

*Sturdy  
Dream*

**FOR WE HAVE PROMISES TO KEEP...**

**AND MILES TO GO BEFORE WE SLEEP.**

Robert Frost



**An action plan for the future of ENCOR services, including a report on the first decade of  
community-based services in Eastern Nebraska.**

**JANUARY, 1979**

**FOR WE HAVE PROMISES TO KEEP. . .**

**AND MILES TO GO BEFORE WE SLEEP.**

Robert Frost

**EASTERN NEBRASKA COMMUNITY OFFICE OF RETARDATION  
ACTION PLAN**

**The action plan for the future of ENCOR services, FY 1979-80 through FY 1981-82**

**And a report on the first decade of community-based services in Eastern Nebraska,  
1968-1978**

**KEVIN CASEY, ENCOR DIRECTOR  
LOIS ROOD, ENCOR PLANNER**

**Assistants:**

**Thomas Dean  
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**JANUARY, 1979**

# REGION VI

## MENTAL RETARDATION SERVICES

A FIVE YEAR COMMUNITY PLAN

### ENCOR OFFICE OF PLANNING & EVALUATION

885 South 72nd Street

Omaha, Nebraska 68114

(402) 444-6500

July 15, 1978

Michael Albert, Chairman  
Governing Board  
Eastern Nebraska Human Services Agency  
885 South 72 Street  
Omaha, Nebraska 68114

Dear Chairman Albert,

The ENCOR Planning Council hereby reaffirms the original commitments made in the 1968 Douglas County Plan and the Governor's Committee Report:

To provide for services at the local level which eliminates the need for any mentally retarded person to be separated from the natural family and involvement in the local community.

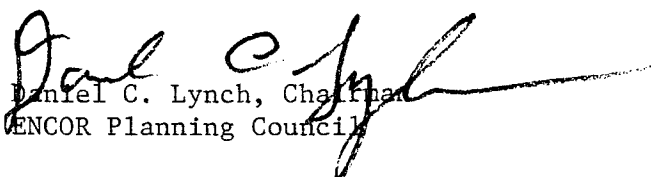
That all persons who are mentally retarded should remain in or return to their local communities and be as independent as possible.

This commitment is based on the belief that individuals who are mentally retarded have a legal right to live in the least restrictive environment consistent with their individual needs.

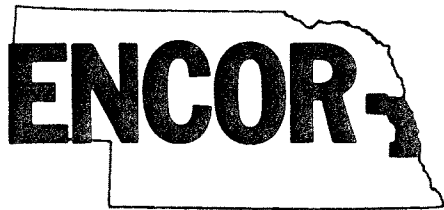
This goal is consistent with the goals of the Horacek vs. Exon Consent Decree.

Recognizing the leadership Nebraska has provided to the nation toward this goal, the Planning Council for the Eastern Nebraska Community Office of Retardation, is proud to submit to you the following recommendations in order to provide a total service delivery system which is consistent with the purpose, goals and the philosophy of ENCOR.

Sincerely,

  
Daniel C. Lynch, Chairman  
ENCOR Planning Council

DCL/lr



# EASTERN NEBRASKA COMMUNITY OFFICE OF RETARDATION

## CENTRAL SERVICES

### GOVERNING BOARD

Michael Albert, Douglas County  
Ray Lind, Sarpy County  
Floyd Triplett, Washington County  
Robert Curttright, Jr., Cass County  
Donald Claasen, Dodge County

885 South 72nd Street

Omaha, Nebraska 68114

(402) 444-8500

Kevin T. Casey, Director

October 30, 1978

Michael Albert, Chairman  
Governing Board  
Eastern Nebraska Human Services Agency  
885 South 72nd Street  
Omaha, Nebraska 68114

Dear Chairman Albert:

I am pleased to transmit to you the Official Plan of Implementation for the Eastern Nebraska Community Office of Retardation. This Plan contains both the official report of the ENCOR Long Range Planning Council which submitted their recommendations this July, and the projections for services which ENCOR submitted to the Nebraska Mental Retardation Panel this month.

The Plan has been developed as a three year plan to begin July 1, 1979 and to be implemented by June 30, 1982. The recommendations made by the ENCOR Planning Council include areas of the system which need expansion, innovation or change, as well as the areas of the system which need quality improvements. The service projections made by ENCOR to the Nebraska Mental Retardation Panel include the exact numbers of individuals who are projected to be served from the Beatrice State Developmental Center, the state's three Regional Centers and the community in the next three fiscal years. The Plan has been held until this time in order to be able to include these projections.

We are proud of what has been accomplished in Eastern Nebraska. ENCOR throughout its short history has provided leadership to the state of Nebraska and to the nation in the development of community services. We are mindful of the deep dedication, commitment and the continued support of the Governing Board. We know that the Governing Board members share with the staff of ENCOR, the Planning Council and the consumers the continued determination to ensure the realization of full citizenship for all mentally retarded citizens from our five counties. We look forward to working with you toward the achievement of the goals outlined in this action plan. We feel that we are beginning the most major effort in Nebraska since the concept of community-based mental retardation services was developed a decade ago.

Sincerely,

Kevin Casey, Director  
Eastern Nebraska Community Office of Retardation



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# INTRODUCTION

## The Document

This document has been prepared by more than 150 volunteers. Parents, professionals, mentally retarded persons and concerned citizens from each of the five counties served by the Eastern Nebraska Community Office of Retardation (ENCOR) spent hundreds of hours analyzing the needs of the mentally retarded citizens of Region VI and developing the recommendations found on pages 3 to 18. These planners felt the recommendations were necessary to allow the mentally retarded citizens from the region to achieve realization of their human and legal rights.

ENCOR's decade of history was examined. The volunteer planners of 1978 saw how many of the dreams of the planners of 1968 had been realized. The development of ENCOR's first services resulted in a comprehensive service system that has provided services to over 2000 mentally retarded persons. Yet, it is clear that in 1978, ENCOR is at a crossroads. The original dreams are only half fulfilled. By July 1, 1979, there will still be approximately 228 persons from Region VI in the Beatrice State Developmental Center, 22 in the state's regional centers, persons not yet identified in nursing homes across the state, and many more persons in the community whose needs are not adequately being met.

The first chapter, "The Official Recommendations of the Planning Council" shows what ENCOR and the communities of the region must do if the dream of meeting the needs of all the mentally retarded citizens of the region is to be fulfilled. ENCOR's goal is still to insure the retarded citizens of this region that no one will have to leave this region to have his or her basic human needs met.

The next four chapters tell of the history of ENCOR and describe the region, the agency, and the services which make up the agency. Many statistics and charts are given to show ENCOR's actual development. The data given in these chapters are brought together for the first time in many years. They will answer many of the questions which are frequently asked by parents, visitors, and staff.

The chapter entitled "Population Profile" represents the findings made in an extensive needs assessment conducted in the region, in many nursing homes, and in the institutions where many of the residents of Region VI are placed.

An understanding of the development and future of ENCOR would not be complete without a detailed look at financial realities. Pages 81 through 102 contain an analysis of funding sources, most of which was prepared by the Study Committee on Administrative and Fiscal Affairs, along with a financial report covering every year since ENCOR's beginning.

The last chapter describes the planning process used to fulfill the intent of the resolution passed by the ENCOR board in 1976:

### **"WITH THE BELIEF THAT . . .**

- A. Comprehensive planning is essential to the proper delivery of human services;
- B. The ENCOR office is desirous of delivering the highest quality mental retardation services consistent with sound management principles;
- C. The ENCOR office is desirous of producing comprehensive short and long range plans to guide its delivery and management of services;

**THE GOVERNING BOARD OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY RESOLVES TO DIRECT ENCOR TO PRODUCE A LONG RANGE GOAL-ORIENTED PLAN AND CONTINUOUS ONE YEAR PLANS."**

## **Projections for Services**

The recommendations of the Planning Council and study committees concern themselves primarily with quality issues and potential future funding sources. The Planning Council did not make actual projections for how many persons should be served or exact costs, in order not to interfere with another planning effort that existed on a state-wide basis.

The state-wide plan is being coordinated by the Nebraska Mental Retardation Panel, a three member panel appointed by federal district court Judge Albert Schatz. This panel was appointed specifically to develop an organized Plan of Implementation to meet the terms of the Consent Decree (Horacek vs. Exon Civil No. 72-L-299) signed August, 1975. The Consent Decree was an agreement between the plaintiffs, the state of Nebraska and the U. S. Justice Department to insure the rights of mentally retarded persons in the least restrictive alternative and to continue the deinstitutionalization of the Beatrice State Developmental Center. The panel's Plan of Implementation of the Consent Decree contains information on projected costs, sources of funding and financial mechanisms.

Since July 1, 1977, ENCOR has placed 20 persons from BSDC into the community and will, by July, 1979, have totally eliminated the use of the Hastings Regional Center-Developmental Unit for Children for Region VI residents. Since 1968, 337 persons have come out of BSDC into the ENCOR region.

Region VI has also made the following service projections to the Nebraska Mental Retardation Panel in cooperation with the goals of the panel. These service goals are for the fiscal years 1979-80, 1980-81, and 1981-82.

	79-80	80-81	81-82	TOTAL
FROM:				
COMMUNITY	60	60	60	180
BSDC	55	50	36	141
HRC Hastings	0	0	0	0
LRC Lincoln	3	3	4	10
NRC Norfolk	0	0	3	3
	118	113	103	334

In order to insure service quality during the three year proposed Plan of Implementation for the state, ENCOR will attempt to meet the recommendations made by the ENCOR planning council within the same time framework.

### Description of Priorities

The Planning Council developed the priority system described below for implementation of its recommendations. Each recommendation is accompanied by a box in which its priority order is displayed.

#### PRIORITY A:

These recommendations are change oriented and/or crucial to the future development of services.

Each is either a significant principle, a new direction in service, or something which requires immediate attention because it was found to be dysfunctional in the current service system.

THE "A" RECOMMENDATIONS MUST BE ATTENDED TO IN FY 79-80.

#### PRIORITY B:

These recommendations are continuations or expansions on the current service system.

Each area addressed by the recommendations was found, however, to need major improvements and/or emphasis.

THESE RECOMMENDATIONS MAY BE ATTENDED TO IN THE FIRST YEAR, BUT RESOURCES SHOULD FIRST BE ALLOCATED TO PRIORITY "A" ITEMS. THEY WILL BE MET IN FY 79-80 and 80-81.

#### PRIORITY C:

These recommendations are made on components of the current service system which are functioning effectively.

The recommendations, however, would improve the system to a greater degree.

Each recommendation may also suggest something considered by the planning council to be an additional benefit to the system.

THESE RECOMMENDATIONS SHOULD BE ATTENDED TO AFTER THE FIRST YEAR. THEY WILL BE IMPLEMENTED IN FY 80-81 and 81-82.

It cannot be overemphasized that the funding during the years of implementation depends entirely on the commitment of the local and state governments to the Plan of Implementation of the Nebraska Mental Retardation Panel and to the ENCOR plan. It also depends on the resource development activities of the regions and the state.

# THE OFFICIAL RECOMMENDATIONS OF THE ENCOR PLANNING COUNCIL

## SECTION A: ADMINISTRATIVE FRAMEWORK

**AGENCY OBJECTIVE:** THAT AN ADMINISTRATIVE FRAMEWORK BE ESTABLISHED WHICH IS REFLECTIVE OF THE PURPOSE, GOALS, AND PHILOSOPHY OF ENCOR.

### LEGISLATION

- [B] 1. Least Restrictive Alternative**  
That ENCOR advocate that the Nebraska Legislature enact legislation which guarantees the individual's right to be served in the least restrictive environment necessary within the community.
- [A] 2. Regional Responsibility**  
That ENCOR advocate that the Nebraska Legislature enact legislation which places the responsibility for the delivery of all residential programs with the community-based mental retardation programs. Such legislation shall include necessary funding for that service and other supportive services.
- [A] 3. Funding**  
That ENCOR advocate that legislation be enacted at the county, state and federal level which allows funds to follow the person from the institution to the community-based program in which the individual receives services and offers incentives to counties and states for the provision of quality community-based mental retardation services. Such legislation shall include provisions to prevent the duplication of funds between the institution and the community-based programs.
- [A] 4. Financial Support to the Home**  
That ENCOR advocate for the enactment of legislation which provides either or both:
  - a. direct financial support to parents of handicapped children for specified expenses which enable them to keep their children at home;
  - b. staff support in the form of in-home services to parents of handicapped children in order to prevent the need for residential care.

### ENHSA BY-LAWS, INTER-LOCAL AGREEMENT AND GOVERNING BOARD

- [A] 5. Purpose**  
That the purpose statement of ENCOR be formally adopted and incorporated into the ENHSA/ENCOR By-laws and Inter-local Agreement.
- [A] 6. Goals**  
That the goals of ENCOR be formally adopted by the Governing Board.
- [A] 7. Philosophy**  
That the statement of philosophy of ENCOR be formally adopted and incorporated into the ENHSA/ENCOR By-laws and Inter-local Agreement.
- [A] 8. Personnel Policies**  
That the ENHSA Governing Board approve personnel policies which are consistent with ENCOR philosophy and supportive of staff in carrying out their jobs. This shall be accomplished through a process which insures that staff, consumers, and parents have an opportunity for input. This process shall include a study of the ways to support staff in dealing with personal and employment problems.
- [A] 9. Treasurer**  
That the Inter-local Agreement be altered so that the Eastern Nebraska Human Services Agency Governing Board selects the agency treasurer.

## **ENHSA SERVICES**

### **A 10. Data Processing**

That the ENHSA/ENCOR data processing system be altered to provide accurate and up-to-date information on the following: consumers' needs and services, staff information, and agency fiscal resources and that the agency research the following specifications through competitive bid procedures to obtain a comparative cost analysis:

- a. Establish a central data bank of information on mentally retarded persons who are legal residents of Region VI. Such information shall be completely confidential and accessible only to authorized personnel of the CBMR program, the State Office of Mental Retardation and the individual and/or his/her guardian(s).
- b. Provide accurate up-to-date information on consumer needs and services including the following:
  1. That the system accurately record social, demographic, and historical data on each person served by ENCOR.
  2. That the system record data on met and unmet service needs as indicated on the Individual Program Plans.
  3. That the system allow for analysis of the individual's progress as measured by the Individual Program Plan.
  4. That the system utilizes categories of data reflecting the service needs and eliminates stigmatizing terminology.
- c. Provide accurate up-to-date information on staff including the following:
  1. Recruitment, interviews and hirings.
  2. Records of utilization of sick leave, absenteeism and turnover.
  3. Records of promotion and transfer.
  4. Records of education and training.
  5. Records of appeals and grievances.
  6. Records of terminations and reasons for terminations.
- d. Provide accurate, prompt, and public reporting of fiscal information (within 30 days) of both income and expenditures on an accrual basis at all levels of agency operation.
  1. That the system maintain the flexibility to reallocate budgeted funds among cost centers, with prompt reporting of the results of such reallocations.
- e. Provide information necessary for agency planning, evaluation and resource development.
- f. Insure confidentiality for all individual clients and staff information.

### **B 11. Cost Accounting**

That ENHSA provide to ENCOR a cost accounting of all services purchased by ENCOR from ENHSA. Such information shall be available at least quarterly as a matter of public record.

## **ENCOR**

### **B 12. Open Bid Process**

That ENCOR utilize an open bid process for any service that will exceed an annual cost of \$25,000 purchased by ENCOR.

### **B 13. Budget Control**

That Program Supervisors within ENCOR be empowered to prepare their own budgets and if approved, granted discretion on the expenditure of funds within.

### **A 14. Real Property**

That, within six months, ENCOR provide for an objective study of the potential advantages and disadvantages of CBMR programs to purchase, own, construct and dispose of real property. Such a study shall include an analysis of the philosophical, legal and fiscal ramifications to the Regions and the developmental and programmatic ramifications to clients. The study shall also specify what safeguards would be necessary so that property ownership and construction would insure adequate service delivery based on the principle of normalization.

### **A 15. Area Management**

That, within three months, the ENCOR Director, in conjunction with this Planning Council, develop a proposal to deliver services on an area management system including not less than three, nor more than six areas.

- a. The proposal shall specify the system of decision-making and responsibility within each area.
- b. The proposal shall insure that each office has at least one advisory committee.

### **A 16. Social Services**

That, within three months, the ENCOR Director, in conjunction with this Planning Council, develop a proposal regarding the responsibilities and authority of the ENCOR Social Services Division to serve as advocates for EN-

COR clients in order to assist clients in promoting and protecting their legal and civil rights.

a. That the following be specified for ENCOR staff:

1. Advocacy responsibilities.
2. Internal and external referral process.
3. Description and definition of conflicts of interest and a process for resolving them.
4. Role in assisting clients in internal and external services and appeals.
5. Procedures for initiating and resolving grievances against staff for abuse of advocacy responsibilities or failure to execute advocacy responsibilities.

**A 17. Structure**

That an administrative structure of ENCOR be adopted within six months to produce the following results:

- a. Strengthen the empowerment at all levels of service.
- b. Develop comprehensiveness in each geographic area (residential, vocational, educational, recreation, transportation and social services).
- c. Enhance the experience of continuity for the individual who is retarded with the agency and the community.
- d. Enhance integration through defining and strengthening responsibility for cooperating with community agencies.
- e. Provide for greater involvement of parents, consumers, public and elected officials.
- f. Provide for the establishment of more effective internal and external safeguards.

**A 18. Advisory Committee**

That the Governing Board draft new By-laws in regard to the ENCOR Advisory Committee, specifying at a minimum:

- a. The role and purpose of the ENCOR Advisory Committee to the Governing Board.
- b. The authority of the advisors to the Governing Board.
- c. The responsibility of the advisors to the Governing Board.
- d. The accountability of the advisors to the Governing Board.
- e. The selection of the advisors to the Governing Board members, to include a majority of parents and consumers.
- f. The advisors of the Governing Board shall be included in closed sessions.

**B 19. Case Advocacy Services**

That ENCOR provide case advocacy services in order to insure that:

- a. The philosophy of the agency is carried out with each individual served by the agency.
- b. Each mentally retarded person and his/her family receive the quality and type of services he/she needs to live as independently as possible in the community.
- c. The agency receives internal feedback as to the effectiveness of its services for individual consumers.
- d. There is a follow-up and continuity in the quality of services when a client moves to the use of generic services.

**B 20. Case Advocacy Principles**

That ENCOR, through the component or components handling case advocacy, shall operate according to the following principles:

- a. To provide personal continuity for all persons who need services, including entry and re-entry into services; to provide continuity for the individual within agencies and between agencies.
- b. To teach self-advocacy for ENCOR consumers.
- c. To provide quality assurance and have the power and authority to do so. This includes adequate funding.
- d. To utilize the team model for consumer decision-making with consumer input.
- e. To provide or obtain services as soon as possible after the need is identified.

## **SECTION B: PROVISION OF SERVICES**

**AGENCY OBJECTIVE: THAT ENCOR OBTAIN OR PROVIDE SERVICES AT THE LOCAL LEVEL WHICH WILL ELIMINATE THE NEED FOR ANY MENTALLY RETARDED PERSON TO BE SEPARATED FROM THE FAMILY AND INVOLVEMENT IN THE LOCAL COMMUNITY.**

### **PRINCIPLES**

#### **A 1. Service Development Principles**

That ENCOR develop all future residential, vocational, educational, recreational, transportation and social support services according to these principles:

- a. ENCOR will advocate for the right of mentally retarded persons to use the same community resources and settings which are available to all citizens, whenever those community resources or settings are appropriate to meet their needs.
- b. ENCOR will coordinate and cooperate with programs in the community to identify needs of mentally retarded persons, identify roles and responsibilities of agencies and plan for meeting service gaps.
- c. ENCOR will offer direct services only to eliminate gaps within existing programs.
- d. ENCOR shall promote the integration of mentally retarded persons into the community in all facets of their lives.
- e. ENCOR will provide a full range of services (residential, vocational, educational, recreational, transportation and social services) in each geographic area.
- f. ENCOR will provide training to staff in generic programs who will serve mentally retarded persons with special needs.
- g. ENCOR will provide the staff, if necessary, to generic programs who will serve mentally retarded persons with special needs.
- h. ENCOR will assist in developing resources, if necessary, for generic agencies, who will serve mentally retarded persons with special needs.
- i. ENCOR will make information available to consumers, parents and staff on resources available within the community.
- j. ENCOR direct service programs will reflect the same image as those in the community (residential, vocational, educational, recreational, transportation and social services).

### **SERVICE SYSTEM**

#### **A 2. Prevention of Institutionalization**

That ENCOR prevent the institutionalization of mentally retarded citizens currently in Region VI regardless of severity of handicap or complexity of need.

#### **A 3. Maintain Persons in the Family**

That ENCOR provide for greater emphasis on developing the necessary supports to maintain mentally retarded persons in the family or in the least restrictive, age appropriate residential setting consistent with individual resources and needs.

#### **A 4. In-Home Services**

That ENCOR provide in-home services which would allow mentally retarded citizens to remain in the community and natural family.

#### **A 5. Community Services**

That all mentally retarded citizens from Region VI currently residing in state institutions and in nursing homes and people in the community who are in need of service shall be served in appropriate community-based programs regardless of age, severity of handicap or complexity of need based on the least restrictive alternative.

### **RESIDENTIAL**

#### **B 6. Priorities**

That the following priorities be established for Residential Services in terms of the most typical service provisions:

##### **Priority 1**

Single family dwellings with the person living with the family, independently, or semi-independently with necessary supportive services provided to maintain the living situation.



### **Priority 2**

Alternative Living Units with a small number (1-3) of persons living in a house or apartment with regular and systematic staff supports.

### **Priority 3**

The group home for 4-8 adults, although widely used, is usually more restrictive and less normalizing than the single family dwelling and alternative living units. Therefore, group homes should generally be used only in the case of highly specialized or complex needs when no other alternative is possible.

### **Priority 4**

Developmental maximization units for medically fragile children and adults are potentially the most segregated and least normalizing of community living situations. Nevertheless, they should be continued as a viable model for those persons who are medically fragile. Persons who have chronic medical needs that can be met by specially trained paraprofessional staff in carefully chosen and equipped locations (i.e. close to emergency medical services) should be served in alternative living units or small group settings to provide the most integrated and normalizing living situation. A specialized medical-based facility, such as a developmental maximization unit, can provide intensive medical support services as a "back-up" resource on a short-term basis for such specialized alternative living units.

## **A 7. Cooperation with Other Agencies**

That ENCOR cooperate with the provision of residential services to mentally retarded citizens by other agencies in Region VI through:

- a. Providing information regarding needs of retarded citizens and what services other agencies could provide.
- b. Referral of individuals who are mentally retarded to other agencies.
- c. Providing specialized coordination, technical assistance, and support to other agencies' services and their development.

