SUMMARY of ENCOR Programs

HISTORICAL PERSPECTIVE
CHARLES GALLOWAY

DEVELOPMENT OF COMMUNITY SERVICES IN NEBRASKA

Parents of mentally retarded citizens in the State of Nebraska have been responsible for initiating the development of an innovative new service system. In the late 60's, parents lobbied for state legislation which would improve the lives of retarded citizens. Education for children classified as trainable mentally retarded was made mandatory. Anti-steri1ization laws were passed. Antiquated, dehumanizing terminology was struck from state statutes. Town hall meetings across the state were held, and citizen awareness and concern for the status of retarded persons was aroused. In 1968, many parents of mentally retarded citizens, as members of the Nebraska Association for Retarded Children, requested a study of the state's institution for the mentally retarded. Members of Nebraska Citizens' Study Committee, appointed by a governor concerned with the rights and needs of retarded citizens, went to work. After investigating the state's services for mentally retarded persons, the committee concluded that the problems of the state home could only be alleviated by a radically new approach to service delivery.

These committee members, infused with the spirit of the human dignity movement, the developmental model, and the normalization principle, altered the state's approach to its retarded citizens. Parents and professionals joined forces to write a plan for a system of community-based services which would meet the needs of all retarded persons within the framework of the normalization concept (Report of the Nebraska Citizens' Committee, 1968).

The overcrowded conditions existing in the state's institution for the mentally retarded drew much of the committee's attention. They suggested that it would not be possible to reduce the size of the institution's population without developing an alternative inservice delivery. Included in the Citizens' report was an outline of a community-based system of service delivery. This outline included service components such as "maintenance of life", "infant nursery", "child development services", "pre-vocational services", "habit shaping services", "structured correctional services", "training hostels", "minimum supervision residences", and "crisis assistance residences". Thus, Nebraskans interested in services for the mentally retarded began to think of new systems for mental retardation service delivery. The Citizens' Study Report came to be regarded as a planning guideline for the development of community services.

In 1968, the Nebraska Unicameral passed a piece of legislation (LB 855) which established six regions in the state of Nebraska responsible for creating a "pattern of facilities, programs and services" designed to "meet the needs of each mentally retarded person so that a mentally retarded person may have access to facilities, programs and services best suited to them" throughout their lives. LB 855 also created an office of mental retardation at the state level to assist in the "establishment and operation of community-based services, to provide consultative services throughout the state for mentally retarded persons and their families, and to provide for a continued assessment of current facilities, programs and services and future needs". The Office of Mental Retardation was invested with the responsibility to provide a comprehensive and integrated state-wide plan for facilities, programs, and services for mentally retarded persons.

State Plan

Each of the six regions in the state, functioning with funds and direction provided from local sources, has developed community services which fall under the general service umbrellas indicated in the 1968 Governor's Citizens Report. A state-wide comprehensive plan, however, has not yet been forthcoming from the Office of Mental Retardation. In a cooperative spirit, the six regions began gathering data for such a plan in the fall of 1973. Under new administration, the state's Office of Mental Retardation indicated early in 1974 that a state-wide comprehensive plan would be completed by August of this year.

It is, of course, unfortunate that long-range planning was not initiated earlier by the Office of Mental Retardation. However, it is important to note that the regional programs have followed the guidelines set forth in the Nebraska Citizens' Report and have and will be encouraged to continue to contribute in the formulation of a new, comprehensive state plan. The data compiled in the preparation of this proposal has been forwarded to the State Office of Mental Retardation. In preparing a state-wide comprehensive plan for mental retardation services, the Office of Mental Retardation has begun compiling data on mentally retarded citizens now outside regional systems of service delivery — citizens residing in institutions, in nursing homes, citizens residing with their families while waiting for openings in regional programs, and citizens presently participating in other service systems who may be likely to need regional support in the future.

Status of Services State-Wide

Presently over 2,400 mentally retarded citizens of Nebraska are receiving community services through a mental retardation regional program. Patterns of service development have been similar from one region to another. Services tend first to be developed for the largest population in need, in most cases the less handicapped citizens; in rural areas of the state where regional programs were more recently initiated, fewer citizens with multiple handicaps are served. However, even in the newer programs, when it has been possible to serve the more severely impaired citizen in existing services, every attempt has been made to do so (see following three pages: Age Group Served, By Degree of Retardation. Region VI, ENCOR, is the oldest and largest service delivery system in the state, serving an area whose population comprises 35% of the state's total population. More specialized services for severely/profoundly retarded have been developed in Region VI as well as in Regions IV and V. In November of 1971, ENCOR began a program for severely/profoundly retarded youth with serious behavior problems. This program served those young people whose behaviors were so disruptive that they could not participate in other educational or residential programs, and prepared them for inclusion in more "normative" settings. In August of 1972, a program for severely/profoundly retarded children with multiple physical and medical handicaps was instituted in Omaha. This developmental and residential program operates in a supportive medical environment. This program also was designed to minimize those problems which prevented the children from participating in other more mainstream, normative programs, preparing them for participating in other services. Late in 1973, a service for severely/profoundly retarded youngsters was initiated in Wayne, Nebraska, Region IV. ENCOR's models (Developmental Maximation Unit and Behavior Shaping

NEBRASKA MENTAL RETARDATION REGIONAL SERVICES SYSTEMS

AGE GROUP BY DEGREE OF RETARDATION
ACTIVE CLIENTS & INTAKE
Direct and Indirect Services*

Region	Degree of Retardation	0-4	5-11	12-18	19-59	60+	Unknown	Total
I	Borderline	5	2	4	6			17
	Mild	2	2	3	18			25
	Moderate	4	3	5	15		1	28
	Severe	1	6	2	12			21
	Profound	1	3		1			5
	Unknown	1		1	4			6
	None	1	1		1			3
	Blank	4	3		4		1	12
	Total	19	20	15	61		2	117
II	Borderline	12	1	3	23	1		40
	Mild	8	1	5	31	1		46
	Moderate	1	1	7	24		1	34
	Severe	2		2	4		1	9
	Profound				1			1
	Unknown	5		2	3			10
	None				1			1
	Blank	2			4		1	7
	Total	30	3	19	91	2	3	148
III	Borderline	4	1	5	39			49
	Mild	1		6	61		2	70
	Moderate	7	3	15	75	2		102
	Severe	3	5	2	34		1	45
	Profound	9		2	7			18
	Unknown	21	3		19		1	44
	None				1			1
	Blank	7	3		10			20
	Total	52	15	30	246	2	4	349
IV	Borderline			4	22			26
	Mild	4		10	49	1		64
	Moderate	2	8	10	41	1		62
	Severe	2	6	6	9			23
	Profound							
	Unknown	4		2	3			9
	None				3			3
	Blank			1	1			2
	Total	12	14	33	128	2		189
V	Borderline	5	3	4	43	1	1	57
	Mild	6	9	6	91	3	1	116
	Moderate	8	28	26	64			126
	Severe	4	16	5	10	2		37
	Profound		7		4			11
	Unknown	5		1	3			9
	None							
	Blank	3	2		2			7
	Total	31	65	42	217	6	2	363

*For an explanation of "direct" and "indirect" services, see page 25 of this proposal.

