Hennepin County Welfare Department, referring agency, scholarships, State Department of Public Welfare, no charge, insurance, foundations, Division of Vocational Rehabilitation, Veterans Administration.

30. What is the full cost of service to a client per month?

\$ 3.75 per nursing visit	Bloomington VNS
150.00 per month	Lake Park - cost \$325
125.00 per month	Vasa - cost \$172
162.00 per month	Day Care - UCP
98.00 per month	Workshop - UCP
37.00 per month	Recreation - UCP
10.00 - 80.00 per month	School for Social Development
135.00 per month	(Retarded Children's Foundation
	(-plus clothing, medical, etc.
60.00 per month	Nursery - Curative
37.50 per month	Home Study - Curative
150.00 - 190.00	Resident - Hammer School
50.00 per month	Day - Hammer School
0 - 94.00 per month	Day Care - MARC
175.00 - 200.00 per month	Sheltering Arms
30.00 per evaluation	Psycho-Educ. Clinic
61.00 per month	Minneapolis Rehab. Center
70.00 - 90.00 per week	Academy of Seizure Rehab.
92.50 per month	Jewish Vocational Office
125.00 per month	Opportunity Workshop
4.75 per nursing visit	Visiting Nurse Service
1.00 - 10.00 per visit	Mental Health Center

31. What are the financial sources of support for your program?

Taxes, client fees, donations, United Fund, Federal Government, foundations, State Board of Health, University of Minnesota, Public Schools, sales of products.

32. Are you presently conducting any fund raising efforts?

Yes - 6; No - 17

33. Are you planning any future fund raising efforts?

Yes - 7; No - 16

34. Does your organization suggest consideration of state guardianship to parents or guardians?

A. Routinely suggests - 6
B. Frequently suggests - 5
C. Occasionally suggests - 11

35. Does your organization suggest consideration of institutionalization to parents or guardians?

A. Routinely suggests - 0
B. Frequently suggests - 4
C. Occasionally suggests - 15
D. Never suggests - 1

36. Types of services offered:

Currently Offer	Plan to Offer	Service	Age Range Served
14		Socialization Training	
10	1	Education	
10	1	Pre-Vocational Training,	
5	1	Vocational Training	
4	2	Sheltered Workshop	
5		Day Care	
5		Residential Care	
7		Medical Services	
5		Physical Therapy	
6	2	Speech Therapy	
1		Day Camp	
3		Residential Care	
8	3	Recreation	
3		Religious Education	
16		Psychological Evaluation	
9		Vocational Evaluation	
12		Parent Education	
20		Parent Counseling	
8	1	Group Counseling	
19		Individual Counseling	
11	1	Casework Services	
9		Job Placement	
3		Job Supervision	
6		Social Action	
5	1	Legislative Action	
15		Public Information & Education	
2		Foster Home Care	

36. Types of Services offered: (Cont'd)

Currently Offer	Plan to Offer	Service	Age Range Served
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OTHER SERVICES (DESCRIBE)

1		<u>Research and Training</u>	
1		<u>Occupational Therapy</u>	
1		<u>Music Therapy</u>	
1		<u>Family Therapy</u>	
1		<u>Psychotherapy</u>	
1		<u>Psychiatric Evaluation</u>	
1		<u>Remedial Reading</u>	

APPENDIX B

SOME POINTS IN A PHILOSOPHY OF WORK WITH THE RETARDED

1. Mental retardation is a multiple problem. Its dimensions are bounded only in part by degree of intellectual defect, although this is an important boundary. They are also formed by: patterning of intellectual abilities, which may affect learning progress and work adaptations; patterning of emotional reactions, which in turn may be affected by organic causation factors as well as by experience and native endowment; patterns of behavioral adjustment, determined both by causation factors and by experience; aspects of physical health and added sensory or motor handicaps; patterns of family climate, important in all aspects of child growth and development; and by patterns of societal attitude and provision for retardates, which affect opportunity for education, recreation, employment, and which broadly shape the environmental climate for retarded individuals.

2. Psychological, medical, and educational diagnostic processes with the retarded are not perfect, but the fact remains that these processes, at their present stage of development and perfection, are guides to planning which are superior to the unsupported subjective judgment of parents, teachers, or other observers of retarded children. The most useful single instrument for individual prediction of achievement and adjustment remains the individual intelligence test, administered and interpreted by a well trained and experienced psychologist in the light of the child's social and developmental history. It is certainly helpful in filling in the picture of a child's total pattern to have available observational data and anecdotal data which will bear significantly on total personality and hence on prediction of total adjustment, but these kinds of data must be viewed as supplemental or question-raising rather than final in nature. This is true because of the unstandardized nature of such observations, because of the problems of dissimilar frames of reference, and because of the subjective factors involved in such observations.