## **VOCATIONAL**

## **A 8. Vocational and Adult Education Services**

That ENCOR provide for vocational and adult educational services in the next five years in order to meet the needs of individuals residing at the Beatrice State Developmental Center, individuals residing at Hastings and Lincoln Regional Centers, individuals currently residing in nursing homes, adults in the community, and the great number of youth who will be graduating from public schools.

## **A 9. Employers' Involvement**

That current and potential employers of handicapped people be involved in the future design and planning of the ENCOR Vocational Services in each geographic area.

## **B 10. Labor Market**

That Vocational Services obtain and utilize comprehensive assessments of the community labor market in order to design training programs to meet the needs of potential employers and (client) employees.

## **C 11. Assessments**

That Vocational Services employ vocational assessments that consider abilities, skills, interests and that these assessments and the assessment data be utilized in the decision-making process for job placement.

## **C 12. Diverse Skill Development**

That work situations be secured which provide for the diverse skills development of trainees. Such situations would require the use of various tools or machines and reflect a realistic work setting affording specific training skills and work potential.

## **C 13. Integrated Training Opportunities**

That ENCOR develop additional integrated training opportunities, work stations in industry, individualized training work sites; apprenticeship programs and competitive job opportunities for the mentally handicapped.

## **A 14. Adaptive Equipment**

That ENCOR utilize technical expertise in the development of adaptive equipment to meet the needs of the severely retarded and multiply handicapped.

## **EDUCATION**

## **B 15. Family Management and Adult Education**

That family management and adult education programs be made available to mentally retarded persons. These pro-

grams shall include money management, parenting programs, sex education and family planning, time management, nutrition, basic health, functional academics, and grooming. Programming shall be age and culturally appropriate.

**A** 16. Integration of Preschool Children

That ENCOR advocate for the effective integration of preschool children with non-handicapped children during the implementation of LB 889.

**B** 7. Cooperation with Public Schools

That ENCOR will cooperate with all public school staff in order to provide quality services for all children.

**SPECIALIZED SERVICES**

**C** 18. Specialized Services

That ENCOR provide for specialized services to meet client needs and serve as support to staff. Such services will include, for example, 1) physical therapy, 2) occupational therapy, 3) speech therapy, 4) medical expertise, and 5) psychological services.

**RECREATION**

**B** 19. Recreation, Social and Leisure Activities

That ENCOR recognize the importance of recreation, social and leisure time activities to the full development of the individual and therefore, develop a wide range of social and leisure time activities for mentally retarded persons which maximizes the opportunity for integration with non-handicapped persons.

**B** 20. Expanding Recreation Programs

That recreation programs be developed and expanded to provide these activities on weekends, after school and work, and during summer months.

**TRANSPORTATION**

**A** 21. Cooperation with Public Transit

That ENHSA Transportation cooperate with public transportation systems for the development of future services and driver training in each metropolitan area.

**A** 22. Clients' Access to Transportation Services

That ENHSA Transportation and ENCOR cooperate in planning efforts so that clients receive necessary services without riding over one hour to and from the service.

**A** 23. Additional Options

That ENHSA Transportation develop additional options such as car pools in rural areas.

**B** 24. Transportation to Social Events

That transportation be made available for recreation, social and leisure time activities.

## **SECTION C: INTEGRATION OF SERVICES**

**AGENCY OBJECTIVE: THAT ENCOR PROMOTE THE DELIVERY OF SERVICES FOR MENTALLY RETARDED PERSONS THROUGH THE USE OF THE SAME RESOURCES AND SETTINGS AVAILABLE TO ALL CITIZENS.**

### **ENCOR'S ROLE**

- A** 1. **Responsibility with Agencies**  
That ENCOR define its responsibility for working with various generic and community agencies for the purpose of planning and program development.
- A** 2. **Program Development**  
That ENCOR cooperate with other agencies for the purpose of program development.
- B** 3. **Expertise**  
That ENCOR coordinate and utilize expertise both internally and externally for the purpose of providing services to the following populations:
  - a. Medically fragile, retarded individuals.
  - b. Severely and profoundly retarded adults.
  - c. Mentally retarded elderly individuals.
  - d. Mentally ill, mentally retarded individuals.
  - e. Mentally retarded married individuals.
  - f. Mentally retarded offenders.
  - g. Others as the need arises.
- A** 4. **Elimination of Gaps**  
That ENCOR work cooperatively with relevant agencies to eliminate gaps in the service system, reduce duplication of services and eliminate waiting lists.
- A** 5. **Fiscal Resources**  
That ENCOR cooperate with agencies in developing fiscal resources to support services and provide and share staff training in order to eliminate gaps in the comprehensive service system.
- B** 6. **Individual Program Plans**  
That ENCOR cooperate with other agencies in establishing individual program plans across agencies thereby reducing duplication and providing maximum continuity and accountability for the client.
- B** 7. **Safeguards**  
That ENCOR analyze and design the safeguards needed when contracting with generic and community agencies to insure that services meet the needs of individuals.

## **SECTION D: INCREASING SKILLS**

**AGENCY OBJECTIVE: THAT ENCOR INCREASE THE SKILLS OF MENTALLY RETARDED INDIVIDUALS SO THAT THEY MAY PARTICIPATE IN AND CONTRIBUTE TO THEIR COMMUNITY.**

### **ENTERING SERVICES**

- C** 1. **Determination of Needs**  
That ENCOR's Social Services provide coordination for a comprehensive, reliable and periodic determination of needs, including all aspects of client and family needs as they relate to client needs. This determination of needs data should aid in (1) program placement, (2) monitoring progress and (3) monitoring the quality of services.
- a. That ENCOR inform and educate the public in order to identify mentally retarded people eligible for ENCOR services.
  - b. Provide a comprehensive definition of client needs that includes their cultural, social, financial, leisure time management and personal health needs, as well as needs in the area of civil and legal rights.
  - c. Establish cooperative agreements with other agencies in the community that facilitate rapid entry, re-entry, movement and termination for the individual client.
  - d. Develop and obtain appropriate tools and processes to enable accurate, standardized, comprehensive and ongoing determination of needs for both the consumer and his/her family as it relates to the consumer's needs.
  - e. Provide coordination and synthesis of results of the interdisciplinary determination of needs.
- C** 2. **Obtaining Services**  
That ENCOR's Social Services Department develop a system to obtain services to meet the individual needs expeditiously and according to the least restrictive means and list support and safeguards for generic agencies and clients.
- C** 3. **Achieving Independence**  
That ENCOR Social Services advocate for individual clients and families by assisting them in removing barriers to services and providing and obtaining educational opportunities to help achieve independence.
- a. Obtain or provide educational opportunities and training for families to increase their understanding of mental retardation, coping skills, problem-solving, decision-making, information regarding human and legal rights and self-advocacy.
  - b. Obtain services as soon as the needs are identified rather than on a crisis basis.
  - c. Provide advocacy in obtaining services on behalf of persons who do not yet have the skills to advocate on their own behalf.

### **INDIVIDUAL PROGRAM PLANNING**

- C** 4. **Individual Program Plan**  
That ENCOR's Social Services shall coordinate an individualized program plan for each client, quarterly, in order to monitor service quality, plan in accordance with individual needs, monitor client growth and assure program continuity. The Individual Program Plan shall:
- a. Facilitate meaningful participation of parents and clients on the individual program plan team decision-making.
  - b. Include family needs as they relate to client needs.
  - c. Provide a forum for interdisciplinary interagency client-centered decision-making.
- C** 5. **Assessment Tools**  
That ENCOR adopt standardized assessment tools appropriate to the individual's needs to enable accurate, comprehensive and ongoing assessment of individual and family needs.
- A** 6. **Additions to the IPP**  
That ENCOR add to the assessment of needs and Individual Program Planning, the areas of financial, cultural, social, leisure time management, personal health, citizenship and self-advocacy.
- A** 7. **IPP for Client-centered Decisions**  
That ENCOR establish and utilize the Individual Program Plan as an agency-wide cross-divisional tool for all client-centered decision-making.

- A** 8. IPP for Systems Planning  
That ENCOR establish and utilize the Individual Program Plan for systems planning and clarify the procedures at all levels of the agency.
- B** 9. Team Decision-making  
That ENCOR include participation of generic agencies in team decision-making through the use of the Individual Program Plan.

#### CLIENT PROGRESS

- B** 10. Monitoring Client Progress  
That ENCOR use the Individual Program Plan to monitor client progress including the use of generic services according to the least restrictive alternative.
- B** 11. Programming  
That ENCOR provide programming for all clients enrolled in direct services, which is designed to build positive behaviors and to eliminate or reduce behaviors which are obstacles to skill acquisition, and such programming shall be done in accordance with the rights of mentally retarded persons.
- B** 12. Data Collection  
That all ENCOR direct services record client growth through data collection from clients' programs and Individual Program Plans.

## **SECTION E: ASSISTANCE TO FAMILIES**

**AGENCY OBJECTIVE: THAT ENCOR SUPPORT AND ASSIST FAMILIES IN MEETING THE NEEDS OF THEIR MENTALLY RETARDED FAMILY MEMBER.**

### **TRAINING**

- A** 1. **Advocacy Training to Families**  
That ENCOR obtain or provide training to families to strengthen their role as advocate for their mentally retarded family member.
- B** 2. **ENCOR Training Available to Families**  
That ENCOR make all ENCOR-sponsored training available to families and inform them of relevant training opportunities in the community. Training shall include the importance of integration of the handicapped person with non-handicapped persons.
- A** 3. **Orientation to Families**  
That ENCOR provide an agency and program-specific orientation to families.
- B** 4. **Training on Resources**  
That ENCOR provide training to families on the resources available in the community.

### **PARENT INVOLVEMENT**

- A** 5. **Parent Advisory Groups**  
That ENCOR establish parent advisory groups to the program components. (See Section A)
- A** 6. **Involvement in Planning and Evaluation**  
That ENCOR involve families in individual program planning, evaluation and priority setting. (See Section I).
- A** 7. **Involvement in the ARCs**  
That ENCOR encourage parents to join their local Association for Retarded Citizens and other appropriate parent support groups.

### **SUPPORT**

- C** 8. **Emotional Support**  
That ENCOR staff provide emotional support to families in their adjustment to having a mentally retarded family member. When appropriate, this support will include referrals to other agencies.

## **SECTION F: PUBLIC UNDERSTANDING**

**AGENCY OBJECTIVE: THAT ENCOR INCREASE THE PUBLIC'S UNDERSTANDING OF THE ABILITIES AND NEEDS OF MENTALLY RETARDED PERSONS.**

### **PUBLIC**

**B** 1. **Public Education**

That ENCOR provide ongoing public education and information on the understanding of mental retardation, the philosophy of ENCOR services, and the rights of mentally retarded persons, to employers, the medical community, colleges and universities, neighborhood associations, cooperating agencies, parent groups, public schools and the public at large.

**B** 2. **Public Participation**

That ENCOR provide for the participation of the public in ENCOR programs through the expansion of opportunities for volunteers. ENCOR will provide safeguards through selective screening, training and evaluation of volunteers. ENCOR shall invite volunteers to evaluate the programs in which they are working.

### **PARENTS AND CONSUMERS**

**A** 3. **Notification Method**

That ENCOR provide a systematic method of notifying parents and consumers of relevant changes in personnel and program locations.

### **VISITORS**

**C** 4. **Visitations**

That ENCOR provide information to local visitors and visitors from other states and countries.

### **MEDIA**

**B** 5. **Media Relations**

That ENCOR develop and maintain positive and professional media relations.

## **SECTION G: REALIZATION OF CITIZENSHIP**

### **AGENCY OBJECTIVE: THAT ENCOR ACTIVELY ADVOCATE FOR THE REALIZATION OF FULL CITIZENSHIP.**

#### **UNMET SERVICE NEEDS**

- A** 1. **Waiting Lists**  
That ENCOR shall develop an objective and systematic waiting list procedure for provision of residential, vocational, transportation or any other ENCOR service for which there is not an immediate opening available, with reports to the Governing Board.  
Such procedures shall insure that there will be planning for persons who make early application (from one to three years in advance) for these services; this planning will take place on an agency-wide as well as an individual basis. ENCOR guidance staff will project the service needs of every ENCOR client, at least semi-annually.

- A** 2. **Available Services—Principles**  
That ENCOR make available services to meet the needs of all mentally retarded persons regardless of severity and complexity of need.

#### **INTERNAL MECHANISMS**

- A** 3. **Accessible Services to Physically Handicapped**  
That ENCOR implement necessary procedures to make all services available and accessible to the physically handicapped consistent with all applicable standards.
- A** 4. **Policies and Procedures**  
With the advice and consent of the advisory committee, consumers, and ARCs, ENCOR will complete, adopt and implement its written statement of policies and procedures concerning the exercise and protection of individual rights.
- A** 5. **Formal Due Process**  
That in the event that abridgement of the rights of a mentally retarded individual is sought within an ENCOR program or service, formal due process shall be provided to that individual.
- A** 6. **Appeal Procedure**  
That ENCOR will revise its appeal procedure so that consumers may appeal decisions and seek effective and efficient redress for grievances.
- A** 7. **Investigations of Abuse or Neglect**  
With the advice and consent of the advisory committee, consumers, and ARCs, ENCOR shall establish a consistent system of investigation for allegations of abuse and/or neglect of consumers, or of violations of client rights within ENCOR.
- A** 8. **Consumer's Consent on Program Decision**  
That ENCOR will develop and implement methods to insure that consumers give their informed, uncoerced consent on daily program decisions as well as major life decisions.
- A** 9. **Financial Policy**  
That ENCOR will protect the financial interests of consumers through implementation of a comprehensive written policy and procedures.
- B** 10. **Individual Programs**  
ENCOR will design and implement developmental individual programs in such a way that will insure that the least restrictive means are employed to change behaviors and/or increase skills and that the change desired is warranted in the overall client program.
- A** 11. **Entrance and Exit Criteria**  
That ENCOR eliminate all agency practices which use "entrance" and "exit" criteria in a way which is punitive to clients.
- A** 12. **Human Rights Committee**  
That ENCOR will establish and support a human rights committee made up of parents, consumers, and profes-



sionals from inside and outside the agency to review and make recommendations on issues related to consumers' rights. This committee should at a minimum be empowered to evaluate various behavioral programs and under specified conditions, to recommend veto of unjustified treatment programs to the agency director.

- A** 13. Assessment of Needs and Skill  
That ENCOR shall insure that an assessment of each consumer's needs and skills in the exercise of his or her civil and legal rights shall be performed upon entry to the program, or upon attainment of the age of majority, and periodically thereafter.
- B** 14. Consumer Advocates  
That ENCOR shall cooperate to the fullest extent with independent consumer advocates.
- A** 15. Conflict Resolution  
That ENCOR will provide or procure assistance in resolving situations in which the rights of consumers may be in conflict with the rights of parents, staff, or other consumers.
- B** 16. Legal Services  
That ENCOR will assist individuals in obtaining legal counsel, legal advocacy services, and/or protective services as needs arise.
- B** 17. Clean, Healthy and Safe Environments  
That ENCOR implement necessary procedures to guarantee a clean, healthful and safe living and learning environment.
- A** 18. Rights Training  
That based on the needs identified in the assessment, ENCOR will ensure that each consumer and/or representative will be given rights training and education necessary to encourage and allow the full and responsible exercise of his or her civil and legal rights.
- B** 19. Written Summary of Rights  
That ENCOR shall safeguard the rights of individuals served by providing individuals, families, and staff with a written summary of rights and instruction in how to exercise them.
- A** 20. Citizenship Training  
That ENCOR shall provide or procure a citizenship training program which shall include education on voting rights and responsibilities, consumer rights and responsibilities, organizational membership and participation, and awareness and utilization of advocacy services.

## **SECTION H: ASSISTANCE TO STAFF**

**AGENCY OBJECTIVE: THAT ENCOR PROVIDE THE STAFF SUPPORT, TRAINING AND ASSISTANCE NECESSARY TO MAXIMIZE CLIENT GROWTH AND MOVEMENT.**

### **TRAINING FRAMEWORK**

- A** 1. **Assessment of Training Needs**  
That ENCOR provide an ongoing assessment of training needs (including an analysis of Individual Program Plan data), develop training according to the needs and provide a routine evaluation of training materials and on-the-job skill application.
- C** 2. **Job Objectives**  
That ENCOR job objectives be developed and maintained for each position in the agency and that such job objectives be reviewed and revised on a routine basis in order to provide maximum flexibility to meet consumer needs and that ENCOR provide on-going communication of roles of staff, consumers and other agencies.
- C** 3. **Training**  
That ENCOR develop, obtain, and provide training according to the job objectives.
- C** 4. **Appraisals**  
That ENCOR develop an appraisal of staff based upon the performance of the job objectives.
- A** 5. **Salary Schedule**  
That ENCOR revise the salary schedule in order to provide compensation to staff for objectives met and to establish salaries which are competitive within the community.
- B** 6. **Career Mobility**  
That ENCOR establish a career mobility ladder in order for staff to be able to prepare themselves for advancement within the agency.
- A** 7. **Recruitment**  
That ENCOR establish recruitment measures and necessary incentives to hire staff from outside the service system who have a strong positive commitment to the ultimate dignity of each human being and who have the skills needed to carry out the objectives.

### **PROFESSIONAL GROWTH**

- A** 8. **Staff Benefits**  
That ENCOR provide additional employee benefits, including, but not limited to: professional liability insurance to professional staff for job-related activities, liability insurance for staff who transport clients and a retirement plan for all employees.
- B** 9. **Staff Participation in Groups**  
That ENCOR encourage staff to participate in ENCOR committees, their local ARC, and other community agency groups and organizations.
- B** 10. **Advanced Education**  
That ENCOR encourage staff to take advantage of advanced education through providing educational assistance and developing cooperative work study programs with local colleges and universities.
- A** 11. **Self-renewal Opportunities**  
That ENCOR expand the opportunities for all levels of staff to attend workshops, conferences, visit innovative programs, hold retreats, and rotate jobs for self-renewal purposes.
- B** 12. **Degree Programs**  
That ENCOR advocate for the development and implementation of degree programs in community colleges and universities which prepare persons to work with community alternatives for the mentally retarded. These programs need to be flexible to meet the needs of the persons who need only specific courses as well as those pursuing a degree.

## **SPECIAL TRAINING EMPHASIS**

- A** 13. **Training in Philosophy**  
That ENCOR provide training in the philosophy, goals and objectives of ENCOR to all ENCOR and ENHSA staff including both ENCOR and ENHSA administration and the ENCOR/ENHSA Governing Board.
- B** 14. **Training for Staff by Family Members**  
That ENCOR include family members to train staff on their point of view concerning having a mentally retarded family member.
- B** 15. **Training on Available Resources**  
That ENCOR train staff on the resources available within the community, and how to use those resources.
- B** 16. **Training on Public Relations**  
That ENCOR train staff in public relations skills in order to provide the best image and perception of mental retardation with the community.
- C** 17. **Library Resources**  
That ENCOR expand the library as a resource to staff and consumers to include, but not be limited to:
- a. ENCOR philosophy and history, attitudes, service delivery, human and legal rights, developmental theory and general information on mental retardation.
  - b. Prototypes of legislation pertaining to the rights of mentally retarded persons.
  - c. Innovative community models in vocational services, in-home services, services to severely and profoundly handicapped adults, juvenile offenders and mentally retarded elderly.

## **SECTION I: PLANNING, EVALUATION AND RESOURCE DEVELOPMENT**

**AGENCY OBJECTIVE: THAT ENCOR PROVIDE FOR A SYSTEMATIC PLAN, EVALUATION AND RESOURCE DEVELOPMENT PROCESS CONSISTENT WITH THE PURPOSE, LONG-RANGE GOALS, PHILOSOPHY AND PRIORITIES OF ENCOR.**

### **PRIORITIES**

**A 1. Policies and Admission Priorities**

That ENCOR insure a systematic review of agency policies, particularly including a review of the eligibility policy and admission priorities, with the ENCOR Advisory Committee and the local and state ARCs prior to submitting to the Governing Board.

### **ANNUAL PLANS**

**A 2. One Year Plans**

That prior to the budgeting year, ENCOR develop one year operational plans based on the goals established in the ENCOR Long-range Plan. That these plans be reviewed and revised with the ENCOR Advisory Committee and the local and state ARCs prior to submitting to the Governing Board.

**B 3. Budgeting Process**

That the budgeting process of ENCOR be based on the objectives and priorities established and be reviewed and commented upon by the ENCOR Advisory Committee and the local and state ARCs prior to submitting to the Governing Board.

### **PLANNING, EVALUATION AND RESOURCE DEVELOPMENT**

**A 4. Monitoring Plans**

That ENCOR encourage monitoring groups to track progress toward goals established in the One Year Operational Plan and the Long-range Plan.

**A 5. Resource Development**

That ENCOR actively seek stable funding for continuing the function of resource development to secure multiple funding sources for future agency activities. That the primary resource development activities be geared to providing incentives to communities for deinstitutionalization, using federal, state and local funding sources. That the resource development activities be developed in conjunction with other CBMR Regions and advocacy organizations.

**A 6. Evaluation of Services**

That ENCOR provide a systematic, annual review and evaluation of all services and that the evaluation process include parents and Advisory Committee members.

**C 7. Evaluation, Research and Planning**

That ENCOR support an evaluation, research, and planning process designed to collect and analyze data associated with each major ENCOR function for the purpose of identifying the most appropriate service, training, education or personnel development strategies known. The world-wide study of appropriate service, training, education or personnel development strategies will be aggressively pursued, whenever possible, in conjunction with other agencies. ENCOR will actively share and disseminate the product of its research, evaluation and planning activities.

# ISSUES APPROPRIATE FOR THE LOCAL AND STATE ASSOCIATIONS FOR RETARDED CITIZENS AND OTHER EXTERNAL ORGANIZATIONS

## INTRODUCTION:

Federal, state and local laws, ordinances and regulations impact greatly upon mentally retarded citizens as does case law established by courts across the land. In addition, the common practices engaged in by officials of the city, county, state and federal governments and law enforcement officials influence the lives of mentally retarded citizens and the practices of the agencies which serve them. This section of the recommendations represents a look at areas in which ENCOR does not have control, but which are important to mentally retarded persons and which should be addressed by the Associations for Retarded Citizens or by other appropriate agencies or organizations.

## RECOMMENDATIONS:

### 1. Rights of Developmentally Disabled

Ideally, the Nebraska Legislature should adopt legislation affirming the rights of developmentally disabled persons. Writers of this legislation should consider the rights set forth in the Horacek vs. Exon Consent Decree as well as provisions set forth in model legislation as adopted by other states.