Region	Degree of Retardation	0-4	5-11	12-18	19-59	60+	Unknown	Total
VI	Borderline	15	49	29	59		3	155
(ENCOR)	Mild	33	128	96	100	2	6	365
	Moderate	50	103	99	59	2	2	315
	Severe	21	47	23	21		2	114
	Profound	2	7	2				11
	Unknown	9	18	31	90	1	2	151
	None							
	Blank	1	2	6	7			16
	Total	131	354	286	336	5	15	1127

STATE TOTAL	Degree of Retardation	0-4	5-11	12-18	19-59	60+	Unknown	Total
	Borderline	41	56	49	192	2	4	344
	Mild	54	140	126	350	7	9	686
	Moderate	72	146	162	278	5	4	667
	Severe	33	80	40	90	2	4	249
	Profound	12	17	4	13			46
	Unknown	45	21	37	122	1	3	229
	None	1	1		6			8
	Blank	17	10	7	28		2	64
	STATE TOTAL	275	471	425	1079	17	26	2293

STATE OFFICE OF MENTAL RETARDATION

ACTIVE CLIENTS AND ADMISSIONS, July, August, September

Region & City	TYPE OF SERVICE								
	Developmental		Residential		Social Services Only		Unduplicated Total*		
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Both
I:									
Scottsbluff		39		16		3		42	42
Gering	28(8)				1		29(8)		29(8)
Sidney	1	18(2)	2		9	2	11	20(2)	31(2)
Hay Springs		12(2)		5(2)				12(2)	15(2)
Subtotal	29	72	2	21	10	5	40	77	117(12)
II:									
McCook	11(2)	38(7)	3(2)	13(4)		7(1)	11(2)	45(8)	56(10)
North Platte	12(6)	28		14		5	12(6)	37	49(6)
Ogallala	6(1)	15(2)				1	6(1)	16(2)	22(3)
Cozad		13(3)		3(2)		2		15(3)	15(3)
Elwood	6(6)						6(6)		6(6)
Subtotal	25	94	3	30		15	35	113	148(28)
III:									
Grand Island	14(5)	51(3)		34(3)		3	14(5)	56(3)	70(8)
Kearney	20(8)	40(2)		29(2)		4	20(8)	45(2)	65(10)
Broken Bow	13(3)	46(2)		26(2)		5	13(3)	53(3)	66(6)
Hastings	23(3)	52(1)		20(1)			23(3)	52(1)	75(4)
Oxford		32		27		1		34	34
Superior		24(3)		8(3)				24(3)	24(3)
Burwell		12(1)		12(1)				14(1)	14(1)
Subtotal	70	257		157		13	70	278	248(32)
IV:									
Norfolk	18(3)	39(6)	3	18(4)	1	14	19(3)	56(6)	75(9)
Columbus	11(2)	35(2)	3(1)	24(2)	2	3	13(2)	43(3)	56(5)
So. Sioux		36(5)		9(3)		2		38(5)	38(5)
Valentine		13(1)						13(1)	13(1)
O'Neill	1(1)	4(4)	1(1)				1(1)	4(4)	5(5)
Bloomfield		2(2)						2(2)	2(2)
Subtotal	30	129	7	51	3	19	33	156	189(27)
V:									
Lincoln	64	54	29	34	16	40	103	114	217
Beatrice		47(4)				23(1)		70(5)	70(5)
Wahoo	16		4			12	17		17
Ashland		26		17				42	42
Nebr. City		14		1				15	15
Subtotal	80	141	33	52	16	75	120	241	361(5)
VI:									
Omaha	170(1)	143(12)	33(1)	50(3)	489(15)	149(7)	664(17)	325(21)	989(38)
Bellevue	25(2)	30(1)		2	3	9	28(2)	39(1)	67(3)
Fremont	13(1)	39(4)	1	12(2)	2	7	15(1)	46(4)	61(5)
									8 Cris
Subtotal	208	212	34	64	494	165	707	410	1125(46)
TOTAL	452	905	79	375	523	292	1005	1275	2288(150)

*A client may be recorded in both Dev. or Res. Services and just once if receiving only social services. Totals equal all clients receiving any social services.

**Parenthesis indicate that portion of total who entered OMR programs during current report period.

Unit) for serving this target population provided Region IV with the direction necessary for their development of similar services. ENCOR provided consultation during the planning stages of the Region IV program, through ENCOR's Program Development and Training service. The staff members in Region IV received training in Behavior Management and Precision Teaching.

All services provided through Nebraska's six regional mental retardation offices are designed to serve mentally retarded citizens who cannot be readily absorbed in existing community service systems. Essential to the operating philosophy of each regional program is the commitment to allow mentally retarded citizens to function in the mainstream of society. If a mentally retarded citizen is not yet capable of functioning without the support of special mental retardation services, then and only then, does the region provide support and service. Likewise, after having received the services, when a child or adult no longer needs special support and assistance, the region must facilitate that individual's entry into existing structures within the community.

At the local level, comprehensive planning for all human services is underway. Recently, Douglas County (in which Omaha is located) created an Office of Human Services to administratively coordinate mental retardation services, mental health services, youth services, corrections, aging, drugs and alcoholism programs. It is anticipated that human services will be regionalized within the same geographical boundaries as those encompassing ENCOR within the near future. Such cooperative in-house planning efforts should eliminate any occurrence of persons not "qualifying" for service by any one agency or another. Placing the responsibility for the provision of all Human Service programs within <u>one</u> office will insure that both planning and service delivery meet the needs of citizens.

Many times, a conclusive diagnosis as to whether a severely impaired child's problems stem from mental retardation or mental illness cannot be offered. Traditionally, these severely impaired children have sometimes been shuffled between mental retardation and mental health programs. The coordination of all public human resource services within Douglas County will eliminate such confusion. The responsibility to insure that service is provided will rest in a <u>single</u> office.

The director of the new Office of Human Services served as ENCOR's Executive Director from this agency's inception through March 1, 1974. It is anticipated that ENCOR's philosophies for human services and administrative design for service delivery will extend to the Office of Human Services in its development of a more generic service system.

<u>DEVELOPMENT OF SERVICES AT THE LOCAL LEVEL</u>

In late 1967, while plans for mental retardation service development were being made at the state level, members of the Greater Omaha Association for Retarded Children approached their Douglas County commissioners, requesting a small budget that would enable them to write a plan for services for the mentally retarded citizens of Douglas County. Upon completion of this document (Menolascino, Clark, and Wolfensberger, 1968), they returned the unused portion of their budget to the county and requested funding for pilot programs which would make their plan a reality. The commissioners responded. The

Greater Omaha Association for Retarded Children established and operated a nucleus of model programs for 18 months. Then, they turned programs over to professionals and plunged into a new and powerful advocacy role. Today, the local ARC functions to monitor services provided to retarded citizens, assuring that rights are upheld and facilitating the development of sound programs and positive community attitudes.

ENCOR

From the plans and efforts of involved and concerned parents, the Eastern Nebraska Community Office of Retardation (ENCOR) was incorporated in July of 1970 as a joint venture among five counties in eastern Nebraska. The purpose of this cooperative agreement was to provide a comprehensive continuum of services at the local level so that no retarded person should ever have to leave the ENCOR region to receive the services he needs. The ENCOR area, although it is the smallest of six state regions in geo-political size, contains over one-third (approximately 520,000) of the state's population and almost one-half of the state's children. Although small in size, the distribution of population within this area still presents a relatively great and varied geo-demographic hardship in service delivery with over two-thirds of the region's population in one metropolitan area, Omaha (population: 1203.2/per square mile). The remainder of the region is relatively sparsely populated, with most citizens residing in rural areas (population 32/per square mile in one county) or within three other smaller cities in the region.

