

PROPOSED NEW SPECIALIZED RESIDENCES

1. Behavioral Shaping Residential Unit

There are some retardates who neither require maintenance of life care, not fit into the more developmentally and training-oriented residential services. These individuals may be severely and profoundly retarded, and/or may have very special problems. For instance, they may have high activity levels, or be untidy while being able to move about. Some may be in wheelchairs. For these persons, a residential facility which emphasizes shaping and maintenance of basic habits through operant conditioning techniques may be indicated. Such a facility should probably be headed by a psychologist. The houseparent system is not recommended in this facility.

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

It is estimated that at present, perhaps .1 person per 1000 population would fit into this service, half children and half adults. It might be advisable to plan for complexes consisting of one children's unit for 12, and two for 8 adults of each sex until turnover and need for this type of service is better understood. In all likelihood, this service could not accept very young children since these would tend to fall into one of the other categories; thus, the ages of residents would be from about 8 years up.

2. Crisis Assistance Unit

The proposed Crisis Assistance service would provide not only crisis counseling, homemaker services, part-day babysitting, etc., but also short-term residence for instances where there is death, divorce, or disease in the family, where the mother is having a baby, where the family is moving or attending to out-of-town business, or where a parent or an entire family requires a much needed vacation.

Everyone can readily understand that the presence of a handicapped person in a home imposes special demands upon parents and siblings. These demands increase both with the severity as well as the number of handicaps that the afflicted family member may have. Despite the many problems that a handicapped person may present to a family, many families are quite willing to meet such a challenge. However, few people realize the unremitting and unrelieved continuity of demands that some handicaps impose. For instance, studies have shown that many parents of retarded children give up their entire social life because it is not possible for them to find a babysitter who can be trusted to take care of their child. For years, even decades, families may be unable to spend a vacation away from home because they can neither leave the handicapped child behind nor take the child with them. Where a child requires virtually constant attention, the mother simply cannot afford to be sick because she knows that her sickness may mean that the family will break up. Just to know this is stressful in itself. To many mothers, the pleasure and convenience of

going shopping during the day while the children are at school, or while taking them along, is unknown. Such families may never be able, to go anywhere as a unit. In addition, occasions arise when parents have to attend to important business, go on trips, or make a move to a new home or a new city; there are times when a new baby is born, when a death or divorce occurs in the family, etc. Often, such occasions provide the final impetus to application for long-term institutionalization.

If one looks at applications for admission to institutions, one finds almost invariably that these applications are made after the occurrence of some kind of crisis within the family. Often the family had previously adjusted to the presence of the handicapped member, but after breakdown of even a minor family function it could no longer cope with the problem of the handicapped member. Thus, even relatively minor crises can become the straw that breaks the camel's back. It is noteworthy that crises of this nature are often temporary, but as far as family functioning is concerned, this is irrelevant. No matter how temporary the crisis may be, the family cannot pull through without help, and some retardates are permanently institutionalized for relatively temporary problems.

ENCOR Apartment Living Residences

In contrast to residential hostels, apartment Living residences provide numerous options which may be used to vary the amount of independence and integration for which a particular person may be ready. The three types of apartments in operation are:

1. The "apartment cluster" composed of several apartments in a relative physical proximity, functioning to some extent as a unit, and supervised by staff members who reside in one of these apartments.
2. The single "co-residence apartment" for one or two adult staff members and two or three retarded persons, living together as roommates and friends.
3. The single "maximum-independence apartment" occupied by two to four retarded adults, with all supervision and assistance supplied by either a citizen advocate or staff member.

The Apartment Cluster:

The apartment cluster includes one apartment for staff members, and one to perhaps four apartments for client residents. As the most flexible of the three apartment types, the cluster offers options pertaining to supervision, peer integration, and normal living. The cluster will be usually in one apartment building or in neighboring buildings. Supervision given to the retarded clients is varied according to the individual needs of the clients. Being part of a normal living unit provides the client with vast opportunities for seeing and becoming part of the normal interactions with nonretarded persons. The cluster is an important step in the life of a retarded person which provides the basis for future totally independent living.

The Co-Residence Unit:

A co-residence unit is a single apartment for two or three retarded residents, and one or two staff residents who would be nearly the same age as their roommates, and who would be either working persons or college students. The co-residence apartment fosters as much independence of the part of the resident as possible, with the goal being eventually to eliminate the need for staff members. The resident helps in the payment of rent, utilities, heat, and groceries. Through the sharing of recreational and leisure time activities, the retarded resident learns many things from friends and acquaintances which aid normalization. Because of the normal peer interaction that this type apartment fosters, interaction with nonretarded people is much more accessible.