3. When we say that the majority of retardates will remain in the community and be at least marginally self-supporting, this is true as far as it goes, but we should further define that portion of the total retardate group for whom it is true. If we look at follow-up data in general, it is true for most of the I.Q. 65 and above group who are predominantly familial or subcultural in causation type. Many of this group are not in special education programs ever; they are the relatively even-ability patterns who are not in conflict with their families' patterns of achievement or expectation, who move through school as poor achievers but not as social problems, who get jobs pretty much "on their own" although some of them may be served by special employment help or rehabilitation help. This group does not, typically, include many of the low educables in the general I.Q. range of 50 to 65, or many of the educables who show organic problems of behavior or emotional adjustment, or many whose family situations have been notably destructive or emotionally non-supportive, or many at the trainable level. Of these latter groups, those who can contribute to their support are more likely to be those with fortunate family situations in which limited employment is possible, not those who are dependent on competitive employment for their support.

4. It begs the question to say that if community attitudes of acceptance and emotional support were different, many of the retarded could be more self-supporting than they are. Abstract attitudes of acceptance and sympathy can be, to some extent, "taught" to a population; concrete attitudes of day-to-day toleration of incompetence in work situations and perhaps even more importantly in social interaction are an entirely different matter, because these attitudes are more tied to individuals' own needs in co-worker situations and hence more tied to self-preservation and self-comfort areas. It is no accident that retarded individuals lose their jobs more often for behavioral reasons than because they are unable to perform the tasks assigned to them. This suggests that our educational programs for the retarded, both educable and trainable, have been in the past tied to the wrong objectives. They lose their jobs not because they cannot read but because people cannot put up with their social interaction characteristics. This suggests that we should be developing school curricula for both educables and trainables which give priority to developing acceptable social behavior patterns and work attitudes rather than academic skills, at least for their own sake.

5. In general, the teaching of specific work skills is less useful than the long-term development of good work attitudes. Most of the jobs which truly retarded people will fill are basically unskilled jobs. Their adequate performance is more dependent on responsibility, good habits of being on time, sticking to the task, not getting upset by minor interpersonal difficulties, staying out of trouble with the law and with the neighbors, than on specific job training. This points toward in-service training in the job situation, or in a simulated job situation, rather than long-term specific teaching of complex skills.

6. The ability of the adult retardate to remain in the community depends upon his social adjustment, his adaptation to job responsibility, and the kind and amount of supervision he requires, as well as on the attitudes of the community. His ability to remain in the community with maximum life satisfaction to himself depends not only on these things but also on the availability of life satisfactions to him. We have tended to argue by analogy that what is good for normal people is, in watered-down form, good for retarded people. There is considerable evidence to the contrary, in the excellent and happy institutional adjustment made by many individuals and attested to not only by observation within the institutional setting but also by parent report on visits at home - even when these same parents have initially, and for a long time, opposed institutional placement and have accepted it only when they came to feel that happiness within the home and community was an impossible goal. Retardates themselves have often expressed the feeling of "belonging" in an institutional setting and have shown satisfaction in the companionship of people like themselves. Many of the community facilities we have been busy trying to develop are at best a limited, imperfect form of a good institutional program, which is essentially a "miniature world" in which the retarded individual can adapt and find satisfactions which are lacking to him in the normal world. If we accept the premises that lower ability retardates (i.e., the majority of trainables, all the sub-trainables, and a considerable proportion of the low educables): (1) cannot "manage their lives with ordinary prudence"; (2) cannot enjoy ordinary social interaction in the normal world; (3) cannot take responsibility for financial aspects of their

lives; (4) cannot compete with satisfaction to themselves in any area of normal living, and (5) require considerable protection by family or family substitutes, then it follows that society as a whole has some choices available. It may choose between offering the protection, security, cushioning of existence to this group of retardates either through protected community facilities or through institutional facilities. When the argument is advanced that provision of day care facilities reduces the cost to society of caring for the retarded, we should also consider the hidden costs to society inherent in the family sacrifices to protect the retardate and provide for his total needs beyond the "employment hours" of nine to five which may be met by some community provisions. We believe we cannot afford to neglect the loss to society of social participation by parents who, emotionally and practically, may be tied to the retardate, or by other family members who may be, to some degree, emotionally and productively crippled by the interlocking, essentially neurotic relationships which have constituted their "cultural inheritance" within their families. One of the factors in the adjustment of any brain-damaged individuals of defective intelligence, both at educable and trainable ability levels, is inability to adapt to change. The institutional setting offers far more possibility of improving total adjustment through lessening the demands for such adaptation on the individual than community programs can possibly offer. we should give these factors considerable thought in decision-making,