The agreement under which ENCOR was created emphasizes the intention of the five counties to create a regional administration to provide services which are not or cannot be provided by other agencies or organizations for their mentally retarded citizens. ENCOR was created, therefore, not as a public entity, but as an agency designated to "fill in the gaps" between existing services. The administrative structure is county government with one representative from each of the five counties comprising the Governing Board which maintains complete authority on all ENCOR transactions.

ENCOR currently serves approximately one thousand individuals of all ages. Each of these individuals is served through one (or more) of the following major divisions: Developmental and Vocational Services, Residential Services, Family Resource Services and Regional Administrative Services. It is important to note that all of the initial and ongoing planning activities and service efforts that underlie ENCOR came through the combined efforts of parent and professional involvement and have been accomplished since July 1, 1970. In its short existence, ENCOR has gained wide support from citizens, the parents of retarded people, and local and state public officials.

PHILOSOPHY AND SYSTEM DESIGN

The philosophical base of the agency's work is the principle of normalization, which requires the "utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (Wolfensberger, 1972, p.28).

Four corollaries of the normalization principle should control the design of a community service system (Dybwad, 1969; Wolfensberger, 1972).

1. Programs for retarded individuals should be dispersed throughout the larger community as much as possible. By dispersing services, individuals are assured better access to these and other services. And because retarded citizens live, attend school, and work throughout the communities, community exposure to and involvement with the mentally retarded citizen is increased. Through dispersal of services, the likelihood of congesting handicapped citizens in one area is reduced.

2. Services for retarded individuals should be specialized to meet unique configurations of individual needs. That is, "the curriculum, training program, activities and client experiences (should) be consistent with the needs of the clientele, the human management model, the staff manpower identity and mode of functioning of the specialized service (p. 23)". (Wolfensberger & Glenn, 1973-)

3. Services for retarded citizens should be integrated into comparable services for the non-retarded population to the greatest extent possible. Integration here includes social and physical factors with whatever support system is required to maintain the involvement and to guarantee continued development. In this country, there are heartening signs of movement toward the integration of normal and delayed children within early childhood education programs, such as Headstart.

4. The demand that a system plan for a continuity of service types speaks to both inter-agency and intra-agency functions. Inter-agency continuity refers to the link-up between different service systems to assure client movement from one to the other. Agency duplication of quality services, aside from being silly, represents an unnecessary drain on both manpower and fiscal resources. ENCOR places high value on coordinated efforts with available generic services in the community (public schools, YM/YWCA, normal preschools, private industry, welfare, etc.).

   Intra-agency continuity relates to the internal design of continua of service and support models that allow for effective training and efficient movement from one model to the next, more advanced, component in the sequence. Continuity in the realm of residential services, for example, is especially critical for both children and adults. ENCOR staff have never incorporated the term "halfway house" into their vocabulary. The continuum between an institutional ward and a normal home or independent living can be broken down into many more chunks (and labeled appropriately) depending on client age and degree of training and support needs.

Whether we're talking about inter- or intra-agency continuity, one restriction must be constantly emphasized: mental retardation service *systems* should never develop a cul de sac program beyond which no advance program type exists or is planned. We should never have planned the tragedy of a special education program which allows a delayed teenager to graduate into a life of boredom, dependency, and TV-watching.

Summary. The principle of normalization, along with the corollaries it implies, is a recent invention (see, Kugel and Wolfensberger, 1969; Wolf-

ensberger, 1972). By no means is the principle an exclusive property of mental retardation, as Wolfensberger (1972) clearly points out. It should dictate service system designs and programs for all areas of handicap and Deviancy." In the area of mental retardation services, the principle effectively assists us in the design of contexts of program operation. However, without innovation and skill at the program level, the normalization principle will wind up being a passing and empty promise, of historical interest alone.

DESCRIPTION OF EXISTING SERVICES

To accomplish the task of providing services for mentally retarded citizens of all ages and all needs, four Administrative divisions comprise the ENCOR system of services.

DEVELOPMENTAL AND VOCATIONAL SERVICES

The purpose of this Division is to facilitate personal developmental growth and movement to more normal educational and vocational environments for retarded individuals throughout the agency's five (5) county region. This goal is accomplished through provision of a network of education and training programs that incorporate means that are as culturally normative as possible.

The "network" of services under this division has been organized into functional program areas which are designed to accomplish different but interlocking purposes. Each program area has the potential (1) to encompass its own sub-continuum of programs, and (2) to expand or contract as client needs change or as generic community services are prepared to incorporate services currently provided by ENCOR. Each program area is described below in terms of its purpose and present capability.

Developmental Maximation Programs. The purpose of the Developmentr1 Maximation Programs is to move motor-handicapped individuals to more normative educational, vocational, and residential settings.

Within this program area, ENCOR operates the Developmental Maximation Unit which has the purpose of moving motor handicapped individuals from 0-12 years of age to more normal educational and/or residential settings. This unit was established in a wing of Douglas County Hospital in August of 1972 to serve youngsters whose severe or profound retardation is complicated by medical difficulties (e.g., uncontrolled seizures, chronic respiratory problems) and extreme motor challenges (e.g., cerebral palsy, dislocations) which render the children non-ambulatory. The services provided by the unit which are primarily residential will be described in more detail below, under "Residentia1 Services."

Children whose needs dictate that they remain in the Unit during the day are provided training activities designed to help them move to more normal educational day programs, such as ENCOR Developmental Centers, Meyer Children's Rehabilitation Institute (University of Nebraska), integrated regular preschool programs, or adolescent education programs. Activities during the day concentrate on large and small motor development, pre-language and speech development, eating and toileting control, social development, etc. Primarily for medical reasons, about half the Unit's 16 residential clients currently remain at the Unit for day training programs; the other students are transported to alternative day programs in the community.

Another operation under the Developmental Maximation Programs area is Motor Development Services, whose purpose is to move physically handicapped clients to more normalized service systems through provision of adaptive equipment and/or motor consultation services. These services may be provided, regardless of age, to (1) clients within the ENCOR region; (2) other Nebraska Office of Mental Retardation Regions; and, (3) Physicallyhandicapped persons in Nebraska who may or may not be retarded.

A locally unique service provided by this section is customizing wheelchairs with padded, wooden inserts and tables designed to provide the special trunk, arm, leg, and head support a motor-handicapped individual may require. The adaptive equipment is only part of a service package, however. Evaluation by a physical therapist prior to the design of the equipment is critical, as is subsequent re-evaluation and chair modification as the individual physically grows and develops motor control requiring masssupport.

This service package is available to any Nebraska resident who needs it and may be purchased through other agencies such as Services for Crippled Children, United Cerebral Palsy, Division of Rehabilitation Services, or donations, or by the families themselves. The availability of such services has greatly facilitated the success of teaching staff. An individual who is off his back and facing the world in an upright position is obviously much easier to teach. To date, this service has provided motor handicapped individuals with "positioning chairs." A waiting list of persons currentlyexists.