The Maximum-Independence Apartment:

The single maximum-independence apartment, which is occupied by two to four retarded adults, offers several options of supervision and assistance. These residents will more than likely require only very minimal supervision (one night per week or one day of a weekend) in areas such as physical or social skills, personal grooming, purchase of food, budgeting of money, or leisure activities. As the residents of this type apartment gain increasing confidence in themselves and are seen to need decreasing amounts of structure and guidance, all ties with the service organization are broken, making this the desired culmination of the normalization process.

ENCOR currently has one Apartment Cluster composed of three separate apartments—one for two staff members, and the remaining with four retarded residents each. ENCOR also has one Co-Residence Apartment consisting of two retarded girls and one staff member. One of our former hostel residents is now living independently.

Over all, the apartment continuum, together with more extensive use of individual placements, should contribute very substantially to the major reduction in the need for supervised group living for retarded adults, and does so in the progression of normalization and integration for the retarded clients.

ENCOR DEVELOPMENTAL DAY CARE SERVICES

Benson Developmental Center (6319 Maple Street)

In October of 1968, the Benson Developmental Center opened in the educational wing of Benson Baptist Church, with six severely retarded children. By May, 1969 this center had expanded to serve twenty children. At this time a second Developmental Center opened in South Omaha, making it possible for four of these children to be transferred to the new center, closer to their home. The Benson Center is to be expanded again, to serve its full capacity of twenty children by March 1, 1971.

South Omaha Developmental Center (4403 South 24th Street)

The South Omaha Center opened in May of 1969 in the St. Luke's Lutheran Church educational wing, with four children who had been previously served at the Benson Developmental Center. Presently, the center is being expanded to reach its capacity of 25 children, in order to better meet the needs of the South Omaha area.

Chance Developmental Center (1702 Grace)

Project CHANCE was initiated in August of 1967 through a federal OEO-Headstart grant. The project was initiated under the auspices of GOCA, and continued as a program directly operated by the Greater Omaha Community Action until May, 1969. At that time, Chance became a "delegate agency" and a separate corporate entity. On October 1, 1969 Chance was merged into the GOARC corporate structure, to be taken over by ENCOR as one of the operating developmental centers July 1, 1970.

Chance was specifically developed to reach children from ages 3 through 8--primarily from the low-income neighborhoods of our city--who were mentally retarded, emotionally disturbed, physically disabled, or multiply handicapped and who were not eligible for regular headstart or public school regular or special education classrooms. Over the past year, the Chance Development Center has averaged an enrollment of 65-100 children at any given time. Currently, the Chance program serves 71 children from the Douglas County area.

Sarpy Developmental Center (1910 Franklin)

The Sarpy Developmental Center, which is located in Bellevue, Nebraska, has been initiated to provide training for severely retarded and multiply handicapped children between the ages of 18 months and fifteen years. The children accepted are those who are ineligible for all other special programs in Sarpy County. This center has recently been relocated to allow for expansion of the program offered.

Enrollment Criteria:

Children, in order to receive services through the ENCOR Developmental Centers, shall meet the following criteria:

- a. a handicapping condition which precludes the child's attendance in any other public special education program. These children must be denied admission to the public school special education classes for the trainable mentally retarded primarily because they are too young, too low in mental ability, or otherwise too handicapped.
- b. the child will have a psychological and medical examination with immunization up-to-date
- c. the child's family is a former, present or potential recipient of welfare assistance, with the child certified as eligible for assistance by the Nebraska Department of Public Welfare.

Close cooperation with other programs, such as the Public Schools, is maintained and every attempt made to prepare the child to enter such programs as soon as he is able, by demonstrated ability, chronological age, or when changes are effected in the circumstances causing the original denial of admission. The Director of Day Care Services works closely with the directors of special education and training programs to establish placement of children as soon as possible.

Program Services:

The Developmental Center provides a five day per week program with extended hours. Some children come as early as 7:30 a.m. and leave as late as 5:30 p.m., if their parents are both employed. Children may be included in full-day or part-day classes, depending on their individual needs and the needs of their parents.

Children in the program receive training in the areas described below:

(a) Motor Skills

1. Gross Motor: Large muscle skills are practiced through the use of tricycles, slides, climbing box, climbing ladder, balls, walking boards, games, and many other activities which produce better coordination and also gives the child a choice of activities.
2. Fine Motor Coordination: On a one-to-one basis, the staff helps the children with puzzles, shape sorting, beads, container play, stacking, color cones, acquaintance with crayons and paints, clay and tactile stimulation by feeling a great variety of textures.