### 2. Support to the Home

Advocacy groups should write and lobby for legislation which provides either or both:

- a. Direct financial support to parents of handicapped children for specified expenses which will enable them to keep their children at home;
- b. Staff support in the form of in-home services to parents of handicapped children in order to prevent the need for residential care.

### 3. Funding Following the Person

Legislation should be enacted at the county, state and federal level which allows funds to follow the person from the institution to the community programs in which he/she receives services and offers incentives to counties and states for provision of quality community-based mental retardation programs.

### 4. Right to Life; Right to Quality Medical Care

Because every mentally retarded person has the right to life and to equal access to adequate medical care, the ARCs should work with the agencies, hospitals, and medical professionals in the community to see that these rights are fully protected and realized. This means that:

- a. Child and Adult Protective Services, and/or the Offices of County Attorneys, should be willing to intervene when a report is filed that a mentally retarded or handicapped person is being denied necessary medical treatment, including surgical procedures necessary to maintain or preserve life.
- b. The physicians in the community must be educated to a fuller understanding of all the issues involved when a mentally retarded person (infant, child or adult) needs medical treatment, and to an awareness of community resources available to help their mentally retarded patients and their families.
- c. The area hospitals must develop policies or position statements on their own practices when a handicapped and/or mentally retarded person, infant or older person, is in need of medical treatment. These policies should deal with issues such as:
  1. What means will be taken to preserve life;
  2. What reporting procedures will be followed if the parents or guardians of a mentally retarded person refuse to consent to necessary treatment, especially if a treatable condition is life-threatening.
  3. What kinds of information should be made available to the parents or guardians of a handicapped person;
  4. What constitutes informed consent.
- d. Hospitals and doctors receiving funds from HEW are required to provide equal access to treatment to handicapped persons, even to those who may be difficult to treat or who are unable to pay. This treatment must be of a quality equal to that available to other citizens, and performed by fully qualified medical personnel.
- e. The agencies providing direct services to mentally retarded persons must provide training for their clients in the areas of meeting their own health needs, tolerating necessary medical procedures, proper nutrition, hygiene and sanitation, and taking medication.

### 5. Guardianship

The Nebraska laws on guardianship should be modified. While some mentally retarded adults may need full guardians to

make decisions about their lives, many others need only limited guardianship. Mentally retarded Nebraskans need legislation which allows for flexibility in determining the extent of guardianship to be assigned to an individual, and periodic review as to the need for continuing guardianship. NebARC should continue to advocate for its proposals for change in guardianship legislation.

**6. Commitment**

The Nebraska statutes which provide for voluntary or involuntary commitment to an institution for mentally retarded persons should be changed so as to reflect current practices and so as to provide the proper federal constitutional guarantees and protections.

**7. Definition of Competency**

A corollary to the need for flexibility in guardianship is the need for clear definitions of competency, incompetency, and incapacitation in Nebraska statutes, and a designation regarding who shall evaluate an individual's competency. All references to incompetency which do not fit this definition should be amended or expunged.

**8. Mainstreaming in Education**

Every mentally retarded child has the right to an education in the least restrictive, most appropriate, and most integrated setting adequate to meet his/her individual needs. The advocacy agencies should work to insure that local schools come into compliance with federal and state mandates.

**9. Compensatory Education**

A free, appropriate education should be provided to all mentally retarded citizens who were denied access to educational programs in the past. Legislation and appropriation for such programs should be supported by the advocacy organizations.

**10. Employment Discrimination**

The ARCs and the federal, state and local government should advocate for equal employment opportunity for mentally retarded citizens through monitoring and enforcement of a variety of existing legislation, especially through the Vocational Rehabilitation Act of 1973, Sections 501 and 503. The Omaha Human Relations Department should receive and act on complaints of employment discrimination on the basis of handicapping conditions. The Nebraska Equal Opportunity Commission should begin to receive complaints of discrimination based on handicap, and should be funded so as to process complaints quickly. Advocacy for affirmative action plans for employment of the handicapped should be a priority for all of the advocacy agencies.

**11. Insurance Discrimination**

Legislation should be developed which outlaws discrimination in insurance (life, health, or other) on the basis of mental retardation.

**12. Zoning**

Each municipality should establish zoning ordinance provisions which allow for family and group care facilities, following the 1974 recommendations of the American Society of Planning Officials. The Associations for Retarded Citizens must be involved in advocacy for fair zoning.

**13. Section 504 Regulations**

Every public agency or institution receiving federal funds shall be in compliance, or have a plan to come into compliance with the provisions of Section 504 of the Vocational Rehabilitation Act of 1973.

**14. Transportation**

Because mentally retarded citizens often have difficulties in getting to places of employment, medical treatment, recreation, or other needed services, transportation should be made available to them on an "as needed basis" and provided by the municipal public transportation authorities. (Section 504 of the Vocational Rehabilitation Act of 1973 has been invoked in some federal court cases on transportation issues).

**15. Legal Services/Legal Advocacy/Activation of the Bar**

Because mentally retarded citizens and their parents or guardians continue to experience problems requiring legal assistance (ranging from problems in setting up or living with trusts and wills to problems in obtaining needed services), advocacy agencies should band together to fund and support a local or state center on law and the handicapped. Especially needed are free, accessible legal and advocacy services to people in institutions and other residential settings.

**16. DD Protection and Advocacy Legislation**

The Board of Directors of the Nebraska Protection and Advocacy Service should consider the model statute proposed in the American Bar Association's new publication, "Model Statutes for Establishing a Developmental Disabilities Advocacy Agency", in order to obtain legislative approval of and commitment to independent advocacy for developmentally disabled citizens.

**17. Monitoring**

Because mentally retarded citizens have a right to services in which their rights are protected and supported, the ARCs must assume their responsibility to monitor services on a regular basis (using already available consumer monitoring instruments as guidelines), to undertake active involvement in advisory committees to service agencies, and to lobby for necessary legislation and appropriations when deficiencies exist.

**18. Mentally Retarded Offenders**

Joint planning must be undertaken between many community agencies and the various components of the criminal justice and corrections system, in order to meet the needs of mentally retarded juvenile and adult offenders. A search for support of additional funding must also be jointly accomplished. Education of the police should also be undertaken.

**19. The Mentally Retarded, Mentally Ill**

Joint planning must be undertaken in order to plan effectively to meet the needs of individuals who are mentally retarded and mentally ill. One area of great concern is the need for developing adequate staff training in both residential and day services.

**20. The Mentally Retarded Elderly**

Joint planning among agencies who serve the mentally retarded and the aged in community-based services must be undertaken in order to plan to effectively meet the needs of individuals over the age of 65 who are mentally retarded. Whenever possible, these individuals should reside in small, family-like settings, but have access to appropriate day activities.

**21. Mentally Retarded Persons in Nursing Homes**

Joint planning must be undertaken between the regional community-based mental retardation programs and Health Planning Agencies in order to eliminate the inappropriate placement of mentally retarded persons in nursing homes. Measures should be adopted which will halt the placement of any mentally retarded person from outside of the State of Nebraska into licensed ICFMR facilities. This should also apply to placement outside of the person's legal county or region of residence. The community-based mental retardation region should be adopted as the appropriate planning agency and proposals for the establishment and licensure of future ICFMRs should be approved by both the CBMR Region and the appropriate Health Planning Agency. Individuals under the age of 65 should not be placed into programs which also serve geriatric patients, and mentally retarded persons should not be placed in facilities with individuals whose primary disability is mental illness. Day programs and residential programs should not be provided for in the same facility.

**22. Training Needs of the Medical Profession**

Physicians, medical students, nurses, nursing students, dentists, and dental technicians should receive more adequate formal education and direct experience in the area of mental retardation, the needs of families, the resources available within the community and the community's philosophy toward service delivery.

**23. Manpower and Development Needs**

There is a great need for the development of additional manpower at local colleges and universities in the professions who will be needed to serve the severely and profoundly mentally retarded and medically handicapped adults. Among these professions needed in the State of Nebraska are qualified psychologists specializing in the field of mental retardation, speech and hearing specialists, physical therapists, occupational therapists, and individuals specializing in architectural modification and machine adaptation for the mentally retarded and physically handicapped.

**24. Library Resources**

One of the most powerful ways to effect change in public attitude toward those who are mentally retarded is to make sure that the books which are read by the public on mental retardation are reflective of the principles of normalization, the developmental model and the dignity and worth of all mentally retarded persons. There are many books in public libraries, and in use in colleges and universities which express antiquated ideas regarding retarded citizens; rather than use outdated ideas, attitudes and perceptions, ARCs should take an active role in reviewing the reading materials in public libraries and in the colleges and universities to assure that the latest information on mentally retarded persons is available to the general public.

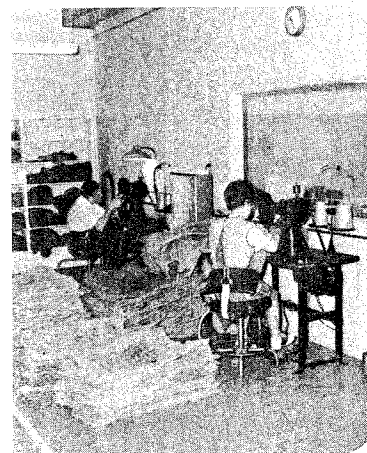
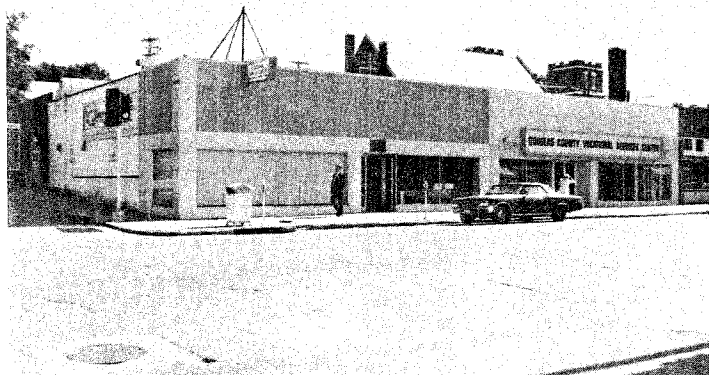
FOR WE HAVE PROMISES TO KEEP...



The First ENCOR Children's Residence—1970



Developmental Center



The First Vocational Training Center—Opened 1968



# THE HISTORY OF DEVELOPMENT IN EASTERN NEBRASKA

## A. INTRODUCTION

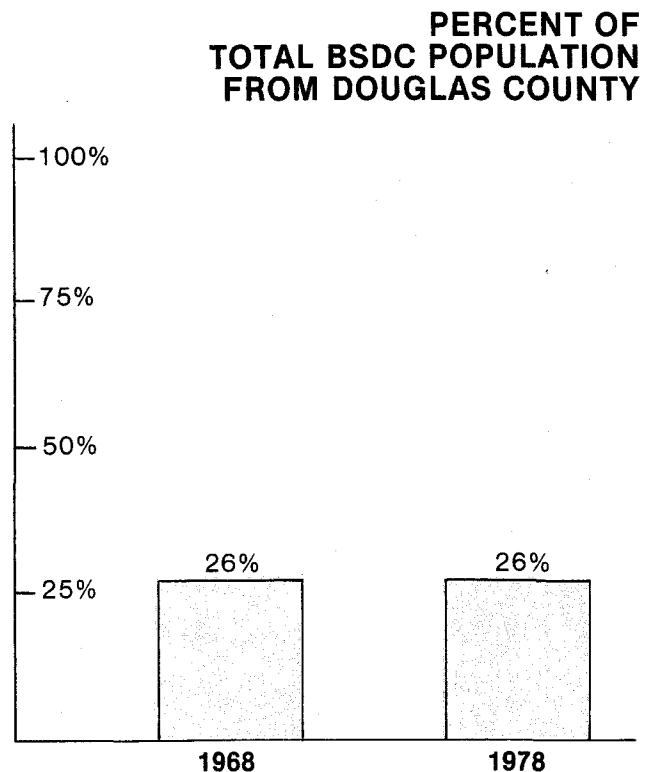
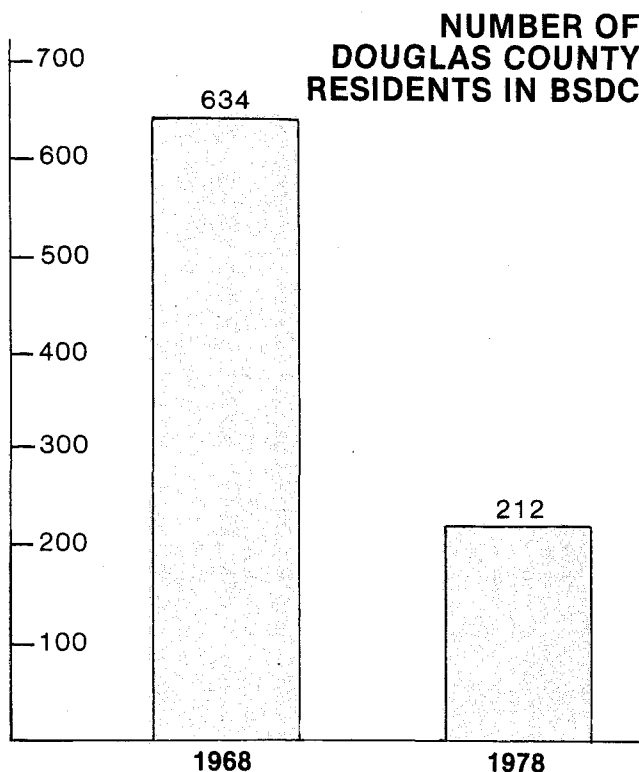
This year, 1978, the citizens of Eastern Nebraska celebrated the 10th anniversary of a new concept in service delivery to persons who are mentally retarded. Prior to this decade, many families and friends were forced to send their loved ones away from home, as no alternative services were available within the community.

In the late 1960's, the citizens of Eastern Nebraska, and especially the County Commissioners of Cass, Dodge, Douglas, Sarpy and Washington counties, made what was probably a stronger commitment than that made by any counties, in any state in our nation, to the welfare and dignity of mentally handicapped persons. This commitment was to provide for services at the local level which would eliminate the need for any mentally retarded person to be separated from his natural family and involvement in his local community. They made the commitment that all persons who are mentally retarded should remain in or return to their communities and be as independent as possible. This commitment was based on the belief that individuals who are mentally retarded have a right to live in the least restrictive environment consistent with their individual needs.

The agency which was created to meet that challenge was ENCOR, the Eastern Nebraska Community Office of Retardation. Today, with the support of parents, the community and elected officials, ENCOR is well on its way to achieving this goal. The concept of community services is now a reality to Nebraska and to the nation. A comprehensive system of community-based programs offering a vast array of services to mentally retarded people regardless of age or severity of handicap, exists today in Eastern Nebraska as well as throughout the state and in many other communities across the country. ENCOR is proud of the role it has played in this movement.

Since ENCOR's beginning in 1970, services have been provided to over 2,000 mentally retarded persons. Residential, vocational, educational and guidance services have been developed. Over 350 persons from Beatrice State Developmental Center (the one state institution for the mentally retarded) have been returned to their communities in Eastern Nebraska. A state-wide system of community services has been developed in the entire state of Nebraska through six mental retardation regions, and the population at the institution has declined from over 2300 persons in 1968 to a projected total of 700 by July 1, 1979. Only 228 persons from the five counties in the region called ENCOR will reside at the institution at that time. All mentally retarded persons in Nebraska have had a right to a free public education since 1973, and this year, the Nebraska Legislature has passed into law the right for every handicapped pre-school child to receive a free public education from the date of diagnosis.

### TOTAL BEATRICE STATE DEVELOPMENTAL CENTER RESIDENTS FROM DOUGLAS COUNTY



Today ENCOR serves approximately 990 mentally retarded persons in the community in direct day and residential programs and other supportive services, and continues to bring people out of the state institution into community-based programs.

Yet much still needs to be done to meet the goals of the original Douglas County Plan written in 1968. This Plan is a reaffirmation of those goals and a continuation of that bold effort. The following section is a report of the progress that has been made since 1968 toward the development of services in Eastern Nebraska.

## **B. PERCEPTIONS OF MENTAL RETARDATION**

Throughout history, mental retardation has been misunderstood by the general population. The effects on individuals have been devastating.

One of the myths that has prevailed throughout history in almost every country has been that mentally retarded persons are "sub-human" without feelings or needs. They need to be "managed".

Another myth is that persons who are mentally retarded are "deviant", a menace to society and potentially dangerous. They should be "isolated" in order to protect society.

Still another myth exists that mentally retarded persons are objects of pity—"eternal children" who need to be protected, happy, content, and satisfied. They should be "sheltered" from the hard realities of life.

Also, mental retardation was considered to be a "disease": its victims were sick and needed to be treated in a medical model.

The response to all of these perceptions was. . .

## **INSTITUTIONALIZATION.**

## **C. THE DECISIONS FOR NEBRASKA—THE 1960's**

In the first part of the decade of the sixties, parents of mentally retarded children had very limited choices in Nebraska. They could decide to send their son or daughter away to the one state institution for the mentally retarded which was located in Beatrice, Nebraska, a small farming community in the southeast corner of the state 100 miles from Omaha. At the time, there was a waiting list to enter the institution, but literally no one left once admitted. Or, if they had enough money, they could send their child away to a private institution or church operated program, even further away from the natural family. If the parents rejected institutionalization altogether, they were left with virtually no supports in the community to assist them, limited access to education in the public schools, no services or programs such as vocational training, respite or residential services in the community.

It was during the 1960's that the parents of mentally retarded individuals banded together in Nebraska, as in other parts of the nation as well, to work for change in the conditions that existed for their mentally retarded children and themselves.

At that time, the existing conditions were called "the blackest pages in our state's history book". The conditions at the Beatrice State Home were deplorable. Over 2300 persons were crowded into the institution; 634 of these people were from Douglas County. The institution was overcrowded, it was grossly understaffed, the buildings were old and dangerous, and the clients did not even receive a minimum of care or treatment.

### **1. The Governor's Report**

Members of the Nebraska Association for Retarded Children, a group of parents, requested a study of the institution in 1968. The Governor of the State appointed a Citizens' Committee to examine conditions at the Beatrice State Home and to give him direction. This committee was composed of parents of mentally retarded children both in the institution and living at home, several state senators, and professionals. This group of citizens provided the Governor with an extensive report of the conditions that needed to be improved at the institution, but their most urgent recommendation was that the population of the institution be reduced from 2300 to 850 residents in six years.

One of the 1968 reports produced by this committee, entitled *Into the Light*, stated:

"Underfinancing of public institutions is the problem. Public zoos spend more to care for a large animal than is spent to care for the average retarded resident in our institution. While five of the largest zoos spend an average of \$7.00 per day to care for their large animals, average expenditures for the mentally retarded in Nebraska institutions is approximately \$4.50 per day. The national average is about \$7.00. Kansas, a state very similar to Nebraska, spends over \$12.00.

In many ways we treat the retarded like animals. Retarded persons who could be trained to eat independently, to use the bathroom, and to wash, clean, dress and groom themselves are often sentenced to living in untrained conditions and to waste away without attention. Some Nebraska retardates\* who could learn self-care and walking, spend most of their days helplessly in bed, naked or crawling hopelessly in their own excrement.

'Warehousing' residents at Beatrice State Home is the result of an outdated philosophy that the retardate is something society must be ashamed of, must lock away from life, and ignore. Such a philosophy has no place in modern Nebraska".

\* The term "retardate", although commonly used at the time this report was published, is now viewed as dehumanizing. The term appears here only because a direct quote is used.

And so, the Study Committee attempted to change its words into action and based its report on five basic principles:

1. No matter how handicapped, a retarded person or institution resident is, he is not an animal, vegetable, or object, but a HUMAN BEING AND CITIZEN deserving of respect, and in possession of certain human, legal and social rights. As much as possible, retarded persons, whether institutionalized or not, should be treated as ordinary persons of their age are treated in the community. Every effort should be made to 'normalize' retardates, that is, to diminish those aspects that differentiate a retardate from a typical citizen of comparable age.
2. There should be a maximal continuity of contact and atmosphere between all phases of service agency (including institution) functioning and the community.
3. Continuity of contact between a retardate and his family should be maximal, limited only by liberally interpreted considerations for the welfare of the retardate, his family, and the agency (for example, institution) serving them.
4. Service agencies (including institutions) should provide an environment conducive to their retarded clients' physical, intellectual, social and emotional well-being and growth, with special emphasis on the development, welfare and happiness of children.
5. Each retarded person, particularly if he resides in an institution, should have a special relationship to a competent individual citizen who will act as his personal advocate, vigorously representing his interests and safe-guarding his welfare".

These principles formed the philosophical basis for planning in Eastern Nebraska.

## **2. The Douglas County Plan**

At the same time, a similar Study Committee was established in the greater Omaha area. This committee was again composed of parents and professionals (some of whom were also on the Governor's Committee). The Committee wrote a plan for services at the local level which would eliminate the need for any mentally retarded person to leave his or her home community to receive necessary services.

Wolfensberger, Clark and Menolascino developed a strong rationale for services in the original Douglas County Plan. The report discussed the waste of mentally retarded persons socially, morally and economically through current segregation and isolation in crowded, understaffed, remote institutions. It declared strongly the belief that all persons have value and a right to develop to their full potential regardless of the severity of their handicap. The report stated that mentally retarded persons are citizens and that their rights were currently being violated in the State of Nebraska. The report cited that it was very difficult to gain admittance into the Beatrice State Home, but that it was equally difficult to gain release once admitted. It also stated that all children in the State of Nebraska between the ages of 5 and 21 were guaranteed a right to a free basic education under the provisions of the state constitution. At the time, however, the state allowed the parents of residents at the Beatrice State Home to be billed for the "free, basic education" they were receiving there.

The report predicted,

"The idea that the public schools should provide special services for the mildly retarded has only recently been fully accepted by educators. So far, still in the slow process of acceptance, is the view that public schools should also provide education for the severely retarded."

It continued,

"It appears reasonable to predict that provisions of a wide range of services to the retarded is inevitable, and that the crucial question will not be if such services will be provided, but when and how."

The report declared,

"National ideals dictate that a retarded person be perceived not as an object, not as a vegetable, and not as an animal, but as a human being; not as a person deprived of legal rights, but as a citizen to be accorded due process and respect; and not as a static organism that cannot change or learn, but as a person capable of growth and development. It follows that attitudes, behaviors, and services should be based on the recognition of human dignity, of constitutionally anchored legal rights, and of pedagogic principles, rather than upon pity. It further follows that society must commit itself to the principle that many human services should be rendered as a matter of right rather than charity, and that adequate tax support is the only realistic and just basis for implementing this principle. While the expenditure of public monies may be a painful thought for many, the consolation comes with the realization that in the long run, the provisions of developmental, rehabilitative, and normalizing services are likely to be less costly than wasted lifetimes of dependency, non-productivity, and dehumanization."