The staff of Motor Development Service presently include a supervising physical therapist, two training motor development specialists, and a full-time Amish carpenter. This small group is often called on to give advice to ENCOR's teaching/training staff who are working with approximately 400 children and adult clients. The advice sought may range from questions on gait improvement to ambulation techniques to thumb-forefinger grasp development. Because all of our staff share a common descriptive and data language (Precision Teaching), the effectiveness of the advice given can be easily monitoredbyeveryoneinvolved.

Coordinated Early Education Programs (CEEP). The purpose of these programs is to graduate students 0-6 years to more normative private and public educational settings through provision of early education services located in regular community education programs and/or home-based programs.

In March of 1973, we made our first systematic attempt to integrate delayed preschoolers" into generic public and private preschools and quality day care centers. We wanted to provide more normalizing alternatives than ENCOR-operated developmental centers which were (and are) designed to serve onlydevelopmentally handicappedyoungsters.

Through CEEP, developmentally delayed children are placed in early education programs with their more normal peers, together with a "resource/consulting"teacher, who is on hand to assist the regular classroom teacher in working with the delayed child, to monitor his progress, and to plan learning experiences for him in the preschool program.

The project to date involves six preschool programs, where 40 children and eight staff have been placed. A number of other centers have expressed a

desire to be involved and plans are being implemented to expand the program. Both private and federally funded child care facilities will be participating in the project.

Children selected for placement in the early education program are compared with non-delayed children in the preschool peer group through the use of precision teaching techniques. Behavior of the child in such areas as eating, toileting, motor and vocal imitation, following directions, and matching shapes is observed, counted, and charted. These data are then compared with the same information on children of similar chronological and developmental areas in the preschool. The delayed child's readiness for a program can thus be evaluated, as well as his strong areas and those where supplemental instruction may be needed.

The data-based evaluation process is also used in the preschool itself. Such standpoints as use of words versus sounds or non-words, initiation of activity, and interactions with staff and other children are recorded. Staff behaviors toward the delayed child are also monitored, as are those of the non-delayed children. Frequency aims are set to fall within a range exhibited by the normal children in the group. An aim reached indicates that successful integration of the delayed child has been achieved in that area.

Another unique aspect of the program is the "teaching team" whose core members are the child's parents, the preschool teacher, and the resource/consulting teacher. Other participants may be the ENCOR counselor, speech therapist, psychologist, or other persons involved with the child. The purpose of the "team" approach is to bring together all the input from these persons in order to evaluate the child's past performance, to assess developmental priorities, and to plan programs which will facilitate growth in the areas of need, in both the home and school environment.

The project thus far has been successful, from both ENCOR's standpoint and that of the participating preschools. Many aspects of the program are, of course, still being assessed and refined. However, the value of placing delayed children in an environment where they have appropriate peer models and higher performance expectations from staff is apparent to everyone concerned with developing the maximum potential of all children.

A major factor in the remarkedly fast expansion and development of this effort has been the award of a grant under BEH's Handicapped Children's Early Education Program (Project No. H324072). This grant has allowed us to expand the number of children served and has provided us with technical resources (e.g., video equipment) and advice (through TADS) that would not have been available otherwise. Although we are only half-way through our first year on the project, we are confident that delayed preschooler here and nationally will benefit through BEH's assistance to the CEEP experiment.

DEVELOPMENTAL CENTER PROGRAMS. The purpose of this program area is to graduate students to more normal private and public educational settings through provision of comparable developmental day programs. Each center serves students under 12 years within its own geographical area.

ENCOR presently operates six developmental centers, four in the Omaha area (Douglas County), on in Fremont (a rural community located about 35 miles northeast of Omaha), and on in Bellevue (about 13 miles to the south of Omaha and the home of Offutt Air Force Base and SAC).

At this time, the Developmental Centers provide direct education programs for approximately 100 students. This number represents about two-thirds the number served in the centers a year ago. The decrease in enrollment is due primarily to three factors: 1) the availability of the ENCOR-sponsored integrated preschool programs (CEEP), described above; 2) the creation of a separate adolescent education program, described below (a year ago, the centers enrolled severely handicapped youngsters up to age 16 years); and 3) the successful movement of youngsters to public schools (37 placements between September, 1973 and January, 1974).

These moves have allowed the centers to specialize more closely on school age children between 6 and 12 years who are handicapped to the extent that public schools are not prepared to serve them with existing special education programs. Preschool age children may be served in developmental centers if integrated preschool openings are not available or if such programs do not meet the needs of the particular child. Presently, about *35%* of the enrollment represents preschool age children whose severity of motor or behavioral problems require training in a segregated Developmental Center.

RELATED VOCATIONAL TRAINING PROGRAMS. The purpose of this program area is to move individuals to more normative vocational training through an array of supportive educational services.

When training services deal with severely handicapped adolescents and adults, the emphasis must shift toward a work preparation orientation. This orientation is essential for two basic reasons: l) our general culture connotes employment with human value, and retarded citizens should receive as dignified a perception as other citizens who at least partially "earn their own way"; and, 2) a work-oriented day training program is age-appropriate-even if the skills being developed are fairly remote tool-skills.

Age-appropriateness is a critical feature of service systems design. For example, until recently severely retarded adolescents shared facilities (Developmental Centers) with delayed toddlers and pre-teens. Irrespective of the fact that the "developmental ages" may have been similar, the perception of the adolescent by the staff, parents, and visitors was diminished due to juxtaposition with the children and their toys, child-size equipment, and child-oriented curriculum materials. On the other hand, to have planned to serve the adolescents in our vocational "workshops" would run the risk of diminishing the perception of the adults being trained there already. Consequently, a plan was derived in collaboration with a parent task force of the Greater Omaha Association for Retarded Citizens to create an Adolescent Education Program which has the purpose of moving adolescents (12-18 years of age) to more normative educational or vocational settings through provision of day programs.

The adolescent program started in the fall of 1973 and now serves 31 youngsters at sites in Omaha and Fremont. All of these students are classfied as severely or profoundly retarded and six are non-ambulatory. The main program goals of the adolescent program center on language (with a newly implemented "Simultaneous Language" training effort in which both vocal and gestural symbolic expression is available to non-verbal students), motor development, group interaction, self-care, pre-work tool skills, and community access experiences. Given development in these areas, the severely delayed youngsters will be prepared to enter public school programs, generic vocational training (e.g. Goodwill Industries), or ENCOR Industrial Training Programs when they reach the age of 18 years.

A sizeable number of the adults who return to the community from the state institution are lacking many of the same skills needed by the adolescents. That is, the skills they are missing (self-care, communication, motor coordination, etc.) preclude their full-time participation in work training to any meaningful degree. Supplemental training which leads to full-time participation in work training is provided 61 staff in related vocational training programs. This training can take place during the day either at the Industrial Training Center or away from the center for community access training, public transportation use, etc. Evening classes are also made available to clients who may require skill upgrading for job advancement or further success on current training assignments.

In general, then, the goals of the related vocational staff focus on those client objectives which relate to development of job proficiency, either during training or during placement in integrated employment situations.

INDUSTRIAL TRAINING PROGRAMS. The purpose of these programs is to move clients (16 years to retirement age) to integrated employment situations or to more generic vocational training through the provision of comparable job training programs. Programs are dispersed to serve designated geographic areas.

ENCOR operates five Industrial Training Programs within the region: three in Omaha, one in Bellevue, and one in Fremont. These centers serve a total of adult clients.