(b) Daily Living Activities

1. Self-Care: Included in the goals of self-care are the development of eating skills, achievement of washing hands and face, combing hair, brushing teeth, and other factors involving grooming and neatness, dressing and undressing and toilet training. Natural situations are used to teach these skills and the children are encouraged to do as much as possible without assistance. Dressing is practiced when the children arrive, leave and prepare to go for walks. Dress-up clothes and practice in the bathroom also promote better dressing skills as well as use of dressing frames. Eating skills are practiced 3 times a day: Morning snack, afternoon snack, and lunch. Some of the children need to learn to chew, eat with a spoon, drink from a glass, while others need to learn to eat more neatly and with more courtesy to others.
2. Economic Usefulness: The first goal is for the children to learn to follow directions, to put things away when they are finished and to interact in some way with others. The following of directions is practiced informally all during the day. The older students, functioning at an adequate level, learn to set the table and do the dishes.
3. Communication Skills: The staff encourages the children to understand simple commands and follow them, listening, increasing attention span, and imitating sounds. The children are encouraged to express themselves appropriately, and how to respond to sounds and gestures which are a part of every day living.

(c) Personality Development

1. Self Concept: The term self-concept deals with relationships between the child, as an individual, and his environment. For children who are severely retarded, this involves their adjustment to a dependent or semi-independent role in society, and to adjustment to their limitations as compared with others, without the loss of sense of "belonging." It involves a fairly realistic understanding and acceptance of what they can and cannot do, and especially what they can and should do for themselves.
2. Emotional Adjustment: Among the important goals in emotional adjustment for this group of children is that of helping each child to find acceptable ways of expressing emotion. Training in emotional responses also involves inhibiting certain native or learned responses and substituting others that are more socially acceptable.

(d) Socialization

The controlled group situation in the school provides opportunity for one of its major contributions to the development of these children.

Since socialization is particularly dependent on learning by doing, every opportunity for social participation is used. The children must first learn how to relate to others, how to express their frustrations, pleasures, and so forth.

In summary, the educational objective for these children is adjustment in the practical, self-help, social, and communicative aspects of development. Within each of these goals, a systematically designed developmental sequence is used.

ENCOR RECREATION PROGRAM

Recreation is provided for many individuals in the Omaha area through the ENCOR Recreation Department. It is hoped that in the next few months we will be able to expand this recreation program into all five counties of our service area.

Basic to the philosophy of our organization is the belief that the opportunity to learn to utilize leisure time in recreation facilities in a constructive and appropriate manner is a vital learning opportunity for the vast majority of retardates. Recreational and camping services are important to the retarded of all ages and at all functional levels. Such a program should make provisions for family recreation and camping activities so that many retardates can enjoy these opportunities for effective utilization of leisure time not only with other retardates, but with their own immediate family units. The Director of Recreation provides structural recreational programs utilizing social activities, hobbies and crafts, physical education, swimming and similar activities which will allow for more active integration of the retarded individual into the community.

The Eastern Nebraska Community Office of Retardation has undertaken to accomplish these goals by charging its Recreational Services staff to:

1. Work with and encourage those organizations and clubs which have "special" programs to expand them.
2. Encourage other organizations involved in recreation and camping to include the retarded in their programs and to develop special programs.
3. Provide special training and orientation to the staff and volunteers from cooperating agencies on the leisure-time and recreational needs of the retarded persons.
4. Assist in program planning and providing program materials.
5. Make these program opportunities known to the community.
6. Provide guidance in the selection of programs for individuals living at home or in residential units, according to their interests, needs, and abilities.
7. Consult with evaluation clinics when necessary, to determine the individual's limitations and the activities recommended for his development.
8. Secure required financing for recreation expenses, as well as transportation, for those who are unable to make their own arrangements.
9. Plan some structured recreational activities in the residential facilities, using recreation technicians from the central staff.

With the extra assistance of recreation programs especially designed for the retarded, many of the high functional retardates will be able to enter recreational programs as they gain social and physical skills needed to be acceptable to their peer groups. At the same time, the programs would provide security to the lower functional retardates who may never be able to enter any higher level program.

As many of the mentally retarded as possible will be urged to become involved in ongoing community programs. The Director of Recreation additionally has the responsibility of involving the clients in the day care centers in all existing community programs.