The second part of the report included extensive information on individuals who were mentally retarded from Douglas County at the Beatrice State Home, the private institutions for the mentally retarded at Bethphage Mission in Axtell, Villa

Marie Home and School for Exceptional Children in Waverly, and Martin Luther Home in Beatrice. Also, information was secured from each of the public school districts serving Douglas County.

The third part of the report provided a plan for the establishment of a comprehensive system of services within the community including residential, vocational, family and resource services (including developmental day care) and central services.

The plan proposed that many residents of the Beatrice State Home could be maintained in the community with services provided which would be far less costly and much less dehumanizing than institutionalization. It proposed that day services be provided in the community, which would enable many retarded persons to stay with their families so that they would not have to receive "total care" as they would in an institution.

The plan proposed also, that the children classified as "trainable" or "educable" could be enrolled in current public school special education classes. It suggested that industrial space could be leased to establish workshops and homes and apartments could be used to establish residences for those individuals who could not remain or return to their natural home.

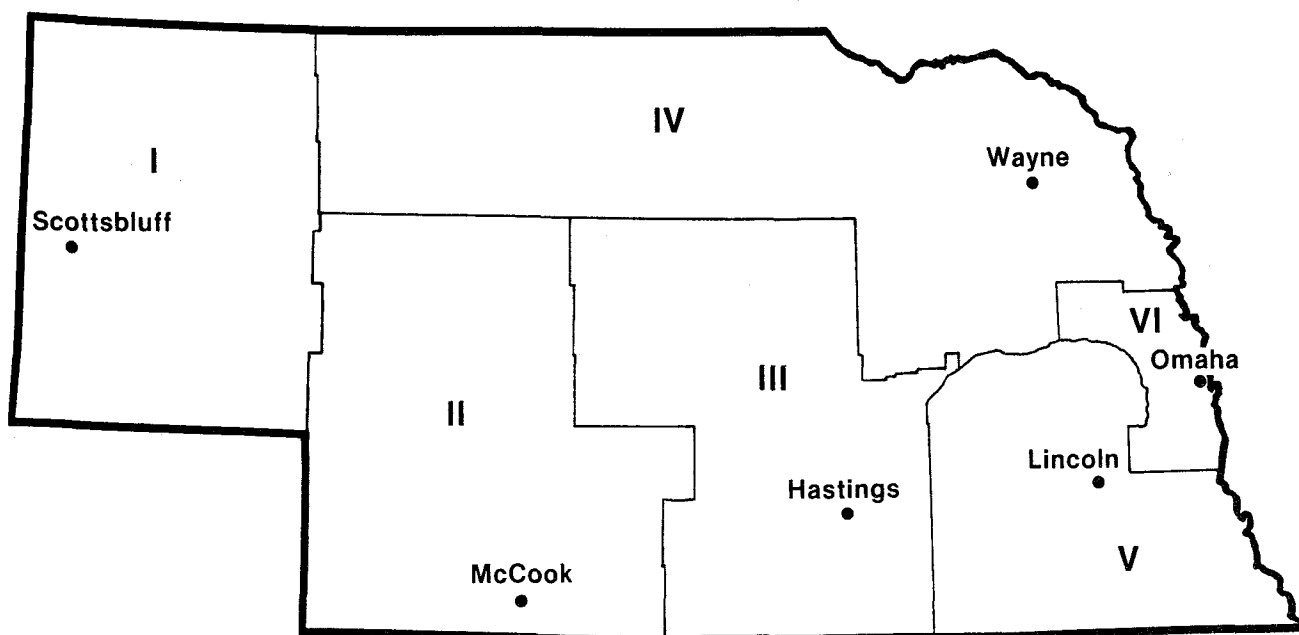
The plan also emphasized the use of generic services. It was based on a belief that mentally retarded persons should be able to experience normal routines and rhythms of life, that they should leave a residence in the morning to attend school or work in a different location, that children and adults should not attend the same "day programs", and that they should be able to utilize existing community resources and settings for recreation, transportation, and health services. It estimated that most mentally retarded persons could attain some degree of self-sufficiency and that many would become competitively employed, tax-paying independent citizens.

In 1968, the parents presented their plans to the Douglas County Commissioners. The Greater Omaha Association for Retarded Children was funded to begin to develop services. The intent of the plan was that these services would later be spun off to an agency to deliver comprehensive community services to mentally retarded people.

During the 1969 legislative session, the state legislature passed a bill establishing six mental retardation regions in the state of Nebraska and provisions for state matching funds by the Office of Mental Retardation for local planning.

## THE SIX MENTAL RETARDATION SERVICE REGIONS IN NEBRASKA

Established by the Nebraska State Legislature in 1969 under LB 855



### Percentage of Nebraska's Total Population and Area

Region I: 18% of total area; 6% of population

Region II: 20% of total area; 7% of population

Region III: 20% of total area; 15% of population

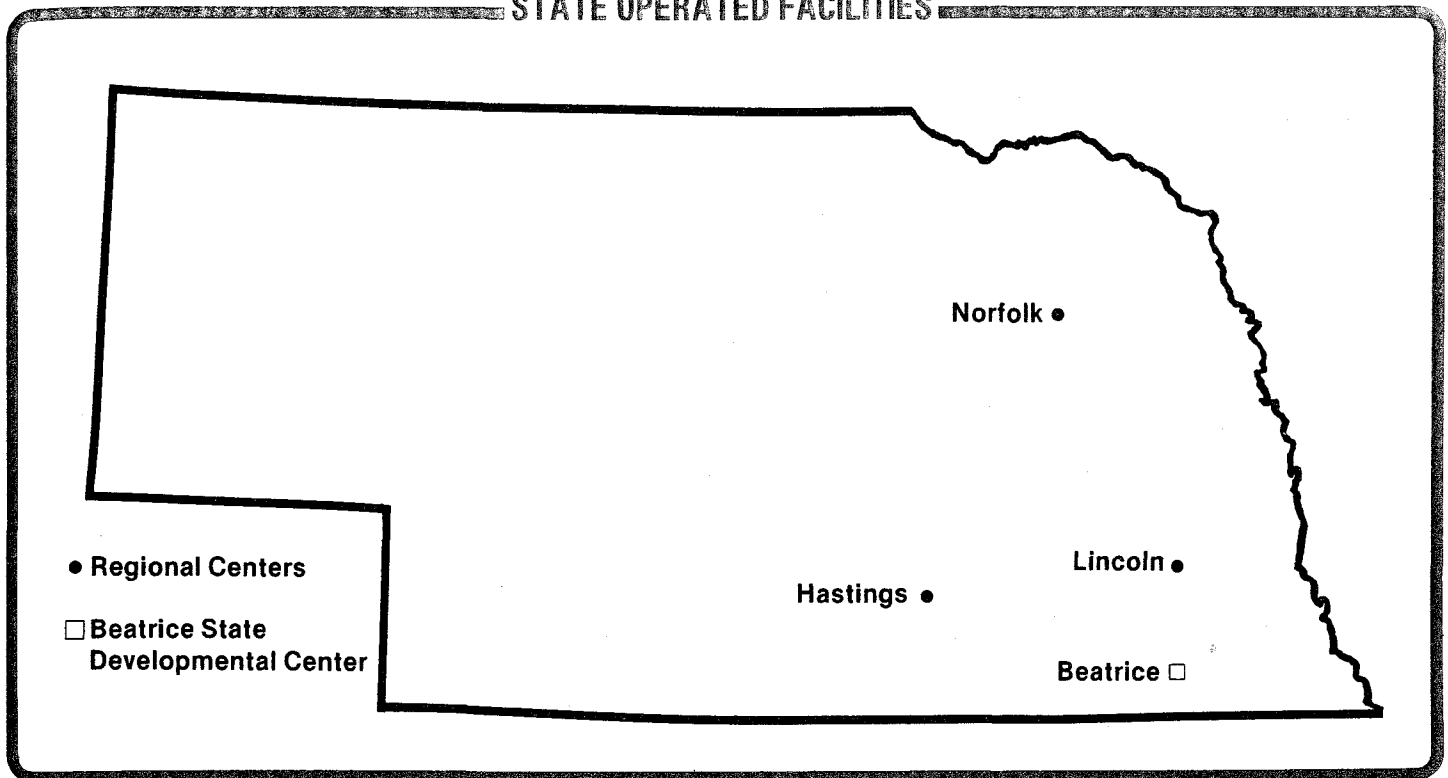
Region IV: 29% of total area; 15% of population

Region V: 10% of total area; 22% of population

Region VI: 3% of total area; 35% of population

At that time the Department of Public Institutions was the state agency responsible for the administration of the one state institution, the Beatrice State Home (later changed to the Beatrice State Developmental Center). In addition, the department administered three state Regional Centers at Hastings, Norfolk and Lincoln. All of these operated mental retardation units.

### STATE OPERATED FACILITIES



The 1969 legislative bill also transferred the Office of Mental Retardation from the Department of Health to the Department of Public Institutions, bringing both the community and institutional services to the mentally handicapped under the same department.

The parents and professionals who developed the plan for services also took responsibility for its implementation. In July of 1970, the counties of Cass, Dodge, Sarpy and Washington joined together with Douglas County and the Eastern Nebraska Community Office of Retardation (ENCOR) was incorporated.

#### D. THE DECADE OF DEVELOPMENT—THE 1970s

The five counties were able to enter into an Inter-local agreement to form a regional administration to provide community-based mental retardation services. This was possible because of the passage of the Nebraska Inter-local Cooperation Act by the state legislature in 1963. At that time, ENCOR took over the developmental, vocational, and residential programs which GOARC had begun two years before.

One county board member from each of the five participating counties served as a member of the ENCOR Governing Board, responsible for the appointment of the agency's executive director, creation and enforcement of the agency's rules, the adoption of annual budgets, and the general policy making for the agency. Funds for the agency were allocated by counties, the state dollars through the State Office of Mental Retardation. These local dollars drew federal matching funds.

ENCOR and the other five mental retardation regions across the state are designed to provide for a continuum of services to meet the individual needs of the persons they serve. Programs are located in the communities and provide services to meet the needs of any mentally retarded person from mild to profound retardation, from infancy through old age.

In 1973, the Nebraska State Legislature passed LB 403 which gave all children, regardless of handicapping condition, the right to a free public education. ENCOR provided educational services to these school-age retarded children, until the local school districts in the region took over these duties as mandated in the law. ENCOR closed its last special school program at the close of the school year in 1977. (See page 58).

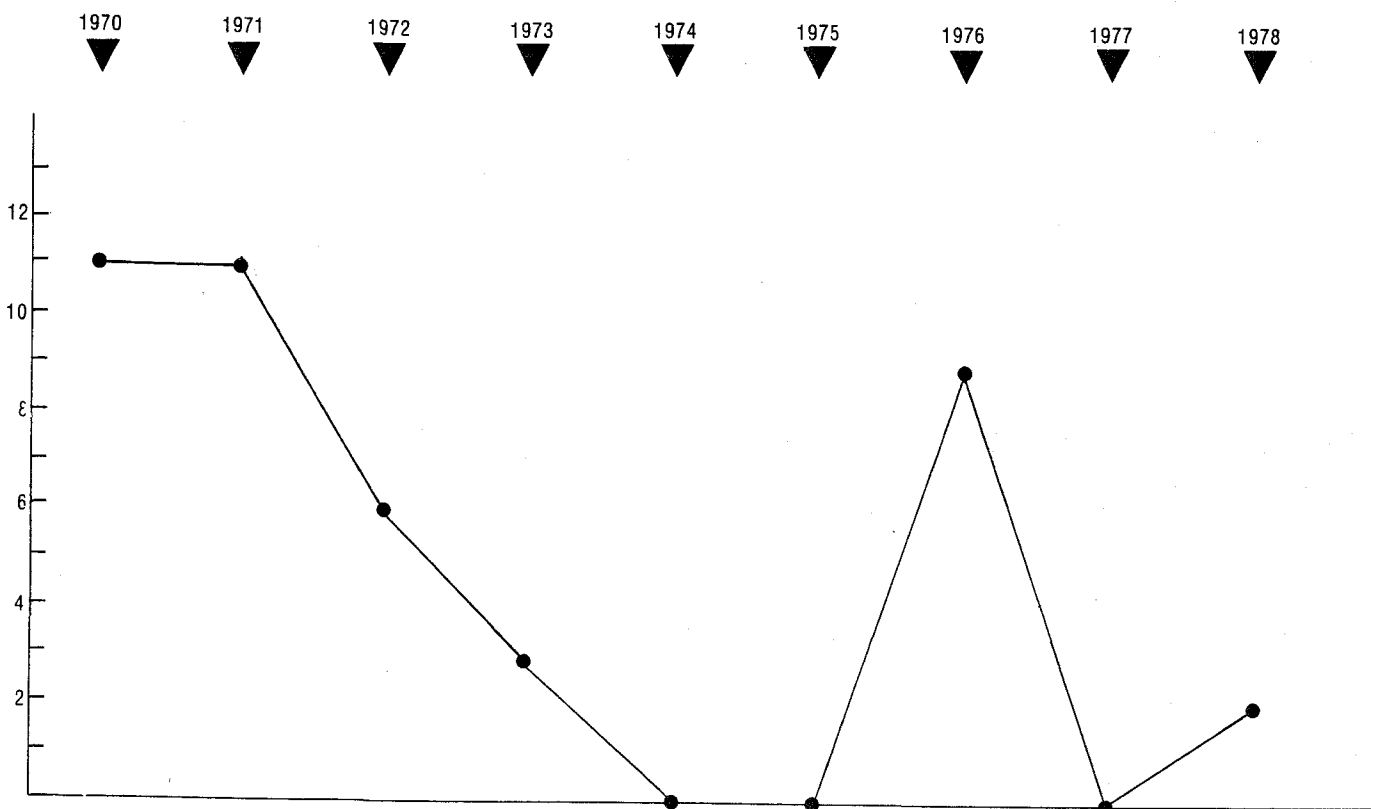
From 1970 to 1974, ENCOR rapidly expanded its services to include residential, vocational, educational, guidance and support services such as transportation, motor development, speech, physical and occupational therapy, psychological, medical and recreational services. (See page 43). ENCOR also began service development in each of the other counties in the region and stopped all intakes into the Beatrice State Home. Half of the residents of the region who had formerly been served at the institution at Beatrice were now being served through ENCOR in their local community.

In July, 1974, ENCOR became a part of the newly formed Eastern Nebraska Human Services Agency (ENHSA). The Governing Board of ENCOR became the Governing Board of the newly created human service agency. At that time, ENCOR became a program office under ENHSA. Other ENHSA program offices include the Eastern Nebraska Community Office on Aging and the Eastern Nebraska Community Office on Mental Health. ENHSA provides administrative and fiscal support to its program offices and provides specialized transportation services to clients of all three program offices. (See page 40).

The years between 1974 and 1976 showed a rapid decline in ENCOR's service development. The serious financial crisis of 1975 and 1976 caused ENCOR to close many of its services. Among the services which were totally eliminated were all staff training, social service offices which had been established in each local community, adult evening educational programs, recreational programs, structured correctional programs, crisis assistance unit, public education and information functions, volunteer coordination and tour services. All planning, evaluation, administrative support staff and the ombudsman were terminated. Services which were drastically reduced included: advisors, speech therapy, physical therapy, and psychological services.

All adult intake was closed and eight individuals from the ENCOR region were admitted to the state institution in Beatrice.

### REGION VI ADMISSIONS AND READMISSIONS TO THE BEATRICE STATE DEVELOPMENTAL CENTER IN HISTORICAL PERSPECTIVE



\*Total Admissions and Readmissions to the Beatrice State Developmental Center that Region VI was made aware of and had an opportunity to offer alternative services had they been available.

The ability of ENCOR to provide high quality services to individuals in its programs was severely reduced. In total, over one hundred staff were reduced in force.

The years of 1977 and 1978 were years of serious rebuilding for ENCOR. ENCOR began to restore some of the services which had been eliminated during the previous two years. Staff training, speech, physical therapy, psychological and social service staff were added. An Office of Planning and Evaluation was established for one year to develop a long range action plan. Recreation programs were again developed in Douglas County. Expansion was difficult due to the lack of flexibility in the system, the need for further development and training of staff and the difficulty in recruiting qualified personnel following a period of obvious lack of stability.

Today, the basic organizational structure of ENCOR is still the same system of "divisional management" that existed at the time of its original inception. (See page 42).

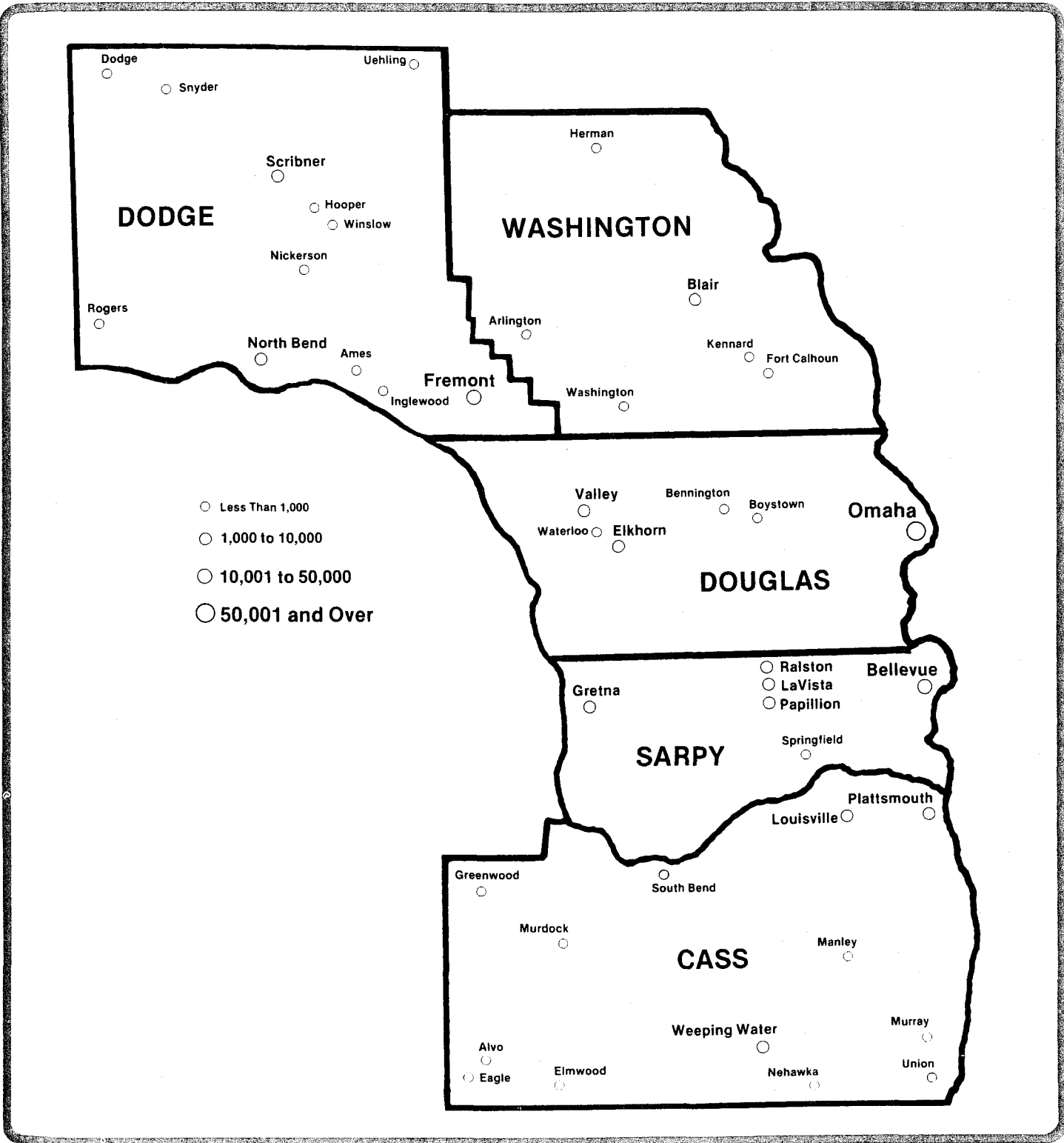
# THE REGION CALLED ENCOR:

## A DESCRIPTION OF REGION VI

### A. REGION VI CHARACTERISTICS;

#### 1. Size

The Eastern Nebraska Community Office of Retardation (ENCOR) consists of Cass, Dodge, Douglas, Sarpy and Washington counties. It is the smallest in geopolitical size of the six mental retardation regions established by the Nebraska State Legislature in 1970. It covers 2043 square miles.



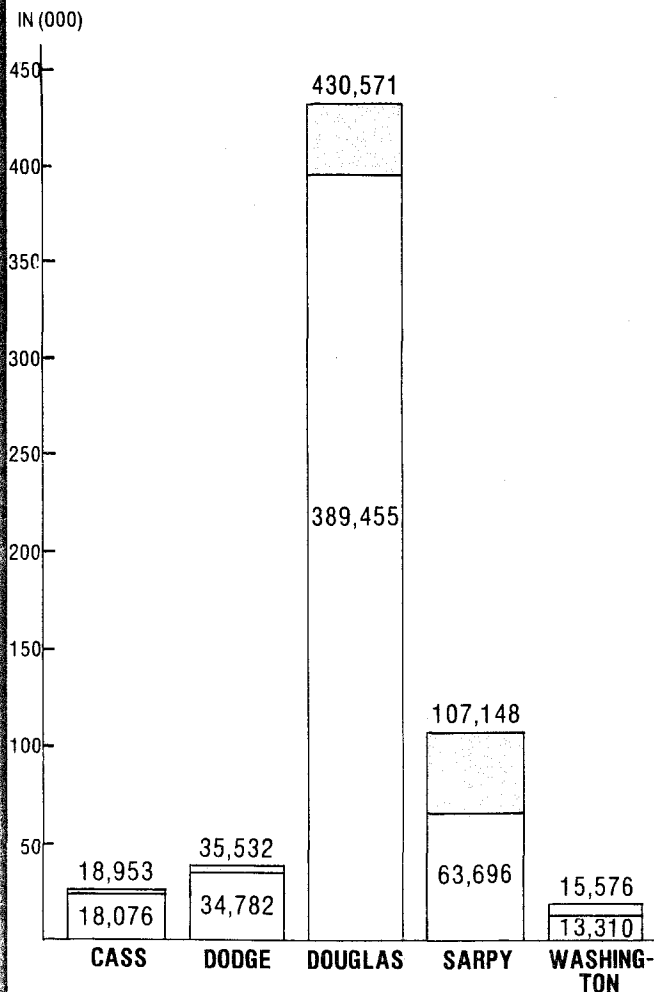
## 2. Population

In the 1970 census, the population of the region was 519,319. The region contains over one-third of the state's population and almost one-half of the state's children.