The adjective "industrial" was recently adopted because it better describes the fact that work training, even for profoundly retarded persons, revolves around production generated by way of local industry. This "real work" training provides both a meaningful outcome of labor and monetary income for the client, contingent upon production competency. During calendar year 1973, contract income to the training programs amounted to a bit over $112,000, of which *92%* went to client payroll.

One person in each training program is designated as a "job sponsor." The role of this person is to coordinate client transition to integrated employment through evaluation and planning. The job sponsor also recommends clients for openings that develop in work stations (see below) and competitive employment. The job sponsor sees to it that no client is retained in a segregated training situation any longer than is necessary.

INTEGRATED EMPLOYMENT PROGRAMS. This service area serves the purpose of moving clients to employment self-sufficiency through provision of supervised integrated job training and placement services. Two component programs aid in the transition to complete employment self-sufficiency.

One of the more innovative components of ENCOR is the Work Station in Industry Program, which has the purpose of moving clients to competitive employment through a group work-training experience in an integrated employment setting. In these settings, vocational training occurs in the midst of an actual community industry or business. Under the supervision of a staff member, a crew of trainees completes sub-contract work for the industry or business in which the work station is located.

Work stations in industry can be operated at little cost to the service system. There is no need to pay rent, purchase equipment, or employ all the supportive staff which are necessary in Industrial Training Programs. Such an arrangement

also profits industry by eliminating the necessity for transporting sub-contract and short-term jobs outside their own shops. The integration of retarded and non-retarded citizens facilitated by the work station in industry is a most important feature of this type of vocational training. The retarded worker is able to model other workers and is afforded the dignity of training and working as part of the community work force. As retarded and non-retarded workers clock in, work, drink coffee, eat lunch, and produce together, normalization is readily witnessed.

Five work stations are presently operating in the region. These stations are located in Lozier Industries (a large metal shelf assembly plant), Holiday Inn, Geisler Pet Products, Keep Omaha Beautiful, Inc. (a recycling plant), and the Blackstone Hotel. These work stations serve 35 clients. Other work stations have come and gone due to unrelated economic difficulties suffered by particular businesses.

Even if a client needs to remain in a work station for a fairly long period of time, we consider this training type far superior to the more traditional "workshop." The advantages in terms of both integration factors and cost-benefit to the taxpayer are considerable.

The overall purpose of the Developmental and Vocational Service Division focuses on progressive client movement. The goals are dynamic rather than static. That is, we prefer that both clients and staff receive reinforcement for growth and not have to wait for achievement of some distant goal of "complete independence" before celebrating success. The concept of normalization speaks as much to process as it does to outcome.

But the final successful move for a client receiving training under the Developmental and Vocational Division is to employment self-sufficiency. The vehicle for this move is a Placement Program which has the purpose of providing integrated job opportunities and successful placements specific to the individual's abilities and personal characteristics.

The placement effort must involve two general tactics: 1) maximum use of more generic job-finding agencies (e.g., state employment office); and, 2) job location and development directly resulting from ENCOR staff initiative. Effort must also be expended to educate employment agency workers to perceive retarded people as "employable" in the common job market and not as objects of disregard.

During the period between 1968-1970, the Greater Omaha Association for Retarded Citizens started and operated the first vocational center. This center was incorporated into ENCOR upon its inception. From 1968 to this time (thus including both eras) 96 retarded adults have been permanently placed in competitive employment, of which 60 were previous residents of Nebraska's state institution. As might be expected, the early placements were for those clients with the least handicaps. (Consequently, the "average" client in direct vocational training has become progressively more retarded.) This "regression" phenomenon will continue to make the job placement effort more challenging. However, with the availability of more work stations, on-the-job training programs through NARC, along with greater understanding for our clients' potential and rights by labor and management, the challenge can continue to be met.

Finally, employment self-sufficiency does not necessarily imply total self-sufficiency. A retarded worker may still require some degree of service

inputs from ENCOR and other agencies in order to retain his place in the mainstream of community life.

PROGRAM DEVELOPMENT AND TRAINING. In August, 1973, this new section within ENCOR was created with the purpose of 1) developing client managers' skills in the areas of behavior analysis and precision teaching through provision of training experiences, and 2) providing supplemental media resources to the agency. Although administratively placed under the Developmental and Vocational Services Division, the work of this section is supportive of the entire agency, as well as available upon request to staff in the other regions of Nebraska. Requests for training workshops coming from other states receive a lower priority and are met when the priority demands allow.

The training goals of this section are focused on continually updating ENCOR staff skills in the areas of precision teaching and applied behavior analysis. Both applied behavior analysis and precision teaching are problem-solving, discovery tools and are consequently "content free." The staff of this section therefore need, in addition to a high degree of competency in these two areas, a working knowledge of general human development and various educational theories. But the highest level of skill development would be in the area of problem-solving tools represented best in education by the application of precision teaching and behavior analysis. The training roles are various and flexible. For example, the staff in this section provide training to ENCOR staff with respect to client management and development by holding workshops and class sequences in precision teaching and behavior analysis and by acting as consultants to teachers and trainers in the various areas of programming. They also act as back-up and follow-through on these consultations.

Precision Teaching. In 1965, O.R. Lindsley and his students at the University of Kansas began developing a system of data-based instruction that came to be called "Precision Teaching". Precision Teaching began to evolve after it was recognized that classroom teachers need to maintain direct and continuous measurement of their students' behavioral growth if individually-tailored education is to become anything more than a vacuous slogan. At least three basic prerequisites seemed to be important considerations: first, performance measurement techniques have to be offered to teachers in such a way that teachers can independently maintain the individualized measurements without having to rely on "trained observers" who are not natural inhabitants of the classroom ecology. Secondly, the format of the measurement system Should be standardized in order to maximize communication among teachers, parents, and resource personnel. Finally, the measurement of classroom performance should help to more involve dynamically the teacher and her children in flexible educational planning. Integrated measurement must facilitate the learning process and not serve solely as an historical record of success or failure. As a result, the performance measurement system must involve frequent monitoring of individual progress.

Behavior Analysis

Training in problem solving or applied behavior analysis involves teaching staff and parents how to analyze the functional interactions between behavior and its environment. Then, based on this observation and analysis, emphasis is placed on intervention, i.e., the re-arrangement, addition or removal of environmental variables to facilitate behavior change in the direction of predetermined goals.

By adapting the results of operant research to a more functional application, the problem solving skills in behavior analysis have enabled staff and parents to become more skillful and effective change agents in the classroom and home.

Since September, 1973, 48 individuals have attended precision teaching and behavior analysis classes held within the region: 33 were ENCOR employees, and 15 were parents. Within the same short period of time, 10 workshops (including follow-up) were presented to staff from other state regions and involved approximately 150 participants.

DISSEMINATION OF INFORMATION. An important function of this section is the development of media and materials to insure effective and efficient training within its purview, precision teaching and behavior analysis. A significant portion of this section's budget has been allocated to the acquisition of equipment for the development of mixed-media educational presentations and development of written materials that could be distributed within ENCOR and to other regions of the state.

Individual instruction involves a liberal time commitment on the part of training staff, supervisors and trainees. Many of the basic skills and tools of precision teaching and behavior analysis can be taught in much more efficient ways in respect to cost and time involved.