There are presently several organizations and clubs in our community which offer special recreational programs to the mentally retarded. These include the following:

1. The Christ Child Society (a settlement house program) offers a Saturday program during the school year (including exercise, games, arts and crafts, story telling and field trips) which have been attended by an average of 24 retarded children and young adults, and staffed by recreation technicians from ENCOR. During the summer, ENCOR and Christ Child cooperatively offer specialized one-week camping sessions geared for the retarded.
2. The Christ Child Society, again in cooperation with ENCOR, also offers a recreational program on Saturdays during the school year and special programs for the retarded five days per week during the summer, including two special swimming periods per week. Average attendance in this facet of recreation is about 60.
3. The Benson Community Center (a division of City Parks and Recreation) offers an Arts & Crafts program every Thursday evening for 1 1/2 hours. ENCOR's recreational staff assists in the teaching, and reports an average attendance of about 25 adults per week.
4. ENCOR has also established bowling programs for the retarded clients it serves. Each week an average of 60 clients bowl at the Ames Bowl or Rose Bowl.
5. ENCOR parties are also held periodically, with an average attendance of 50-30.

The above programs provide a diversified year-round recreational opportunity for some mentally retarded children and adults. They provide a good basis for the expansion and the further decentralization necessary in making recreational opportunities available to all retarded children at the neighborhood levels.

Involvement of retardates in such organizations will enhance the achievement of our goal of greater community integration of the mentally retarded. It should be emphasized that positive utilization of recreational opportunities in leisure-time can be a very constructive and effective mechanism in assisting the retardates to make the transition from childhood dependency to maximum independence as an adult functioning adequately within the community structure.

ENCOR Transportation

The Eastern Nebraska Community Office of Retardation is involved in arranging transportation for children in Omaha who attend public or private educational programs for the mentally retarded.

Those Who Are Served:

We presently serve, on a daily basis, 160 children who attend: ENCOR Programs (85); Public Schools, EMH classes (9), TMH Classes (66). This involves service to nine schools.

Means of Providing Service:

This service began in 1968 with one cab pool which was initiated and sponsored by the Greater Omaha Association for Retarded Children. The cab was started to provide transportation for 5 children, who, without transportation, would have been unable to attend school. Transportation is now provided by both contracting with cab companies and with a mini bus service.

Because of the size of our area and the number of schools involved, as well as the expense, transportation cannot be arranged for every child. In light of this fact, we attempt first to serve children who could not attend their assigned program without transportation service regardless of whether or not the parents can pay for the service. Whenever possible, we also arrange service as a matter of convenience to families if they are able to pay most or all of the cost involved.

Our ability to provide service to a child greatly depends on:

(1) the child's school assignment; (2) where the child lives; and (3) the number of families requesting transportation service in his area.

For all children over the age of 12 and some children under that age, the feasibility of the child taking a public bus is explored. If this is possible, it is thought a good experience for the child in developing a skill which he will need later on when he enters vocational training or becomes employed.

Future Planning:

ENCOR transportation services are presently provided only in the Omaha area. It is planned that this service will expand to include all of our five county area, particularly as ENCOR programs are established in each of the other counties.

Annually, ENCOR conducts a cost benefit study in transportation in order to explore the cost of other alternative means of providing this service and to compare that cost with the types of transportation currently used.

In other counties as well as the areas of Douglas County not within Omaha, transportation will most likely have to be provided by means different from the Omaha area. Studies concerning Omaha will most likely not apply to more rural areas; therefore, further studies are under-way in order to determine the most cost efficient means of providing transportation in rural areas.

SM cc: TS
MK
SW

SUBJECT: FRS Appropriation

Helene Wohlgemuth, Secretary
Department of Public Welfare

TO: Edward B. Carskadon, Special Assistant
to the Secretary, Department of Welfare

FROM: Stanley Meyers, Deputy Secretary SM
for Mental Retardation

Charles C. Erb, Director
Bureau of Fiscal Management

MR MEYERS
PLEASE DISCUSS WITH
MR ERB EPC
MR ERB
CC: MR ERB
COP
MOR

The Office of Mental Retardation has recently reviewed the circumstances surrounding the CLA-FRS appropriation. Due to the fact that the FRS appropriation is totally integrated into the CLA appropriation (appropriation 57) we have been experiencing difficulty in interpreting legislative intent in regard to the respective proportions for CLA and FRS.

The Office would, therefore, like to propose that the appropriation for FY 75-76 provide for a clearer separation of CLA and FRS funds through one of the two following methods:

1. A subsection in the 57 appropriation directed specifically at FRS -i.e. a "57a" FRS appropriation.
2. A separate FRS appropriation.

Your assistance in this matter would be greatly appreciated.

DEC 4 1974