Omaha, located in Douglas County, is the largest city in Nebraska with a population in 1970 of 347,328 (1203.2 persons per square mile). Bellevue, in Sarpy County, is the eighth fastest growing county in the United States containing the Strategic Air Command Headquarters (SAC). Fremont, in Dodge County, and Blair in Washington County, are also growing urban areas. Plattsmouth is the largest community in Cass County. The remainder of the region is relatively sparsely populated with most of its citizens residing in rural areas (32 persons per square mile).

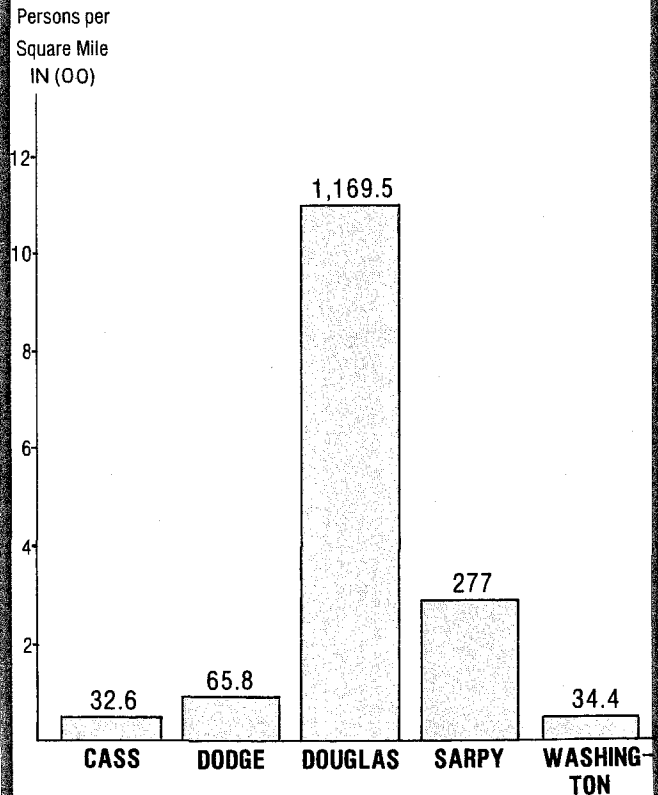
### 1970 CENSUS POPULATION 1980 POPULATION PROJECTION BY COUNTY

Projected growth by 1980 is indicated by shaded areas.



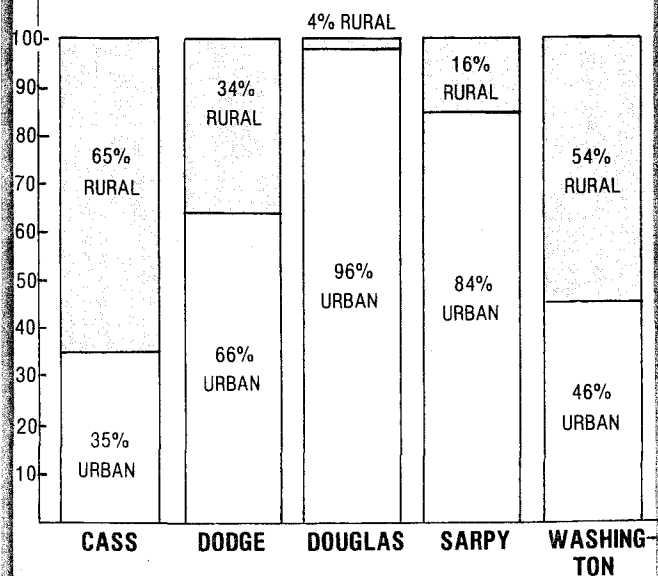
### POPULATION DENSITY BY COUNTY

1970 Census



### PERCENT URBAN & RURAL POPULATION

Rural refers to % of individuals living in rural settings in population centers of less than 2500 people, as of 1970 census.

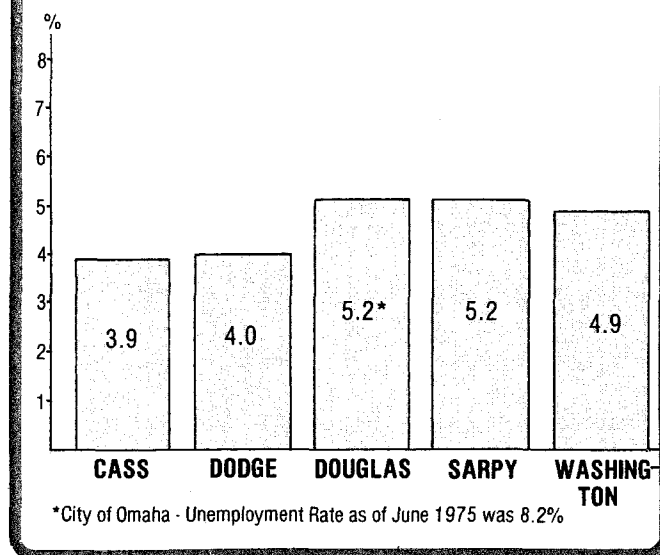




### 3. Economy

The economy of the region is generally stable due to its diversity. It ranges from farming and agri-business to commercial and industrial activities. Unemployment ranges from 3.9 percent in Cass County to 5.2 percent in Douglas and Sarpy Counties. The unemployment rate for Omaha in 1975, however, was 8.2 percent.

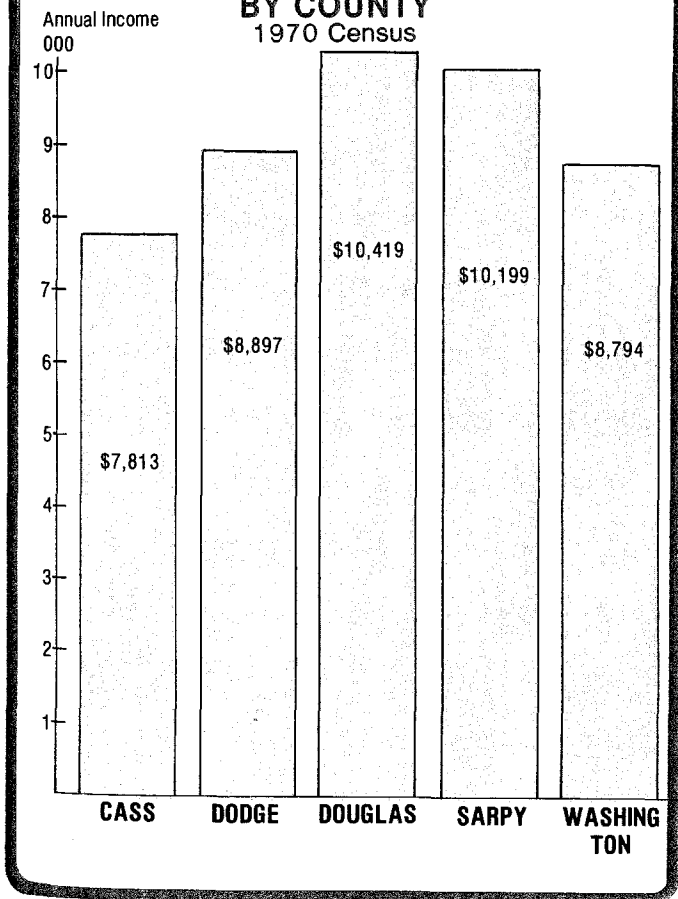
**UNEMPLOYMENT RATE  
BY COUNTY (1970)**



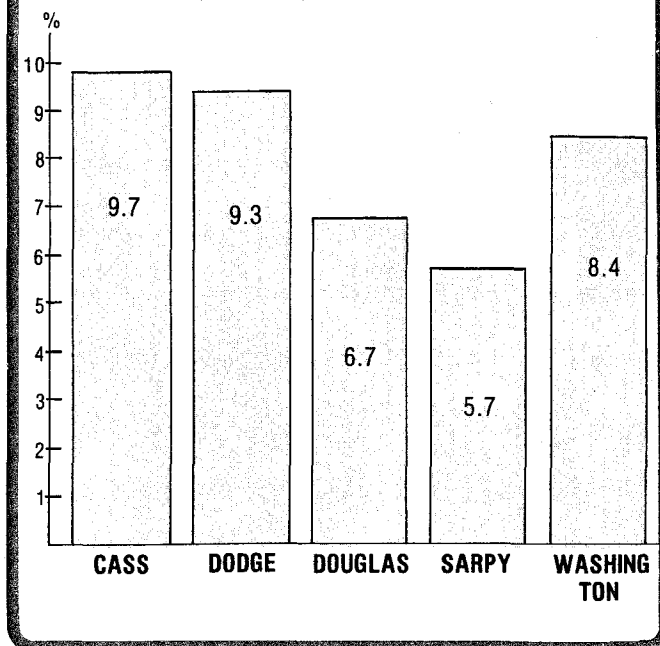
### 4. Income

The median family income for the region in 1970 was the highest of any of the regions in the state of Nebraska at approximately \$10,000. A little over 7% of the households had an income of less than \$3,000. The highest percentage of households below poverty level was in Cass County. Cass County also had the lowest percent of families with incomes over \$10,000 per year.

**MEDIAN FAMILY INCOME  
BY COUNTY  
1970 Census**

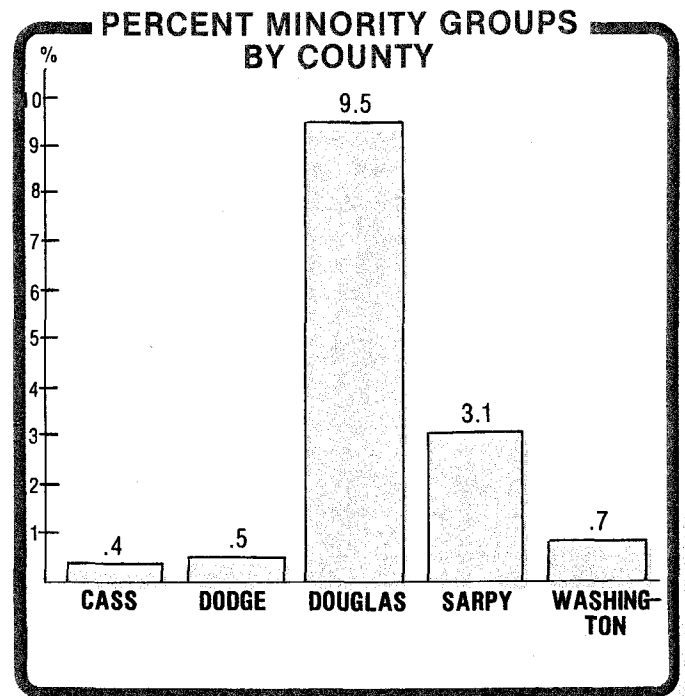


**PERCENT OF FAMILIES  
BELOW POVERTY LEVEL  
BY COUNTY - 1970**



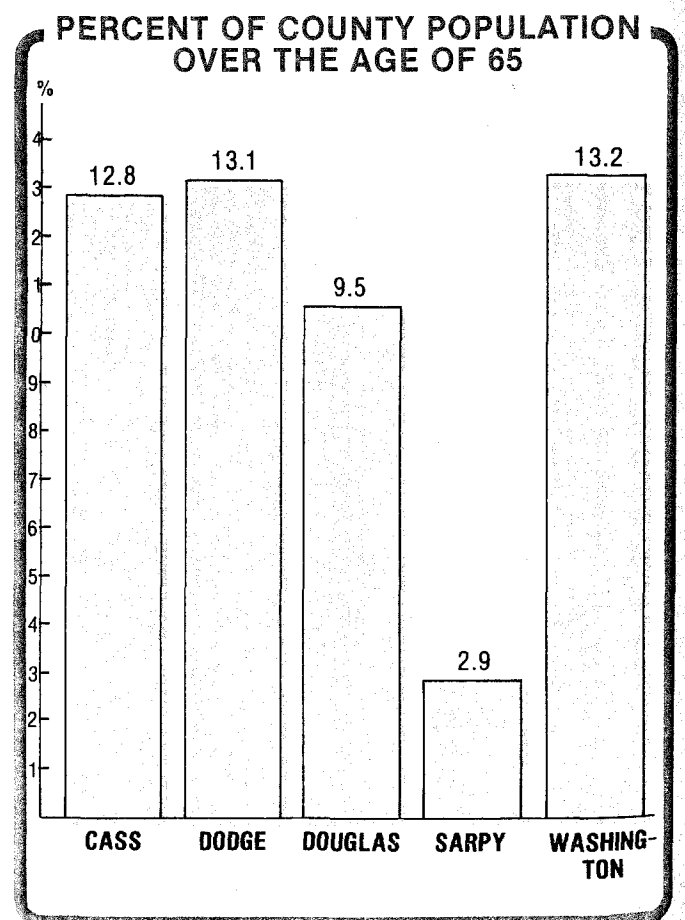
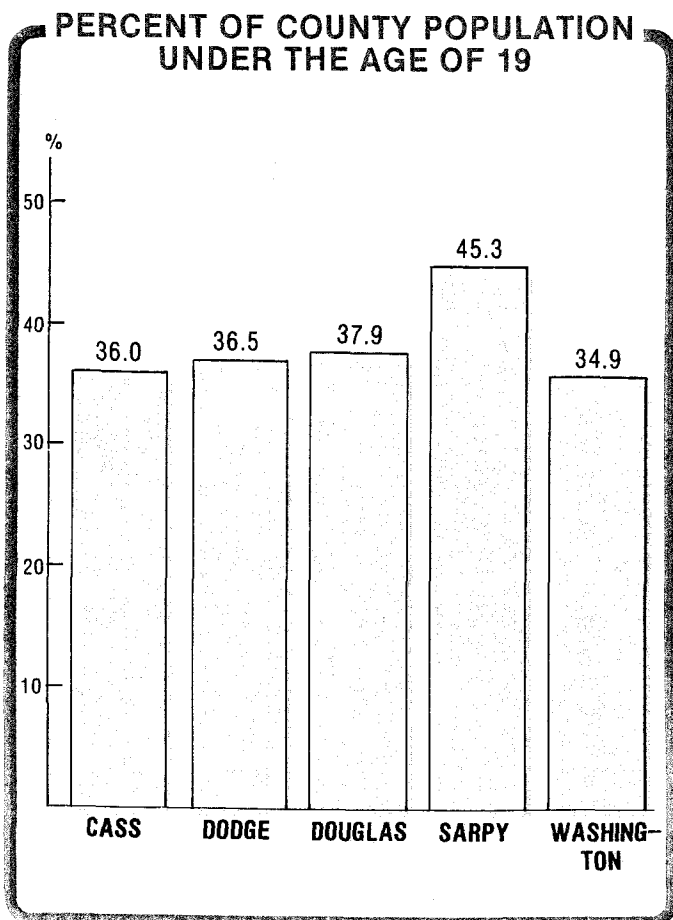
### 5. Racial Distribution

Approximately 7.5 percent of the region's population are members of a racial-ethnic minority group: Blacks, Native Americans, and Chicanos. The largest number of minority group citizens are located in the older and less economically viable sections of Omaha.



### 6. Family Information

The divorce rate for the region is 3.7 percent as compared with 2.6 percent for the state as a whole. The range is from a low of 1.7 percent in Washington County to a high of 4.1 percent in Douglas County. Over 9 percent of the families in the region have a female head of household. In some areas of Omaha, though, as many as half of the families have a female head of household. Sarpy County has the highest percent of youth under 19 and the lowest percent of adults over 65.



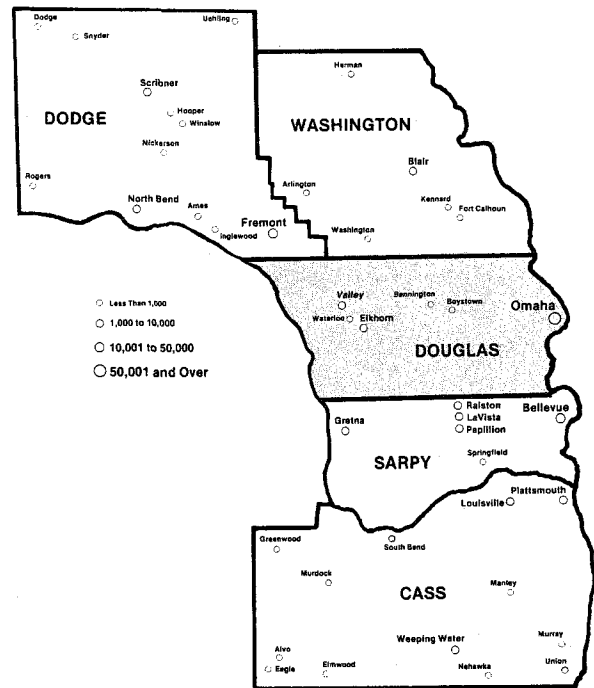
### 3. Douglas County

Douglas County is bordered on the east by the Missouri River and on the west by the Elkhorn River. Douglas County is the most populated county in the region with a 1970 population of 389,455. The county covers 335 square miles. Omaha is the largest city in the region as well as in the state with a 1970 population of 347,328.

The county has the highest median income of any county in the region of \$10,418 and the highest percent of residents earning over \$10,000 per year. Ninety-six percent of the county's population are located in urban settings.

Almost 10 percent of the population of Douglas County are from minority groups. Thirty-eight percent of the population are under 19 and nine percent are over 65.

Major population centers are: Bennington, Boys Town, Elkhorn, Omaha, Ralston, and Waterloo.



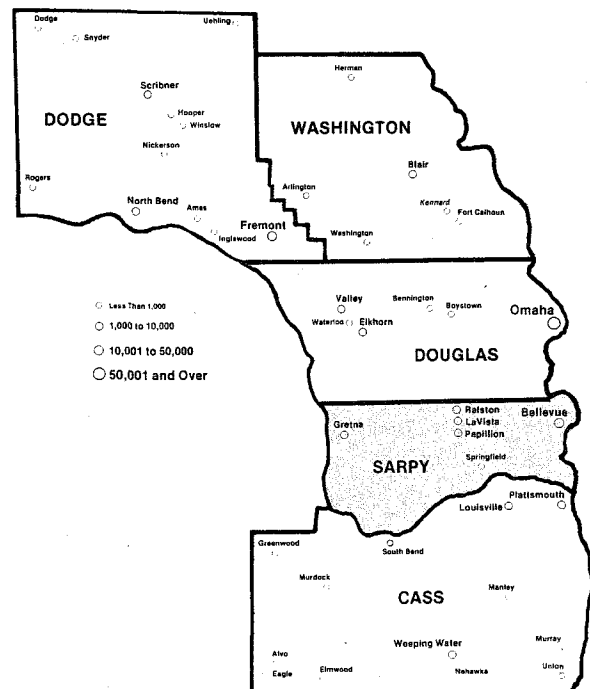
### 4. Sarpy County

Sarpy County, located directly south of Douglas, is bordered by the Elkhorn River on the west, the Platte River on the south and the Missouri River on the east. Sarpy County experienced the greatest rate of population growth in the region. The 1970 population was 63,696. The projected population for 1980 sets the population at 107,148. The population expansion is largely due to the Offut Air Force Base and the Strategic Air Command located in Bellevue. Sarpy County is the eighth fastest growing county in the United States. The county covers the smallest land area in the region of 239 square miles.

The mean family income is the second highest in the region at \$10,199. Sarpy County has the lowest percentage of families with an income under \$3,000 and only Douglas County has a higher percentage of families earning \$10,000 or more per year.

Minority persons represent about three percent of the population. The number of persons under the age of 19 is the highest for the region at 45.3 percent. By contrast, the county has less than three percent of its population at the age of 65 or over.

Major urban areas are: Bellevue, Gretna, La Vista, Papillion, and Springfield.



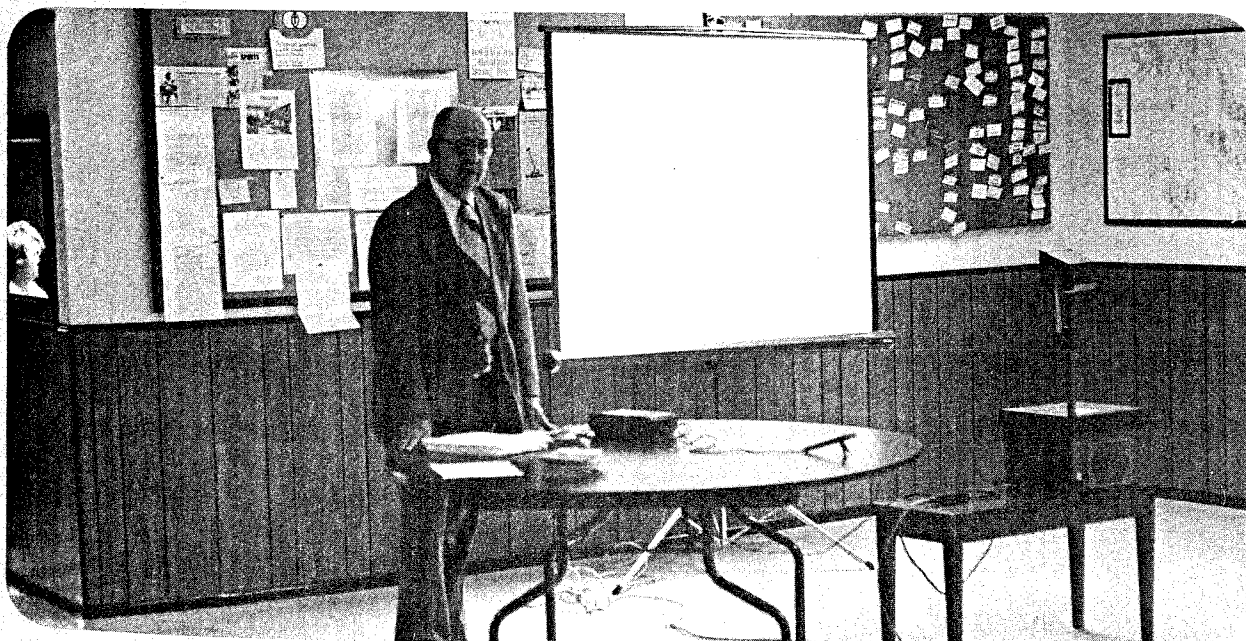
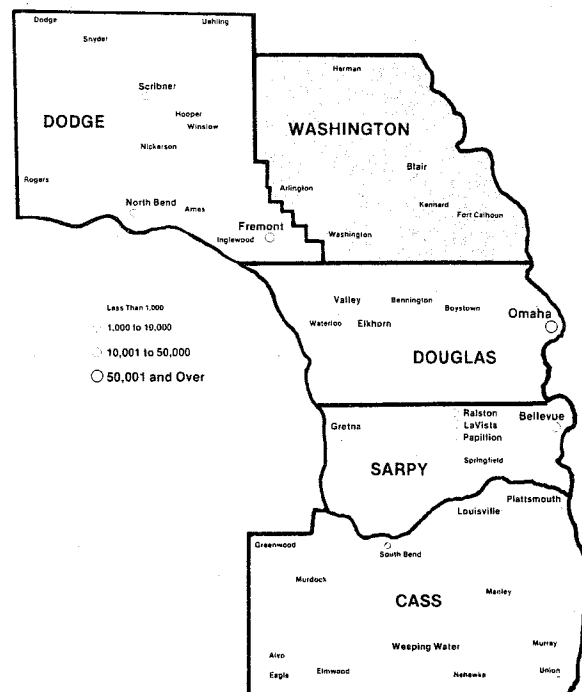
# 5. **Washington County**

Washington County, located directly north of Douglas County, is bordered by the Missouri River on the east and the Elkhorn River on the west. The 1970 population of Washington County was 13,310.