To provide for this acquisition of skills, Program Development and Training is preparing a sequence of auto-instructiona1 materials to teach basics in Precision Teaching and Behavior Analysis. These materials consist of a cassette tape, a series of slides and a workbook which are available in the form of self contained training packets. These packets may be utilized by traineees to acquire basic skills in Precision Teaching and Behavior Analysis, thus freeing up training staff and supervisor time for advanced training and application of these skills.

At this point in time five out of a series of eight training packets in Precision Teaching have been produced. The entire series of eight will be available to staff and parents by April, 1974. Initial data has been collected as to the effectiveness of this media program as an instructional model and all indications are as originally anticipated; the acquisition of skills in Precision Teaching by staff and parents has occured with a minimum of training staff and supervisor input.

MEDIA ASSISTANCE. Another service available to all ENCOR divisions is media assistance from Program Development and Training media staff. This involves assistance in the production of media materials such as video tapes, sound/slide materials and overhead transparencies. These materials are used by other ENCOR staff who are sharing their skills via workshops and training sessions. Since September of 1973, Program Development and Training has helped in the production of three other media projects and is presently involved in two additional productions.

Examples of assistance are: 1) Slides for physical therapists. This series was used in a state workshop in physical therapy for motor involved kids; 2) Production of slides showing client programs in action; 3) Production of overhead transparencies for training workshops in areas other than Precision Teaching or Behavior Analysis.

At present staff are assisting in the production of an automated slide/sound production of a brief overview of ENCOR services. Program Development and Training staff have received requests for three other productions which are scheduled for the latter part of this year.

PROGRAM DEVELOPMENT. Program Development for the transdivisional components of the ENCOR system involves several functions. Following a request for program development help in a particular training area, Program Development staff search the literature for applicable programs relevant to the need expressed. These staff members are skilled in the provision of appropriate modification of existing programs to meet local application needs. If the literature cannot provide the clues to help in the local problem-solving effort, the staff involve themselves in the development or fabrication of new training programs to fit the local need. Since September, Program Development and Training staff have been involved ***in*** approximately eight consultations concerning the development of client progress in ENCOR facilities.

RESIDENTIAL SERVICES. The purpose of the ENCOR Residential Services division is to provide an array of residential "types" within the community for mentally retarded individuals.

All attempts should be made to provide families with the support they need to keep their mentally retarded son or daughter living at home until he reaches an age when it is appropriate to live away from the natural home. When circumstances prevent a child from remaining with his natural family, the child has a right to live in a setting similar to that in which other persons his age live. An array of residential services have been designed to provide this opportunity. These residential types include small group residences in the community, special purpose residences, and semi-independent living arrangements for adults. The residential settings provided should be similar to other homes in the community.

Children ranging in age from three to 15 years may live in a children's group home with a houseparent couple. The surrogate family provided through this residence gives the six children an opportunity to experience family life as other children do, providing them with intimate contact and involvement with a small group of people. This family living experience is an important basis on which to begin developing skills in community living. A group home may be located in a house in the community, in a duplex, or perhaps in a modern apartment complex that has ready access to the community. During the day, children attend ENCOR developmental programs or public school programs. After school, they may play with other children in the residence or with other children in the neighborhood. Setting the table for the evening meal is a team effort. Dinner is a time for friendly family interaction around the table, but also provides an opportunity for helping children develop their self-help skills, and, of course, table manners! Clearing the table and assisting in washing the dishes may also be a part of the regular operation. Evening schedules vary according to the age of the residents. Teenagers who attend public school special education classes may have homework to complete after dinner. Younger children may engage in games and special learning projects with staff members. Some evenings the family might watch television, listen to records, or just go for a walk. On the weekends, some children visit their families. For the others, there is plenty of activity to keep them busy. In many homes, Saturday morning may be a time for putting the house in order. Children clean their rooms and help with the

vacuuming, dusting, window washing, and laundry. Even though it might at times be easier for the staff to handle the cleaning quickly and efficiently themselves, everyone's participation is sought. By helping in these routine procedures, children can learn about what goes into running a house, learn how to perform some of the tasks involved, and view themselves as an essential part of the family unit.

The purpose of the Behavior Shaping Unit is to move behaviorally handicapped individuals to more normative educational, vocational and residential settings through the provision of special assistance in the development of culturally normative behaviors. The individuals served (ages 10-19) are those typically relegated to "back wards" in state institutions for the mentally handicapped. These persons present a repertoire of bizarre and/or primative behaviors (such as head banging, ruminating, fecal smearing).

The Behavior Shaping Unit is located in a middle class residential area. The physical facility consists of a large three story brick house to which a one story brick wing has been attached.

The staff consists of a director, two teachers, six full-time teacher-assistants, two part-time teacher assistants, plus supportive staff (nutrition specialist and secretary). The teaching staff assumes responsibility not only for appropriate client programs, but also ensuring that activities of daily living are structured in as culturally normative a pattern as possible.

Upon first entering the Behavior Shaping Unit, individuals are observed for the purpose of pinpointing behavior problems and strengths. Once the problem behaviors have been pinpointed an observation of the frequency is established. This process enables the staff to design long-range behavioral objectives which have as their desired outcome the establishment of more culturally normative behavior patterns. This initial procedure requires between two to fourteen days.

The major educational program goals are to foster the acquisition of appropriate social skills. The subcomponents of socialization which receive primary emphasis are: self-care skills, language skills, motor skills and specific adaptive behaviors.

Residents served by this unit are "graduated" to more normalized residential alternatives such as their own home, group homes, developmental homes, or foster homes. The BSU staff provides a consultative service to assure successful transition to the new environment.

At the inception of the unit, all clients served had their educational needs fulfilled through attending day classes in an attached educational wing. This process was changed in September of 1973. Because of the adaptive progress of the youngsters, all the youngsters were enrolled in various developmental centers and vocational centers. At this time, all clients' day educational needs are fulfilled outside the unit itself. Infrequent openings in other residential settings have prevented the youngsters from leaving the residential setting of the unit, however.

CLIENT MOVEMENT FROM BSU

	Fiscal Year 71/72	Fiscal Year 72/73	Fiscal Year 73/74
Educational Moves.....	3	3	2
Residential Moves.....	1	6	2
Both.....	1	6	2

The Behavior Shaping staff also provide resource/consulting service. A consultative role is assumed by the staff through the provision of a service to other ENCOR programs encountering problems, with retarded clients who display maladaptive behaviors. The follow-up service provided clients moving to other residences is also considered a resource/consulting service.

The Developmental Maximation Unit, as discussed earlier in the section under Developmental and Vocational Services (see page 7), provides residential services to 18 multi-handicapped children. The children served are those typically found in pediatric intensive care units in general hospitals or infirmaries in institutions for the mentally retarded.

Children admitted to the unit are first given an intensive medical work-up by the facility's pediatrician as well as other medical consultants when appropriate. There are two purposes for the initial physical screening: (1) many youngsters returning from the institution have little or no reliable medical data provided; and, (2) in order to establish meaningful learning objectives, we must evaluate and intervene with the child's medical obstacles to growth and development. For example, a child who is seizuring continuously has little energy or time left over for educational or social activities. A child with a complete hip dislocation cannot be comfortably placed in an upright position so he/she may interact with the environment. A child with constant upper respiratory infections must spend a major portion of his time in isolation. These diagnostic services are provided to every child regardless of the degree of handicap or the prognoses from previous medical opinions derived elsewhere.

Because the unit is located on a ward of Douglas County Hospital, emergency medical attention is available *2k* hours a day. Bright paint and carpeting, patterned draperies, and chi1dren's furniture (not hospital beds) make the unit home-like and warm.