7, We have, professionally, in recent years, tended to focus attention on the retardate as an individual to the exclusion of viewing his family as having anything to do but provide for his needs. When we do view him as part of a family unit, it is currently popular to say that this family unit should be protected through the extension of helpful societal resources, We believe that this point of view can stand very little close scrutiny without falling apart. We must look not only at the retardate but at the family unit itself. We must be more skillful at diagnosing and dealing with varying degrees of family strength. We must be willing to be realistic enough to admit that families differ in strengths - intellectual, emotional, adaptive; that families differ in problems - economic, financial, other life satisfactions available, other demands in terms of other children, numbers, adjustments, problems, neighborhood assets or detriments, supports or lacks of supports, health problems, marital adjustment problems. For many families, the continued presence of a retarded child who presents difficulties spells the difference between marginal failure and marginal success, between being an asset or a liability to society, We need to weigh pretty carefully whether keeping a retarded individual in such a setting justifies the total cost to society of supporting the entire family unit. We talk of supportive services in terms of counseling, therapy, and the like...but we believe we need to recognize that supportive services should be used to support only what is genuinely constructive and useful both to the family and to society as a whole. Many families would not need extensive supportive services if their retarded child were not living in the home. Many times these supportive services cannot provide the needed support anyhow. We need to balance the gains against the costs, in terms of numbers, societal contributions, loss of living satisfactions to parents and other family members, as well as in economic terms. We do not think that we, as a total group, are doing this balancing job adequately or wisely at the present time.

8. We have heard quite a bit about the "bleached" personality of the institutionalized retardate. We think the value of this concept is limited and may often be genuinely negative. Again, we think we must direct our thinking and planning at the kind and level of adjustment possible for retarded individuals. A "bleached" personality may reflect inadequacy of institutional program, rather than inadequacy of the concept of institutional living. Part of the "bleached" personality which has been attributed to institutional living may very well be part of the inherent defect of limited intelligence. Many of the proponents of small community-based group-living programs would have a hard time distinguishing such programs from good institutional programs, were it not for the numbers involved.

We should direct some of our energies toward the improvement of institutional services rather than toward destruction of such services. We should also find time to consider whether a contented person is not a better credit to society's provisions than a frustrated, unhappy, and often behaviorally difficult individual being maintained in "open society" where genuine sources of life satisfaction are lacking for him by the nature of his defect and his inability to adapt and compete. We are dealing here with an inherent defect of varying degree, but of genuineness, which can not be compensated for by any provisions of society; it can only be adapted to.

9. Society has the right to make some decisions as to the methods it will use to care for its dependent members. It certainly has the right, and the obligation, to prevent dependency in its members as far as possible. It has the obligation also to recognize that self-support is not the only measure of adequacy, and that the capacity to live a satisfying life is as important as the capacity to make a living. A job, whether competitive or subsidized, may constitute only exploitation unless it permits the individual to enjoy some kinds of self-fulfilling activities in the two-thirds of his life not spent on the job. We suggest that one of the factors which interferes with clear thinking on the part of society's professional representatives in this area is misguided sympathy with the misfortune of the parents of retarded children, which feeds into circular mismanagement of the total problem through "weaseling" methods of coming to grips with its interpretation and with action. Granted that to have a mentally retarded child is an unfortunate event, it is not the only unfortunate event that can and does happen to people, and action stemming from sympathy only is likely to be limited in value and not necessarily wise in judgment. We submit that parents need, first of all, information. They need this to be presented sympathetically but factually and honestly. They need it to be personalized for their own child and their own situation, but in the framework of broad professional knowledge and experience with the total problem of retardation. They need practical kinds of help with behavior management, understanding, acceptance, fostering growth in independence and self-sufficiency, avoidance of secondary emotional and dependency problems of the retarded child, avoidance of circular dependency situations, avoidance of intra-family problems related to unequal distribution of parental attention and reward. They need informational steering toward sources of help—not only counseling and supportive kinds of help, but planning help, knowledge of resources, and help in selecting those resources appropriate to their needs and situation. We submit that we have often short-changed parents through trying to counsel them in accordance with what we think they want to hear, rather than what we know to be true. We have been fearful of putting our professional knowledge to the test of individual application,

SOME PROBABLE AREAS OF CONFLICT AMONG PROFESSIONALS AND/OR LAYMEN

1. The place of academic learning in curricula for the retarded. How important is ability to read if this is on a rote basis and not matched by comprehension? What proportion of school time is properly devoted to reading instruction for children who (a) cannot make meaningful use of reading even if they acquired some minimal rote skill or (b) acquire minimal rote skill at a high price of frustration, failure experiences, and personality damage?
2. The value of state guardianship as a protective legal provision for the retarded. Some people think this plan is a violation of individual rights and that all services should be on a voluntary basis. Some people think that a voluntary basis fails to take into account the changeability of parental thinking (i.e., parents who sought institutional care forget the problems they had and decide they want the child home again) and the consequent difficulties of arranging for consistent experiences for the child, and that it may fail to take into account situations of adult retardates who need legal protection but are not likely to seek it voluntarily.
3. The relative balance desirable between community provisions and institutional provisions. For which retardates, at which times, is institutional living preferable? What criteria are useful in making these decisions?
4. The role of psychotherapy with the retarded. To what extent, for which retardates, is psychotherapy helpful in modifying emotional and behavioral patterns?
5. The reasonable financial basis for support of programs for the retarded—proper balancing of local, state, charitable and family support.
6. The amount of responsibility public schools should take for trainable children.