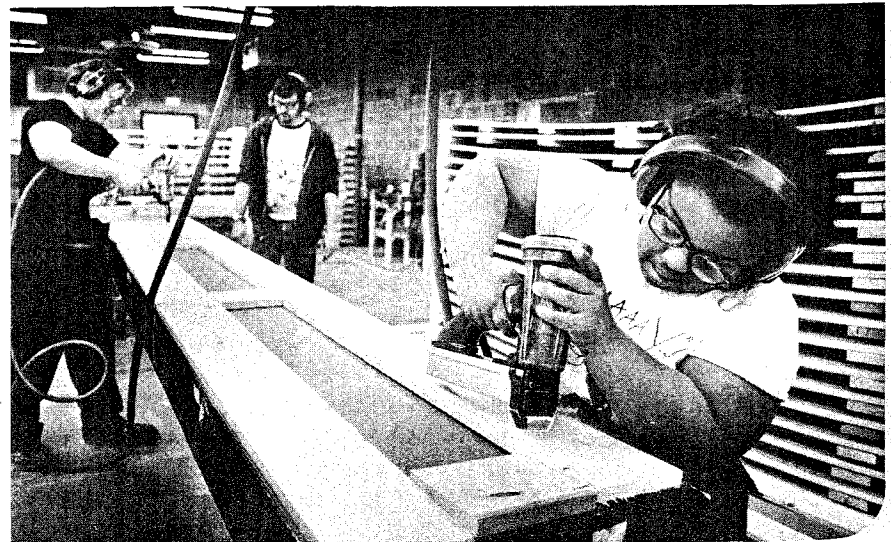
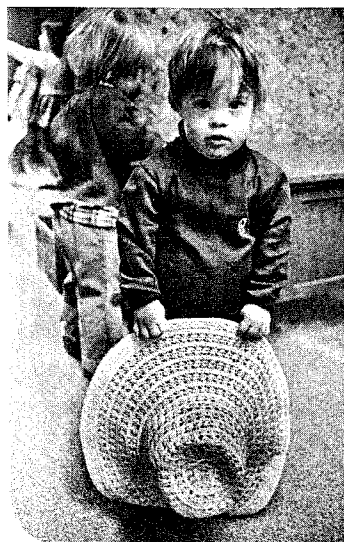
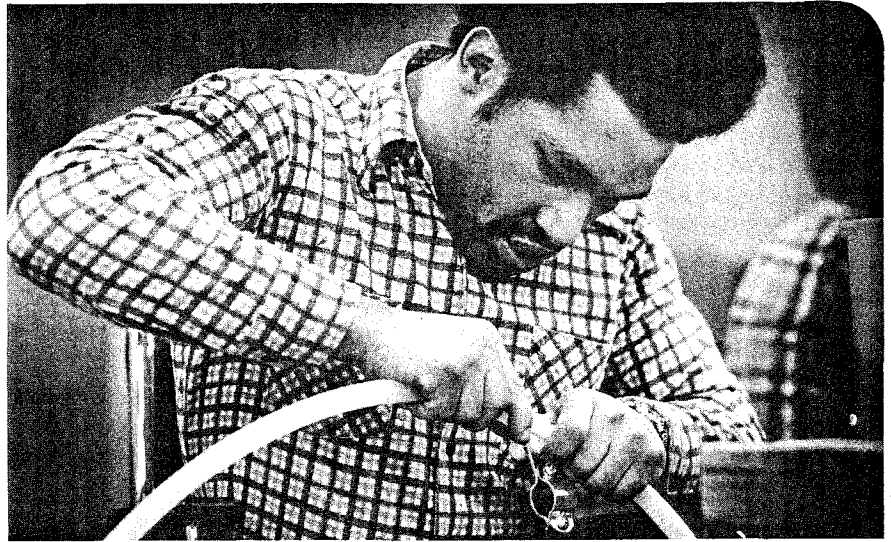
Blair is the major city in the county. The county covers 386 square miles.

The median family income is \$8794. 8.4 percent of the families have an income under \$3,000. Less than one percent of the population are under the age of 19 while 13 percent are 65 and over. Fifty-four percent of the county is rural and 46 percent urban.

Major population centers are: Arlington, Blair, Fort Calhoun, Herman, Kennard, and Washington.



Norm Magnusson, Governing Board Chairman 1971-1977



ENCOR is people. . .working, going to school, and living in the community

# WHAT IS ENCOR?

## A DESCRIPTION OF THE AGENCY

### A. PURPOSE:

The purpose of the Eastern Nebraska Community Office of Retardation (ENCOR) is to move mentally retarded persons to the use of the same resources and settings available to all citizens.

### B. THE GOALS:

ENCOR has established the following very specific long-range goals which enable the agency to measure its effectiveness as an agency:

1. To obtain or provide community services at the local level which will eliminate the need for any mentally retarded person to be separated from the natural family and involvement in the local community.
2. To promote the delivery of services for mentally retarded persons through the use of the same resources and settings available to all citizens.
3. To increase the skills of mentally retarded persons so that they may participate in and contribute to the community.
4. To support and assist families in meeting the needs of their mentally retarded family member.
5. To increase the public's understanding of the abilities and needs of mentally retarded persons.
6. To advocate for the realization of full citizenship.

### C. THE PHILOSOPHY:

The philosophy of ENCOR is the most important aspect of the service system. It is what gives ENCOR its purpose, its direction and its meaning. The philosophy shapes the relationships staff have with mentally handicapped persons, and the development of the social service system itself, including both developmental programming and the services offered. It shapes the system's relationship with the greater community as well.

#### 1. The Ultimate Dignity of Each Human Being and the Realization of Full Citizenship

Each human being has ultimate dignity and ultimate rights which cannot be denied by any governmental or societal structure. This agency is committed by this philosophy to treat all individuals with the dignity they deserve as human beings. ENCOR strives to insure that every individual is able to take full advantage of his/her human, legal and social rights. To further this end, consumer involvement is sought in individual, program and agency decisions.

#### 2. The Developmental Model

Under the developmental model, all mentally retarded persons are capable of growth, development and learning. The image of the person who is mentally retarded as unable to learn disappears under this model. This image is replaced with the belief that all individuals can advance through the use of positive programmatic principles. Through this model, we are required to consider the individual needs of each person; furthermore we place the major responsibility for success on the agency rather than on the individuals served.

#### 3. Normalization

This principle states that ENCOR must provide services to mentally retarded individuals in a way which is typical, normative and socially valued in accordance with their individual needs. Individuals who are retarded should be valued as peers in their community. This principle further requires us to assure that each person lives in as normative a situation as his skills allow. ENCOR will strive with the individual to increase his/her skills so that he/she is capable of living in a more normal environment and experience continuity with the community.

### D. ELIGIBILITY

The determination as to whether or not an individual is eligible for ENCOR services is based on the following requirements:

#### 1. Mental Retardation

The individual's primary disability must be mental retardation, regardless of secondary disabilities that may be present. The definition of mental retardation accepted by ENCOR is that of the American Association on Mental Deficiency. It states, "Mental retardation refers to significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior". Basically, this means that the person scores below IQ 70 on most standardized intelligence tests and that this does not appear to be caused by other factors such as mental health problems or physical handicaps. Also, the person has not acquired major daily living skills (adaptive behaviors) that other persons of the same age typically have.

#### 2. Residency

The individual must either be living in or a legal resident of one of the following counties: Cass, Dodge, Douglas, Sarpy or Washington. The general definition of residency as it pertains to eligibility for ENCOR services is:

- a. A minor under the age of 19 shall assume the residency of his/her parents.



- b. An individual who has reached the age of majority (age 19) shall be recognized as an adult and is able to establish his/her own residency.

## F. PRIORITIES

In order to provide services consistent with the philosophy of the agency, ENCOR has had to establish priorities for services. These are as follows, in order of priority:

1. Emergency referrals, (which are classified as such by the Governing Board or Executive Director) which are generally individuals in a life threatening situation, or individuals who are threatened with institutionalization.
2. Moves from one ENCOR facility to another which are programmatically necessary for a client.
3. Individuals on the rolls of the Beatrice State Developmental Center from ENCOR's five county region who qualify for services.
4. Community clients from ENCOR's five counties.
5. Prevention of persons going to regional centers, nursing homes and private institutions.
6. Institutional residents in regional centers, nursing homes, private institutions.
7. Individuals from other Nebraska counties (contracting between MR regions must be approved by the Governing Board).
8. Individuals with no county of legal residence or from out-of-state (also must have approval of the Governing Board).

## G. STRUCTURE

The Region is administered by a centralized structure. This means that all personnel in the Community-based Mental Retardation Region are employees of the Region and are directly responsible to the Regional Director and ultimately to the Governing Board. The ENCOR agency is one of the three office areas operating under the umbrella agency called the Eastern Nebraska Human Services Agency (ENHSA). The other office areas are Aging and Mental Health. Administrative functions are operated for all three office areas directly under ENHSA.

The internal structure of ENCOR is one of divisional management. The service divisions are Residential, Vocational, Educational and Guidance Services. There are also various departments providing supportive functions. The departments are Staff Development, Transdisciplinary Team, Public Education and Information and Facility Monitoring. All of these departments are directed from the Central ENCOR offices in Omaha.

## H. OBJECTIVES AND PLANNING

ENCOR is managed by a team management model consisting of the heads of each department and division within the agency. Each component's effectiveness is measured by objectives and activities developed in one year operational plans. The objectives are based on the goals of the agency. All departments' objectives and activities must contribute to attainment of the agency goals. (See page 37).

The objectives are as follows:

1. **Provide an administrative framework which is reflective of the purpose, long-range goals and philosophy of ENCOR.**  
Activities under this objective relate to the organizational structure of the agency, divisions and programs and the resource allocation based on the agency's priorities.
2. **Obtain or provide services at the local level which will eliminate the need for any mentally retarded person to be separated from the family and involvement in the local community.**  
Activities under this objective are the specific program and facility development and design of the agency. Each division offers a complete array of services designed to meet the individual's needs in a specific developmental area. In addition, the programs of the agency are developed in such a way as to enhance integration into the local community. The service development is based on prevention of institutionalization, bringing individuals out of the institution back to the local community, and filling the gaps in the local community until generic services can be developed.
3. **Promote the delivery of services for mentally retarded persons through the use of the same resources and settings available to all persons.**  
The ultimate goal of ENCOR is that no mentally retarded person should need to be served in any setting in which he is segregated or isolated from interaction with his normal peers. All services should be provided in regular community settings. The activities under this objective define ENCOR's planning efforts with generic agencies to encourage including handicapped persons with normal persons in educational, vocational, recreational and other services.
4. **Increase the skills of mentally retarded individuals to participate in and contribute to the community.**  
This is the objective that relates to the developmental programming for each individual. This objective ensures that every mentally retarded person will have a proper assessment of his or her needs, an individual program plan outlining long and short range goals, and specific developmental programs designed to increase his or her ability.
5. **Support and assist families in meeting the needs of their mentally retarded family member.**  
The activities under this objective encourage the involvement of families at three levels of the agency. The first, obviously, is the family's direct participation in the Individual Program Plan. The second level is in an advisory capacity to the programs and services that the son or daughter is involved in. The third is on an advisory level to the agency.

6. **Increase the public's understanding of the abilities and needs of mentally retarded persons.**

This objective outlines the agency's efforts in communicating with the public, providing information in order to demonstrate that mentally retarded persons can live successfully in the community with the proper supports. These activities seek to enhance the understanding of the public about both the contributions mentally handicapped persons are making to the community and their special needs.

7. **Advocate for the realization of full citizenship.**

These activities include the efforts of departments and staff to operate according to policies and procedures which protect the rights of mentally handicapped persons. Training and educating the handicapped person himself or herself about his or her rights are included under this objective.

8. **Provide the staff support, training and assistance necessary to maximize client growth and movement.**

Staff development is a crucial component of the service system. These activities specifically outline the orientation, on-the-job training and professional growth opportunities for the staff of the agency.

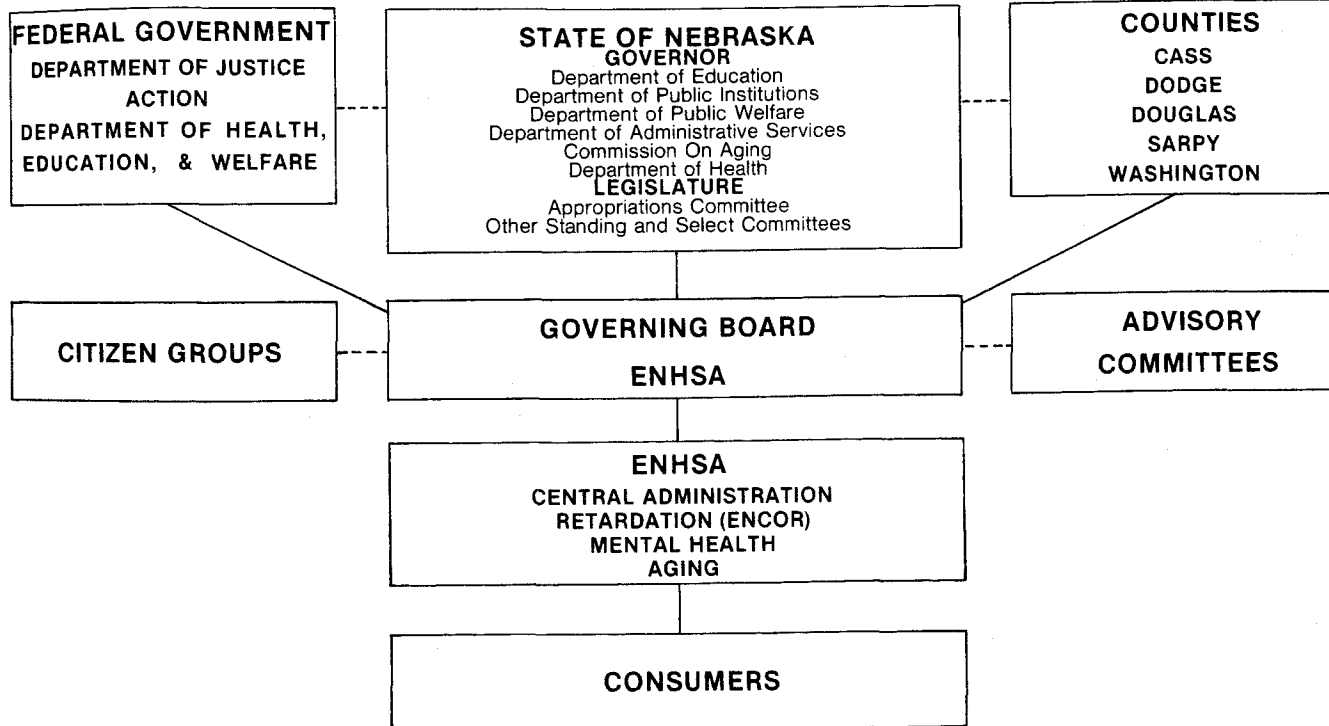
9. **Provide for a systematic plan, evaluation and resource development process consistent with the purpose, long-range goals, philosophy and priorities of ENCOR.**

The activities included under this objective relate to how the operational plans are developed, how the agency itself will be evaluated both internally and externally and the responsibilities for securing the adequate resources to accomplish the plan.

I. **THE REGIONAL GOVERNING BOARD**

## GOVERNING BOARD ENVIRONMENT

### THE PUBLIC



The Regional Governing Board is composed of one county commissioner from each of the five participating counties. The Governing Board is responsible for supervising and coordinating the programs and services offered in the Region. In 1974, the Eastern Nebraska Human Services Agency was formed and ENCOR became one of the three program offices under that agency. At that time the ENCOR Governing Board became the Governing Board for the umbrella agency of ENHSA.



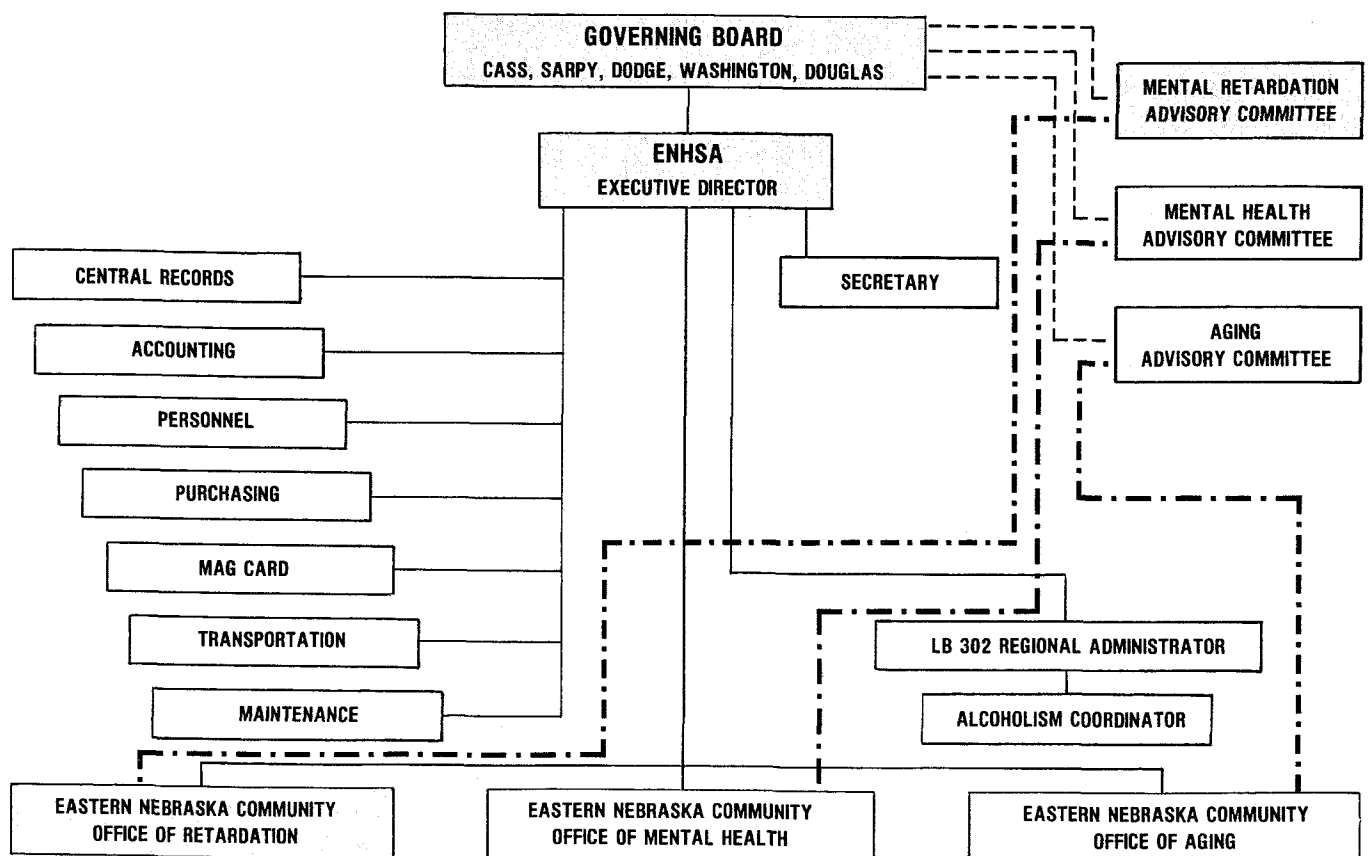
### Powers and duties of the ENHSA Governing Board

The powers and duties of the ENHSA Governing Board are as follows:

- a. Plan for the initiation and development of needed human service programs by priority.
- b. Appoint an Agency Executive Director, who shall serve at the pleasure of the Board.
- c. Establish Program Offices for each Agency program and area of service.
- d. Promulgate and enforce rules and regulations governing the Agency.
5. Adopt annual and supplemental budgets as shall be necessary for the use of the Agency.
6. Manage the Agency.
7. Contract for professional and contractual services and for the purchase, rental or lease of such real, personal or other property as shall be necessary or desirable for the efficient operation of the Agency.
8. Exercise all other powers necessary, convenient or proper which carry out or implement the plans, programs, powers, duties and responsibilities established by this agreement and by the laws and regulations of the State of Nebraska now in effect or hereinafter enlarged.
9. Do all other things incidental thereto or connected therewith which are not forbidden by the laws of the State of Nebraska by this agreement.
10. Do everything necessary, proper, advisable or convenient for the accomplishment of the purposes herein set forth.
11. Have and exercise all powers and rights conferred upon such Boards by the Nebraska Inter-local Cooperation Act and any enlargement of such powers conferred by subsequent legislative acts.
12. Have and exercise all powers and rights, not otherwise denied by such Boards by the laws and State of Nebraska as are necessary suitable, proper, convenient or expedient to the attainment of the purposes set forth in this agreement.

(taken directly from the ENHSA Inter-local Agreement of 1974).

## EASTERN NEBRASKA HUMAN SERVICES AGENCY



## **J. ENHSA EXECUTIVE DIRECTOR**

The Executive Director reports to and receives direction from the Governing Board. This individual is responsible for administering all program objectives, and fiscal and administrative activities of the Eastern Nebraska Human Services Agency in accordance with the stated purposes and policies formulated by the Governing Board consistent with applicable local, state and federal regulations. The Executive Director is also responsible for providing information to the Governing Board to allow it to keep alert to changing community needs and modify Agency policies accordingly. The Executive Director supervises Agency program and fiscal directors in order to insure the most effective and efficient manner of coordination of effort in program activities and resource management.