In order to support families of the mentally retarded in their endeavor to keep their families intact, crisis assistance is provided. The first component of this service is a Crisis Assistance Residence—a home in the community with houseparents and other staff that allows parents temporarily to place their mentally retarded son or daughter in a home setting from which he or she can continue educational or vocational activities during the day. During this short separation, the family might take a much needed vacation or attend to the problem or situation at hand—perhaps the birth of a new baby, illness or death of a parent, or an out-of-state wedding. An alternative to the crisis assistance residence is a Crisis Home in the community; the agency contracts with families who are willing to have a retarded child stay in their home on a short-term basis (from one day to a month). Because only one person is placed in a crisis home at a time, close contact with members of the

crisis home family is assured. With both types of crisis residence, maximum flexibility of this service can be provided.

There are several residential options made available to the mentally retarded adult. These models provide the adult with a continuum of residential alternatives which prepare him for and allow him increasing degrees of independence. Programs in adult group homes are designed to prepare the mentally retarded adult to live someday in more independent situations. By sharing the responsibilities of caring for many of his own needs and the operation of the household, the adult resident has the opportunity to learn new skills and develop close relationships with a small group of friends. During the day, the adults work in a vocational training program or competitively in the community.

An adult family living home is a residence in the community in which one to three mentally retarded adults live with a sponsoring family. These adults may be receiving training in a vocational services center or be competitively employed, but not yet ready to live independently and in need of some super— vision and assistance. In order to qualify as a placement site, a family's home must be located in an area that provides easy accessibility to the rest of the community and must be similar to other homes in the neighborhood. The house must allow each resident privacy and facilitate comfortable interaction among everyone living there. The attitudes displayed by the family who has opened its home to retarded persons must be constructive, respectful, and appropriate to the age of the mentally retarded persons. The family must believe in the growth potential of the retarded persons and be willing to help them increase their independence and control over their own lives.

A counselor may help an adult who needs minimal support in a residential placement to find a suitable (non-ENCOR) board and room home in which to live. The counselor considers, with regard to Normalization, the facility's setting, size, and accessibility to transportation systems. The attitudes of the persons managing this board and room facility are perhaps the most important criteria in determining its adequacy. These persons must accept mentally retarded citizens as valuable human beings, as persons capable of growth and development. They must treat retarded persons with respect and recognize their rights and capacity for self-direction. The counselor also "screens" board and room personnel with regard to their willingness to assist a retarded person living with them in bill paying, decision-making, or bus routes whenever necessary.

In American metropolitan areas (and increasingly in rural communities) many single persons and newly married couples live in apartments. Because this living situation is normative, several models for apartment living have been added to ENCOR's spectrum of residential alternatives for adults. Each of the models for apartment living can provide the retarded adult with varying degrees of supervision. Because apartment units are small, the approach to each client is highly individualized, and the "program" flexible. The staff persons in apartments are perceived as friends rather than "parent figures" and can therefore serve as developmental peer models.

The Co-Resident apartment can be located in any apartment building which is near a public transportation system. A co-resident apartment is shared by two or three retarded adults and a non-retarded peer. The roommate-staff person offers friendly guidance in seeing that the residents learn to pay the rent, shop for groceries, prepare meals, and pay utility bills. Apartment living

offers opportunity for learning beyond day to day "operational functions". The roommates may all discuss what "long-range" purchases they wish to make, such as, furniture, new bedspreads, a television or a stereo. Budgets can be drawn up and savings begun. In all these activities the staff associate offers as much assistance as is necessary, always with the thought of increasing the self-sufficiency of his roommates and diminishing their dependence upon his help.

A major role of the staff associate is to promote the socialization of his roommates. He is in a position to facilitate integration by inviting non-retarded friends to his apartment for dinner or a party. By engaging in social activities with many different persons, the client co-residents will have an opportunity to expand their "social horizons", make friends of their own, and thereby become better equipped to engage in social activities with no assistance.

When a retarded adult is able to care for himself, see to his own daily living needs, take care of his bills, and skillfully intercept the pleas of the door—to-door salesman, he is ready for a more independent living situation. Living in an apartment with friends, he may need assistance or advice only occasionally. Soon after his move to independence, his counselor visits him on a fairly regular basis, offering guidance in necessary areas. As the client gains self-confidence and requires less structure and guidance, his counselor, sensitive to his growth, will decrease his initiation of contact and make himself available to his retarded friend on an "on-call" basis.

Residential staff members and clients who have lived together remain friends, even after a client is living independently. Social activities are sometimes shared and birthdays or other special occasions may be spent together. Even after a move into an independent living situation, an ENCOR client may still call his counselor when he needs assistance or advice. If the retarded adult experiences no difficulties in living independently, all formal and legal ties to the ENCOR service system may be broken. This is the proper culmination in the normalization process.

CURRENT RESIDENTIAL STATISTICS

This division recently divided the ENCOR region into five geographical areas with a department supervisor in charge of each area. Currently, 122 children and adults live in ENCOR residences.

Residential Services

Dodge Washington	Cass Sarpy	Northeast Omaha	South Omaha	Central Northwest Omaha
3 apartments 1 children's group home 3 adult group	1 children's group home	1 adolescent group home 2 adult group homes 4 apartments	1 adult group home Crisis Assistance Unit DMU 4 apartments	1 children's group home 1 adult group home BSU 7 apartments

FUTURE RESIDENTIAL PLANS

Within each of the five geographical areas, ENCOR would like to provide one

adult men's group home, one adult women's group home and one children's group home. Each geographical area will also have semi-independent residential units (apartments with staff members, co-resident apartments, counseled apartments, community board and room homes), apartment models for children, and crisis services.

FAMILY RESOURCE SERVICES. The purpose of the Family Resource Services Division is to provide professional services directly to ENCOR clients and their families and to provide consultative support to ENCOR staff in Developmental, Vocational and Residential programs. The services provided through the Family Resource Services Division include intake, counseling, psychological and medical services, speech and physical therapy, transportation, recreation and records. Direct service programs do not employ their own teams of specialists, thus allowing ENCOR a most cost-efficient use of professional services. Consolidation of these services into one administrative division has the added advantage of allowing professionals and para-professionals in the same field to share ideas and experiences and to collaborate in innovative program development. All Family Resource Service staff members are assigned to Family Service Offices dispersed throughout the region. The staff members use their assigned office as a base of operation which is conveniently near the persons they serve.

These "indirect" services comprise a network of diverse support services. Through selective combinations of both "direct" services (developmental day programs for children, vocational training for adults and residential services for children and adults) and indirect services, the likelihood of meeting unique client needs is maximized.

Entrance into ENCOR's system of services is facilitated through Central Inquiry. A client, a family, or a referring agency in the community has only to make one phone call to obtain information about entrance into ENCOR. Basic information about a potential client needing services or assistance is taken through Central Inquiry and referred to either child counselors or adult counselors serving the geographical area from which the call originates.

Child and adult counselors assist clients and their families in seeking out and receiving other services in the community when appropriate, facilitate entry into the system, coordinate individual program plans for clients, provide goal-directed functions on a contractual basis and provide follow-along services to clients who have left direct service programs. Once a counselor has received the name of a potential client from Central Inquiry, a home visit is made to complete application procedures. If services are not appropriate for the inquiring citizen, the counselor may provide assistance in seeking out and receiving other, more appropriate services in the community. If the counselor does feel that services within the system are most appropriate, he proceeds in assisting the client in obtaining the services.