### **Major Responsibilities**

1. Advises ENHSA Governing Board, keeping it informed of Agency operations and community needs so that it has adequate information for carrying out its policy-making responsibilities.
2. Represents the Agency to local and state governmental officials and to the general public.
3. Formulates and presents Agency and program budgets for Board approval.
4. Monitors and reports on Agency and program expenditures to meet human service needs and to insure fiscal accountability.
5. Responsible for recommending Agency objectives for Board approval; coordinating program strategies; supervising program directors; and evaluating program and individual performance to insure the delivery of responsive human services.
6. Develops and maintains acceptable Agency standards of professional practice consistent with the Agency purposes and philosophy, and appropriate state and federal regulations.
7. Administers sound personnel policies, consistent with Board policy in order to insure equal employment opportunity for all individuals without regard to race, sex, age, disability, or national origin in compliance with applicable laws.

## **K. ENHSA CENTRAL ADMINISTRATION**

The purpose of ENHSA is to provide those supports and services of an administrative nature which are common to all three office areas; and to provide those services which are common and incidental to service delivery in the three office areas.

1. Central Records—Maintain confidential client files on active, potential, terminated and institutional clients in the five county area; computerize data, maintain files, provide statistical information.
2. Accounting—Provide the administration with the necessary fiscal information in order to make proper management decisions; and provide all services involved in a full bookkeeping system; budgeting, payroll, accounts payable, accounts receivable, financial reports, banking procedures and inventory.
3. Personnel—Find, screen, interview and recommend for appropriate placement, the best qualified job applicants available for all positions; personnel policy development, staffing and manpower planning, wage and salary program, employee benefits, employee record system, affirmative action program, training and monitoring, and Personnel Advisory Committee.
4. Mag Card—Process paperwork in a fast, efficient and professional manner.
5. Purchasing—Provide the orderly requisition of quality program equipment and materials at the best possible price; obtain agency supplies, negotiate prices and issue purchase orders.
6. Transportation—Provide services to individuals to educational and training programs when that service is not available in the community, either by the client's family, private or public sources, or the public transit system; planning, designing operational patterns based on resources and service delivery.
7. Maintenance—Respond to requests for services and repairs on facilities and equipment, and institute preventive procedures for each facility; facility repairs, preventive maintenance, major and minor renovation, general maintenance, electrical, sub-contracting and bidding procedures and emergency maintenance. The department is not responsible for housekeeping chores or yard duties. Housekeeping is contracted for through the purchasing department; yard work is the responsibility of the facility.

## **L. THE ENCOR OFFICE DIRECTOR**

The ENCOR Director insures the most effective and efficient manner of coordination of effort in program activities and resource management, through responsible administrative supervision of all ENCOR programs and plans in accordance with the stated purposes and policies formulated by the Governing Board. The duties and responsibilities are as follows:

1. Provide a continuum of services for mentally retarded persons in Region VI.
2. Provide for public participation at appropriate levels of the agency activities.
3. Identify and promote the fundamental agency concepts.
4. Provide information to the ENHSA Director and Governing Board to allow them to keep alert to changing community needs and modify policies accordingly.
5. Directly supervise the Division and Department Directors.
6. Provide the administrative structure for the agency reflecting actual operational patterns of the community-based programs.

## **GUIDANCE SERVICES:**

### **INQUIRY, REFERRAL AND INTAKE SERVICES**

1. People contact ENCOR about individuals needing services. The individual is referred to an intake advisor.
2. If the person needing services is definitely not mentally retarded he or she is referred to other agencies. If the individual needing services may be mentally retarded, then the intake advisor will arrange a visit either in the person's home or in the office.
3. After discussing the needs of the individual and the services provided by ENCOR, the person requesting services may complete an application.
4. With the permission of the individual involved, the intake advisor will obtain any information needed to determine whether or not the person is mentally retarded and the types of services he/she needs.
5. A determination is made as to whether or not the person is eligible for ENCOR services based on the following two requirements:
  - a. The individual's primary disability must be mental retardation, regardless of secondary disabilities present. The definition of mental retardation accepted by ENCOR is that of the American Association of Mental Deficiency. It states "Mental retardation refers to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior".
  - b. The individual must either be living in or a legal resident of one of the following counties: Cass, Dodge, Douglas, Sarpy or Washington County. The general definition of residency as it pertains to eligibility for ENCOR services is:
    1. A minor under the age of 19 shall assume the residency of his/her parents.
    2. An individual who has reached the age of majority (age 19 and over) shall be recognized as an adult and is able to establish his/her own residency.
6. If it is determined that an individual is eligible for ENCOR services, the intake advisor will assign an advisor to assist in obtaining the needed services and to follow the individual's progress to insure that services are provided to meet his/her needs.

### **GUIDANCE SERVICES**

#### **Purpose:**

Through knowledge of community resources and systematic assessment of clients' interests and needs, to place clients in the least restrictive and most appropriate services; to continually advocate for the adequacy of services in meeting the clients' needs and respecting his/her human and legal rights; and when necessary, to facilitate changes to meet the clients' needs.

#### **Services:**

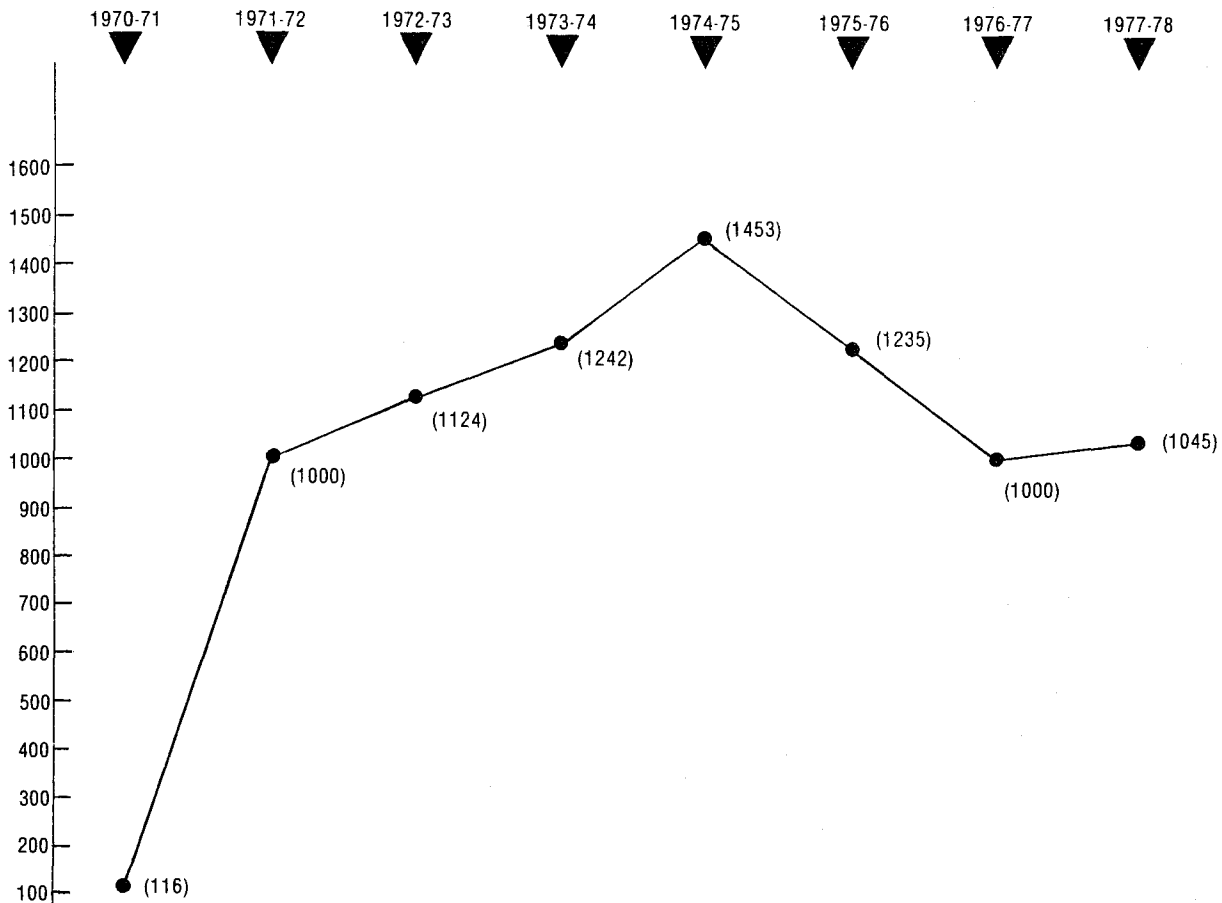
1. To assess the programmatic and service needs of mentally retarded individuals.
2. To obtain services to meet the needs of individuals, using generic services outside of ENCOR whenever possible.
3. To set objectives with consumers and service providers to increase the mentally retarded person's skills.
4. To provide guidance to mentally retarded persons and/or their families to assist them in solving problems related to their handicaps.

#### **Termination from ENCOR Services:**

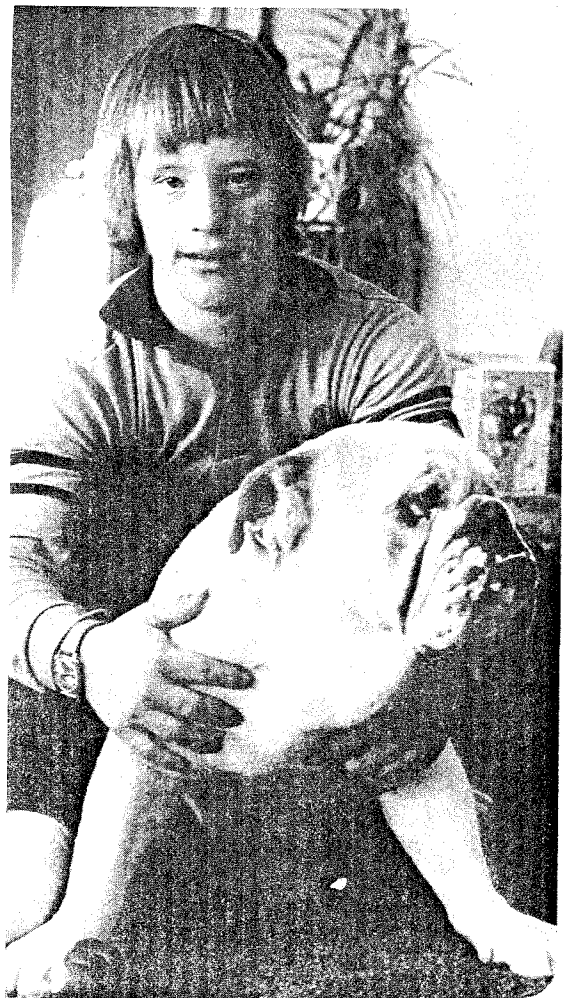
The following criteria determines if a person is terminated from ENCOR services:

1. The individual no longer resides in or is no longer a resident of the ENCOR five county region.
2. The individual is independent (and not committed to Beatrice State Developmental Center) and:
  - a. No longer in need of any ENCOR services.
  - b. No longer needs any follow-up services.
  - c. Has had no contact with ENCOR staff during a three month or more trial period and has handled it well.
  - d. Has an agency individual to call if problems arise in the future, or will take the initiative to call ENCOR for assistance.
3. The individual does not want ENCOR services (and is not committed to the Beatrice State Developmental Center).

## GUIDANCE SERVICES



Clients served by Guidance Services—does not include Inquiry and Referral  
Represents total served during fiscal year (unduplicated count)

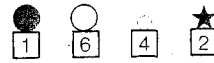


# REGION VI RESIDENTIAL SERVICES

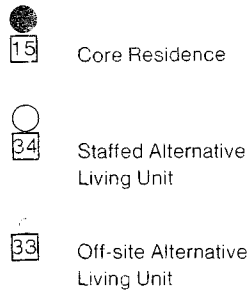
## DODGE



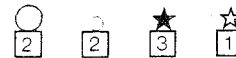
## WASHINGTON



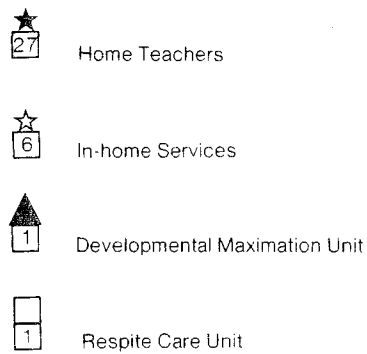
## DOUGLAS



## SARPY



## CASS



## **RESIDENTIAL SERVICES:**

### **Purpose:**

The purpose of the Residential Division is to prepare mentally retarded persons for the use of the same residential and other social environments available to all citizens within a community, independent of ENCOR support.

A variety of residential alternatives is available in order to meet the specific individualized need of the person.

### **Core Residences:**

Core Residences are operated and staffed by the agency, designed to provide 24-hour care in a residential setting. Each residence is capable of various staffing and programming levels, depending on the needs of the clients. Programming in the residence is designed to teach clients basic living skills, as well as social skills necessary to function in the community.

### **Alternative Living Units:**

ALUs are facilities which are structured more individually and provide a more normalized environment for development. Programming is also more individualized and enhances development toward greater independence apart from ENCOR residential services and support. One to three clients may live in an ALU. Supervision of the facility varies according to the needs of the clients.

- A. Staffed ALUs—full-time live-in staff.
- B. Off-site ALUs—staff support from Training Residence, as needed.
- C. Home Teachers: Clients (children) are placed in a family home other than their own; staff support given to home teachers by Training Residence.

### **In-Home Services:**

In-home services are provided by agency staff to families of mentally retarded persons, to prevent removal of persons from their natural homes, to prevent emergencies/crisis situations in their natural homes, to promote growth in the natural home or to return persons to their natural homes.

### **Respite Care:**

Respite care services are available on a limited basis through the use of the Respite Care Residence. This residence, along with several crisis homes located throughout the region, provides short term residential care for retarded persons during times of stress or family need, such as a death or illness in the family, vacations, etc. Arrangements for the use of Respite Care Services should be made through the client's Advisor.

### **DEVELOPMENTAL MAXIMATION UNIT:**

DMU, located at the Douglas County Hospital, is structured to provide 24 hour care to persons who are severely and profoundly multi-handicapped and medically involved. The emphasis is to minimize the physical/medical involvement so that the individual can continue towards development of more complex skills and toward a less structured environment. Services are available to children and youth under age 18. Movement from DMU requires a stable medical condition, enrollment in a day-time educational or vocational program and movement to a more normal residential program.

## RESIDENTIAL SERVICES

		<b><u>Total Clients Served</u></b> (As of November, 1978) <b><u>268</u></b>
<b><u>Cass-Sarpy Counties</u></b>		
		<b><u>Total Clients Served</u></b> <b><u>23</u></b>
Bellevue Childrens Core 2608 Washington Bellevue, Nebraska 68005	Clients Served	5
Alternative Living Units	Clients Served	6
Bellevue Adult Core 1414 Wilshire Bellevue, Nebraska 68005	Clients Served	2
Alternative Living Units	Clients Served	10
<b><u>Dodge-Washington Counties</u></b>		<b><u>Total Clients Served</u></b> <b><u>58</u></b>
Fremont Childrens Core 2525 Missouri Fremont, Nebraska	Clients Served	5
Alternative Living Units	Clients Served	3
Fremont Adult Core 236 East 10 Fremont, Nebraska	Clients Served	5
Alternative Living Units	Clients Served	19
Blair Adult Core 315 South 20 Blair, Nebraska	Clients Served	4
Alternative Living Units	Clients Served	22
<b><u>Central-Northwest Douglas County</u></b>		<b><u>Total Clients Served</u></b> <b><u>74</u></b>
Central-Northwest Childrens Core 3724 N. 77 Omaha, Nebraska	Clients Served	3
Alternative Living Units	Clients Served	15
Developmental Maximation Unit 4102 Woolworth Omaha, Nebraska	Clients Served	11
Alternative Living Units	Clients Served	5
Central-Northwest Adult Core 3212 N. 49 Omaha, Nebraska	Clients Served	3
Alternative Living Units	Clients Served	17
Chicago Adult Core 4910 Chicago Omaha, Nebraska	Clients Served	5



Alternative Living Units

Clients Served

15

**North-Northwest Douglas County**

**Total Clients Served**

**65**

North-Northwest Childrens Core  
5135 North 93 Avenue  
Omaha, Nebraska

Clients Served

3

Alternative Living Units

Clients Served

11

Taylor's Children's Core  
4830 Taylor  
Omaha, Nebraska

Clients Served

3

Alternative Living Units

Clients Served

8

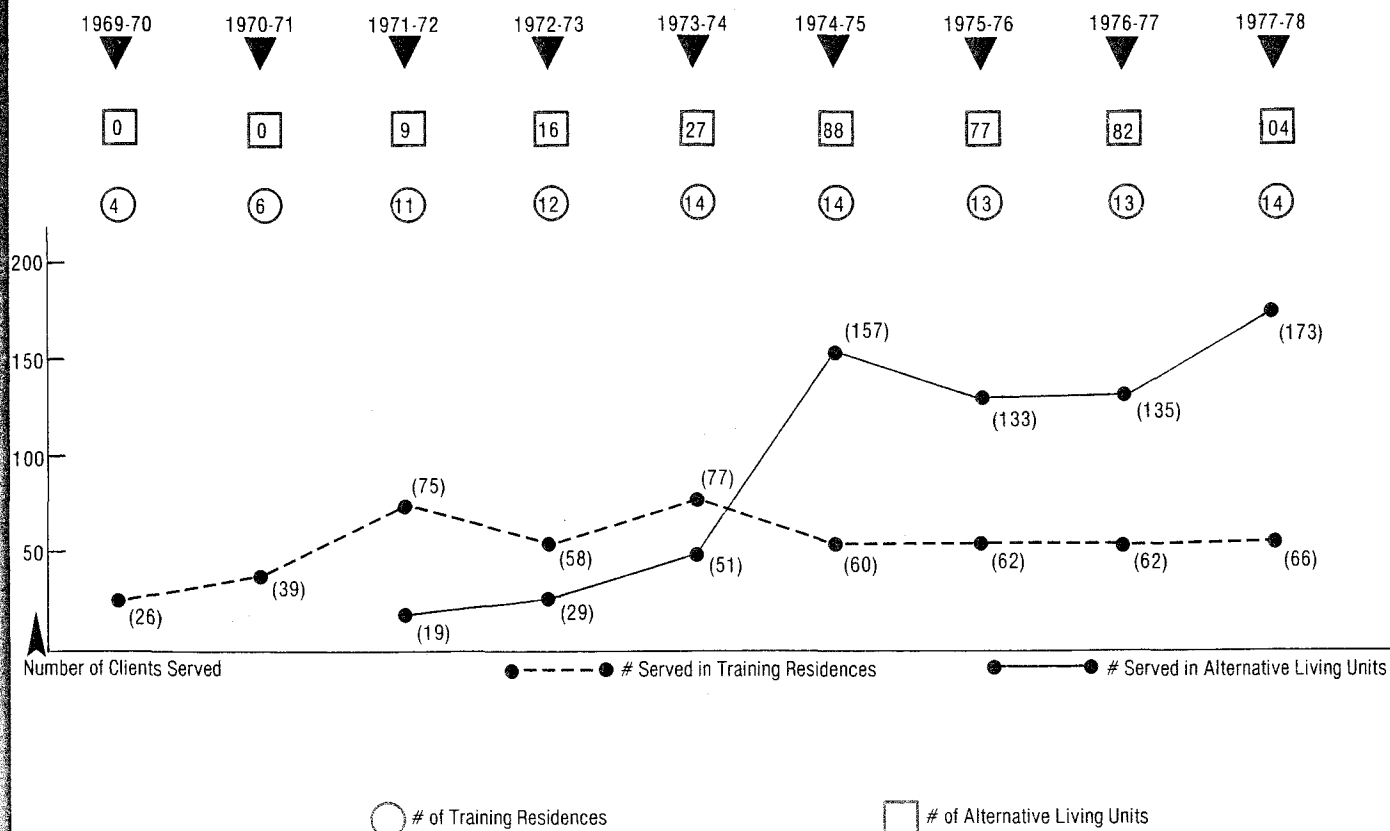
Burt Adult Core  
3646 Burt Street  
Omaha, Nebraska