The counselors are responsible for coordinating an Individual Program Plan (IPP) for each client in their family service office area. This individual program plan spells out objectives and goals of the developmental services. The retarded citizen, parents, teachers or trainers, and the psychologist, recreation consultant, and speech therapist serving him, as well as staff from any other agency serving him, can all be involved in these program planning meetings. Long and short-term goals are described within a designated time frame and staff members responsible for each objective are identified. Three months

later, the same group reviews the client's individual program plan, updating objectives as appropriate. The individualized plan is then reviewed semi-annually for each client.

Any direct "counseling" services for clients in developmental, vocational or residential services are rendered on a contractual basis. Under this system, if a staff member from one of the aforementioned direct service programs sees the need for special assistance which cannot be easily provided in the direct service program, a request for that assistance is sent to the counseling supervisor for the geographical area in the form of a "contract request". The contract agreement describes counseling functions in goal-directed terms indicating that a counselor who engages in a contract becomes responsible for reaching certain objectives with the client. Once a client has "graduated" from a direct service program, the counselor becomes responsible for seeing that the client's needs are met. Once an adult is successfully employed, living independently, and has had no need for his counselor's services, formal ties with the agency may be terminated.

Medical Services must be provided in a comprehensive service system. ENCOR employs two nurses who maintain contact with students in Developmental Centers and clients in residences, acting in a capacity similar to that of school nurses. The nurses provide simple medical attention, referring clients to physicians as necessary.

Eighteen physicians in the five county region provide medical care on an as needed basis to retarded citizens living in ENCOR residences. This is an arrangement whereby the residence is interpreted as another family unit and the physician simply acts as a family doctor to the mentally retarded persons Jiving in the residence. Psychiatric consultation is provided as necessary through the services of local psychiatrists.

The staff of speech and language specialists serve students in Developmental services and adults in related vocational training. This staff has outlined a language lattice, indicating the ordered development of speech. Through seminars, these professionals have worked with other ENCOR staff, teaching them the skills they need in order to more proficiently elicit language development. The lattice serves as a guide to all staff members in pinpointing objectives for speech projects.

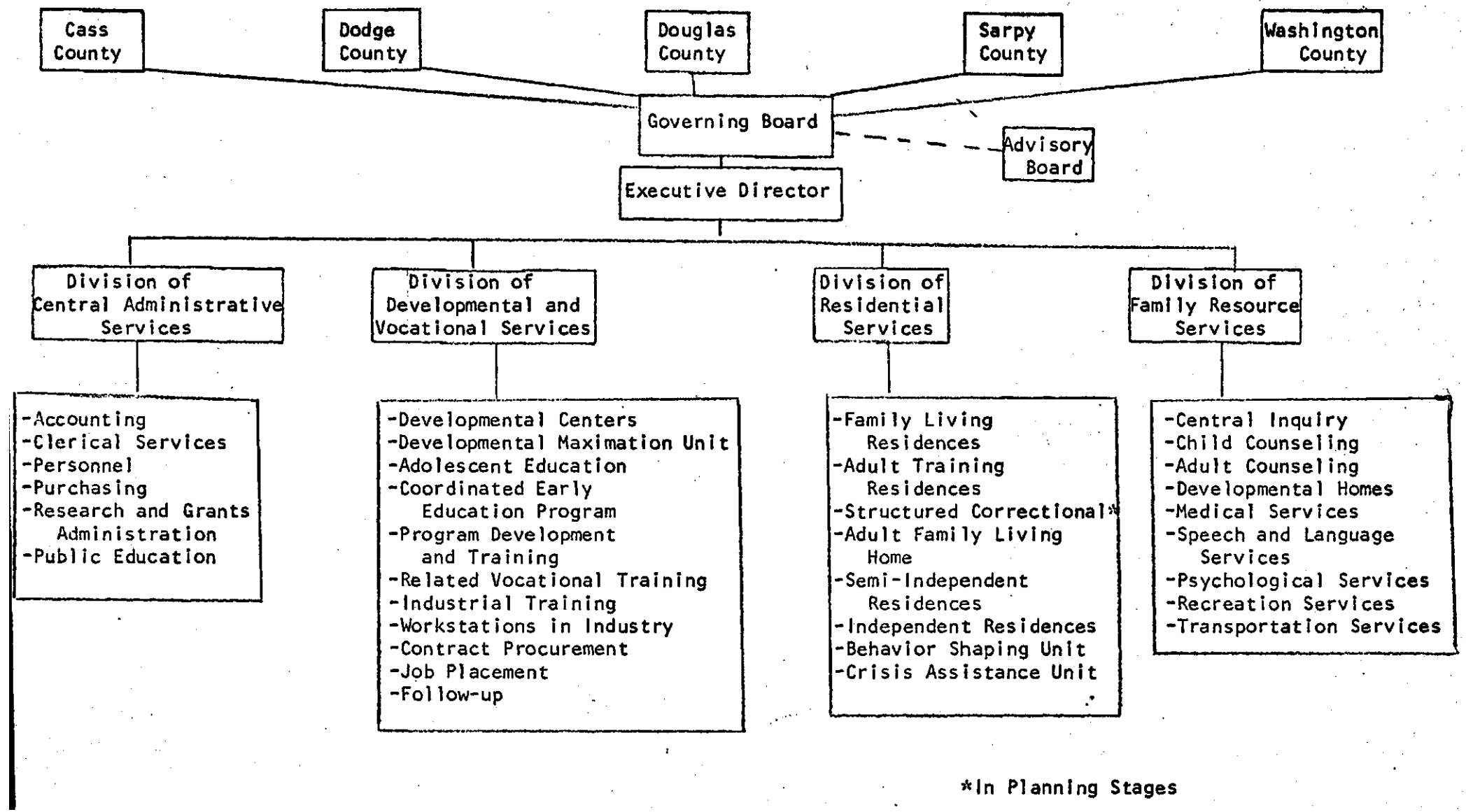
Psychological services staff administer psychometric evaluations at the time of entrance into the system. This staff also works closely with schools, school boards, school psychologists, and public school teachers in evaluating which students may realistically enter public school programs. Also working closely with vocational services, the staff members aid in program development for prevocational trainees. Psychologists are also providing consultative service to residences in their development of individualized projects for clients.

Recreation services are available to any mentally retarded child or adult in the region, and are not dependent upon the individual's enrollment in the service system. Community recreation agencies are strongly encouraged by the staff to include the mentally retarded in their regular programs. Because of the support and encouragement to these community agencies, many children and adults are being integrated into leisure time activities provided by generic agencies in their own neighborhood areas. The direct programming for children that is provided by the Recreation staff stresses physical and social development.

Transportation is provided to all retarded citizens who would not otherwise be able to attend their educational or vocational programs. All adults are expected to use public transportation if at all possible, and programs are designed for those who need training in how to use this public service.

Through Volunteer Services, ENCOR provides for the recruitment, screening, placement, and evaluation of volunteers. Volunteers are used only as a supplement to paid staff. These interested citizens are a great asset to embellishing the quality of services provided as well as allowing mentally retarded citizens in the community to form important friendships.

Service Components of Present ENCOR Administrative Structure



*In Planning Stages