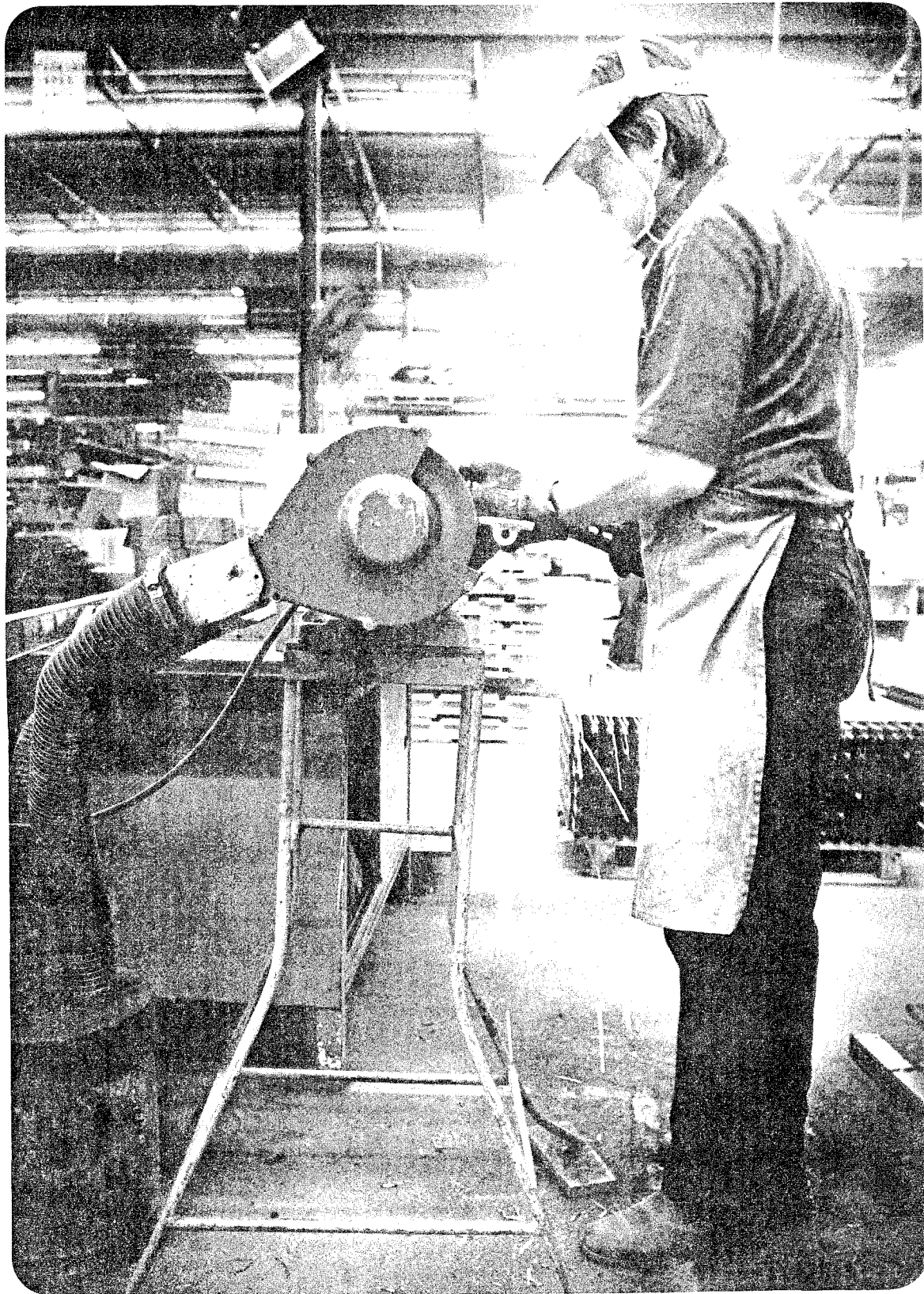
Alternative Living Units

Clients Served

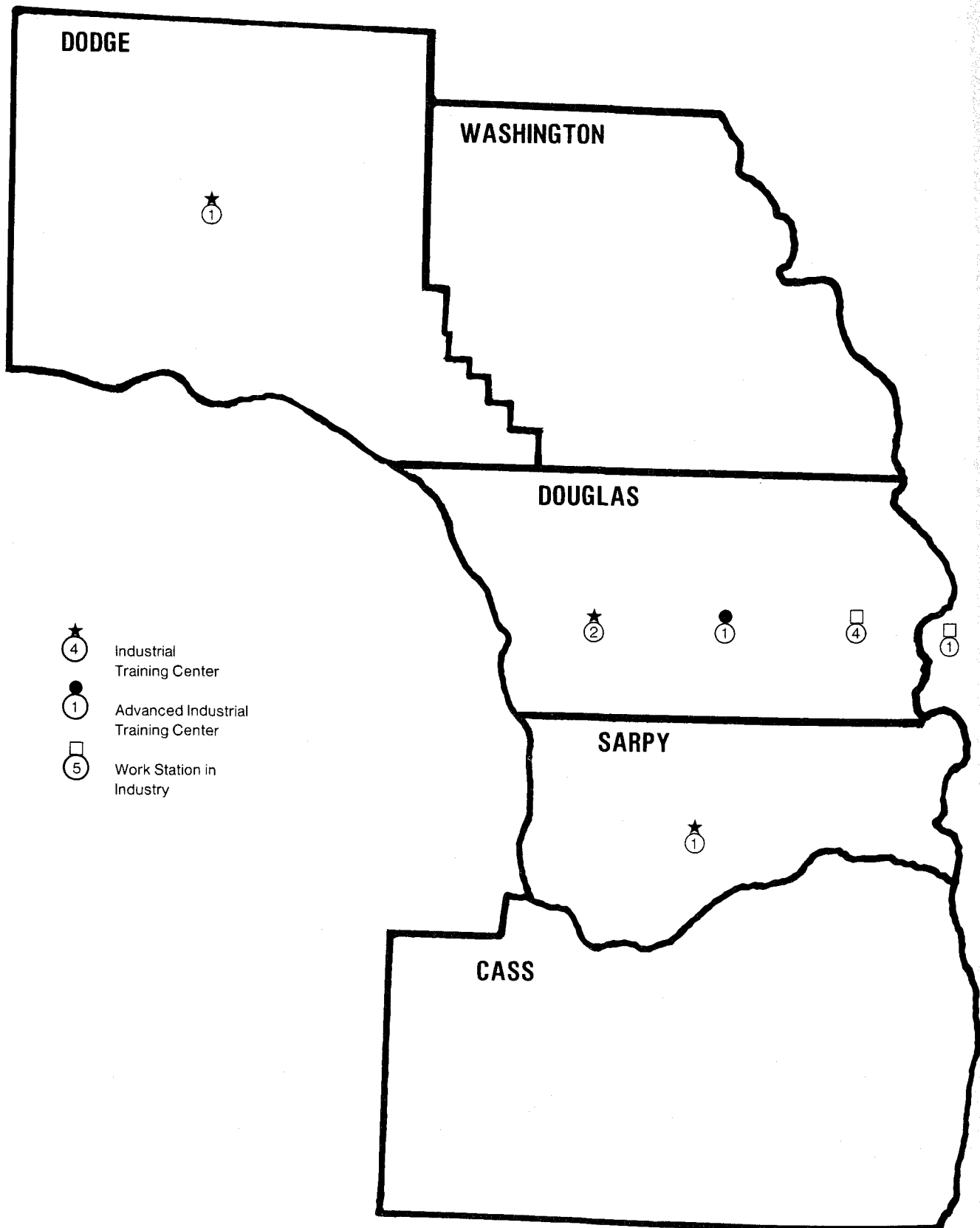
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**RESIDENTIAL SERVICES**





**REGION VI**  
**VOCATIONAL FACILITIES**



## **VOCATIONAL SERVICES:**

The purpose of ENCOR's Vocational Services is to prepare mentally retarded persons for the use of the same vocational environments available to all citizens.

ENCOR Vocational programs demonstrate that individuals with any degree of retardation can successfully engage in community-training programs which are geared toward increasing independence and self-sufficiency.

### **The Industrial Training Centers**

The purpose of these centers is to assist clients in developing basic skills in pre-employment preparation. There are four program areas in each Industrial Training Center. They are: 1) evaluation, 2) work adjustment training, 3) work crew, and 4) work activities. These areas include training in work habits and work skills, socialization, self-management skills, academics, communication skills and community access training.

Any individual, regardless of level of retardation or severity of handicap, who is over the age of 18 and meets ENCOR's eligibility requirements, is also eligible to receive vocational services.

ENCOR operates four Industrial Training Centers within the Region. These are located in Fremont, Bellevue, south Omaha, and Benson within north Omaha.

### **Advanced Industrial Training**

The purpose of the advanced training facility, Northeast Industries, is to prepare mentally retarded persons for movement toward the same community vocational settings available to all citizens by preparing individuals to perform work tasks in integrated industrial settings.

The objectives of this center are to increase each trainee's skills and abilities related to successful participation in local business and industry and/or community training programs.

Sub-contract work from local industry, primarily in the woodworking area, and the individual program plan, are the basic components of training for each individual, as in the Industrial Training Center. However, the advanced training facility exposes individuals to the expectations of an industrial employer while continuing to provide individualized training support. The areas of training emphasis for each person at Northeast Industries are centered around the following:

- Job application and interview techniques
- Personnel policies and employee benefits
- Production
- Quality Control
- Industrial Safety
- Equipment operation
- Supervisor/employee relationships

### **Work Stations in Industry**

The purpose of this vocational component is to move mentally retarded individuals to competitive employment through providing a group training experience in a business or industry in the community. This goal is accomplished through a vocational program geared to offer mentally retarded individuals specific skill training in a variety of employment options. Areas of stress are: production, quality control, co-worker relationships, supervisor-worker relationships, industrial safety and general work habits.

Specific skill training in manufacturing, food service, assembly and packaging and maid service currently exist in local business and industry.

Individuals must meet ENCOR's eligibility requirements. Specific requirements for entrance into each work station differ based on the type of work performed. Evidence of appropriate grooming and hygiene, attendance and promptness, acquisition of discriminating skills, self-help skills and taking public transportation are generally required.

Contract Agreements exist with five local industries in the Omaha and Council Bluffs area. These employers are:

- Lozier Corporation; manufacturing shelving and store fixtures
- Holiday Inn; housekeeping
- Geisler Pet Products; packaging and assembly
- Nebraska Methodist Hospital; food service
- Terminal Products, Inc.; packaging and assembly

### **Placement and Follow-along**

The purpose of the Placement Program is to move ENCOR trainees from training programs to the competitive labor market by providing successful employment opportunities with necessary direction and support. Job placement of individuals from Industrial Training Centers or Work Stations in Industry is done by ENCOR staff who provide on the job training and follow along with employee and employer until the placement is successful. Replacement of individuals who are unemployed, still in need of assistance or who need job re-training or up-grading is also provided by placement staff.

## VOCATIONAL SERVICES

(As of November, 1978)

### Industrial Training Centers

Benson Industrial Training Center 6001 Maple Street Omaha, Nebraska 68104	Clients Served	63
South Industrial Training Center 3902 "Q" Street Omaha, Nebraska 68131	Clients Served	39
Bellevue Industrial Training Center 114 West Mission Bellevue, Nebraska 68005	Clients Served	30
Fremont Industrial Training Center 935 South Schneider Fremont, Nebraska 68025	Clients Served	51

### Advanced Industrial Training Center

Northeast Industries 1531 North 18 Street Omaha, Nebraska 68104	Clients Served	57
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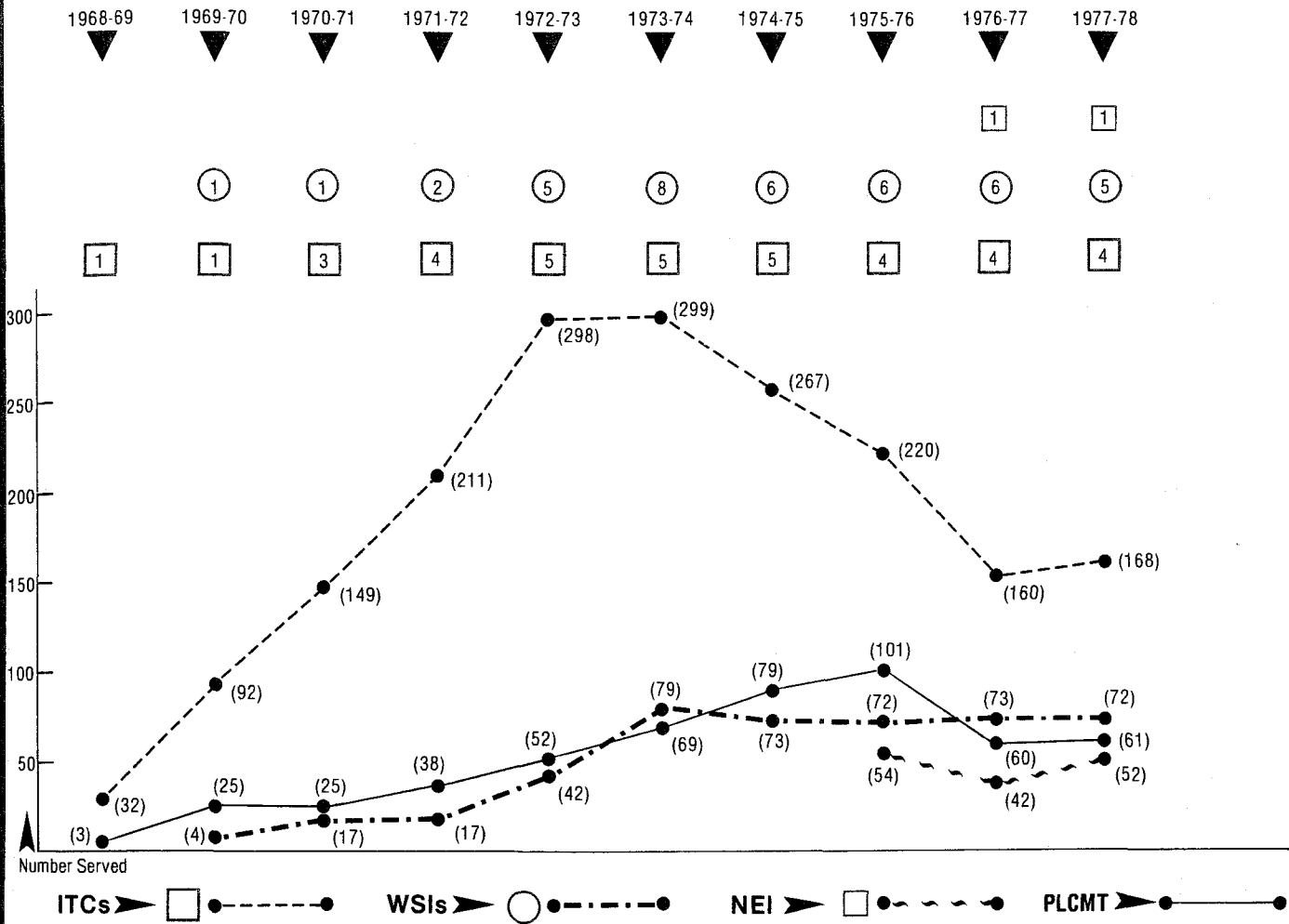
### Work Stations in Industry

Lozier Corporation 4402 Florence Blvd. Omaha, Nebraska 68110	Clients Served	34
Geisler Pet Products 3902 Leavenworth Omaha, Nebraska 68105	Clients Served	26
Holiday Inn 3321 South 72 Omaha, Nebraska 68124	Clients Served	7
Methodist Hospital 8303 Dodge Omaha, Nebraska	Clients Served	15
Terminal Packaging 2850 River Road Council Bluffs, Iowa	Clients Served	7

### Placement Services

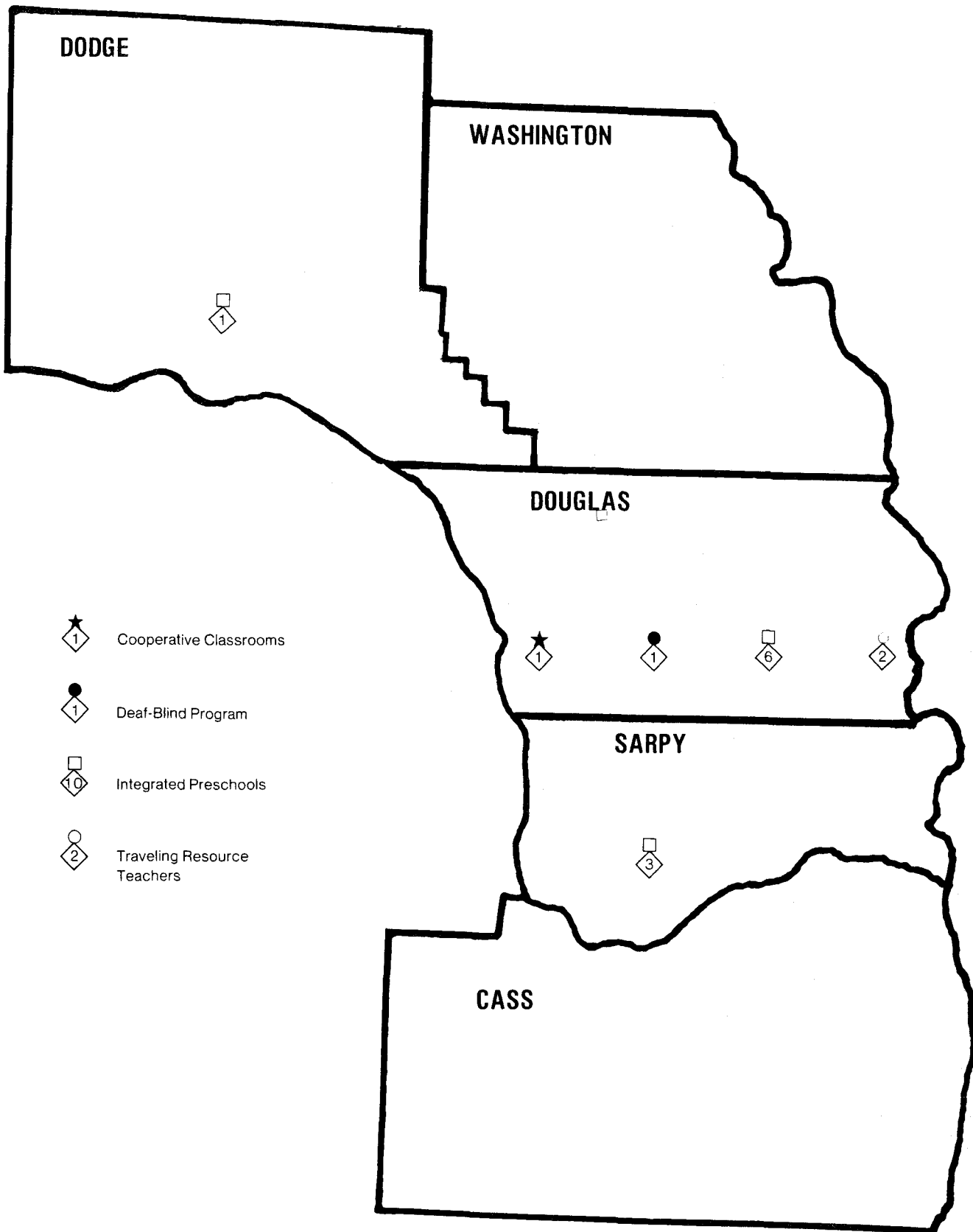
Clients Served	50 per month approximately
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# VOCATIONAL SERVICES





**REGION VI**  
**EDUCATIONAL SERVICES**





## EDUCATIONAL SERVICES:

### EARLY EDUCATION/HOME TRAINING

#### Purpose:

To prepare children ages 0 - 2 ½ years of age for movement to regular early education programs.

#### Services:

The home training teacher makes regular visits, (usually weekly) to the home and trains parents to work with the handicapped child. The parents participate in the teaching team in planning and evaluation.

### COORDINATED EARLY EDUCATION PROGRAM

#### Purpose:

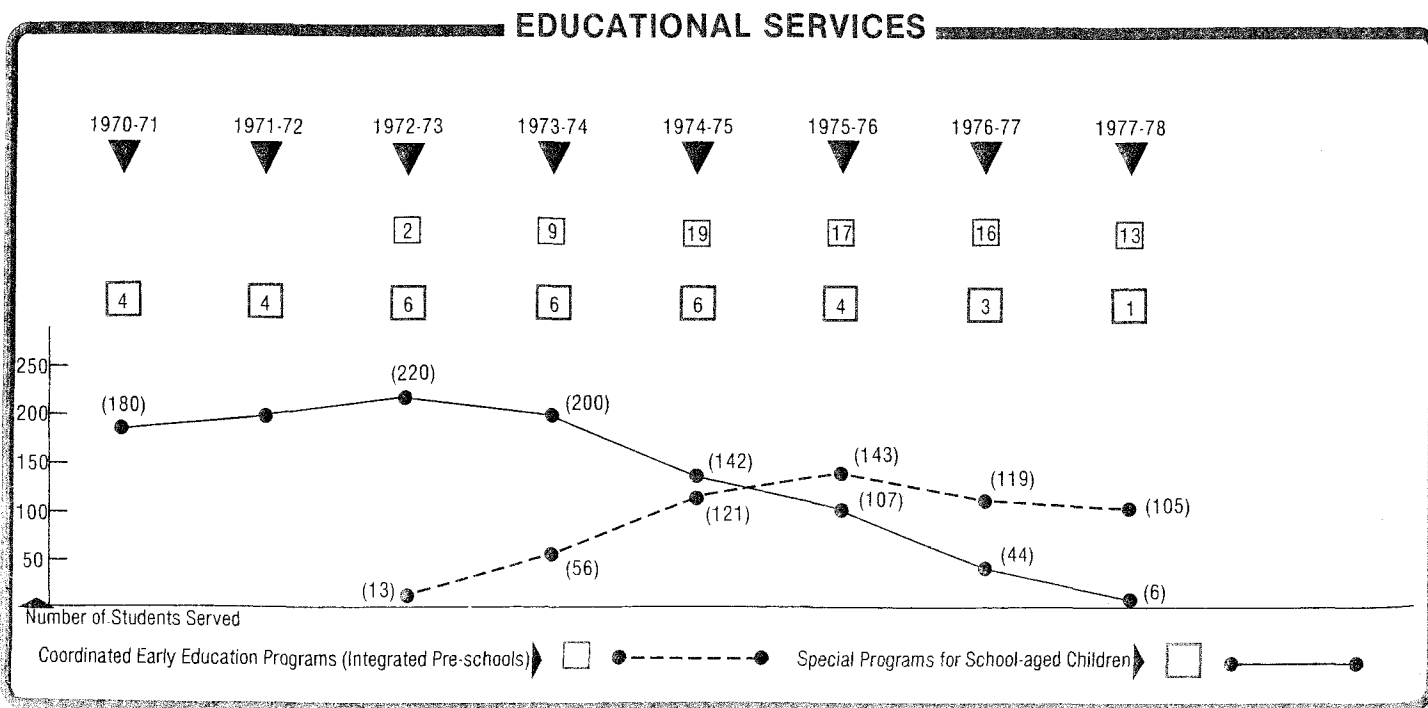
To prepare children ages 2 - 5 for the use of the same community services available to all pre-school aged children.

#### Services:

The child attends a pre-school or day care program which is supplemented by individualized programs. The pre-school or day care center staff is supported by an ENCOR resource consulting teacher. Parents participate through team planning. The Coordinated Early Education Program (CEEP) began in March of 1973. Through the program, small groups of retarded pre-school children, ages 2-5, accompanied by ENCOR's resource teacher are enrolled in "normal" pre-school programs. In these integrated, normalizing settings, the children have the opportunity to learn from other children their own age.

### DEVELOPMENTAL CENTERS

In the past ENCOR operated developmental centers for school-aged children who were unable to participate in regular public school programs. These centers provided an educational program to children who were excluded from attending or participating in other public schools or generic services. The goal was to graduate students to public schools or private educational services within the community. In 1973, LB 403 was passed by the Nebraska State Legislature granting the right for all mentally retarded school aged children to have a free basic education. From that time until June of 1977, the local public schools expanded their programs to meet the special needs of the mentally handicapped. By June of 1977, all special ENCOR Developmental Center programs were closed and all children were integrated into the regular public schools.



# EDUCATIONAL SERVICES

	<u>Total Clients Served</u>	(As of November, 1978)	<u>49</u>
<u>North</u>			
Calvin Ed-U-Care 3105 North 24th Street Omaha, Nebraska 68111	Clients Served	5	
The Early Learning Place 5524 North 99th Street Omaha, Nebraska 68134	Clients Served	6	
St. James Day Care 3300 North 52 Street Omaha, Nebraska 68104	Clients Served	4	
Creche Day Care 3713 North 52 Street Omaha, Nebraska 68104	Clients Served	5	
Fremont Preschool Program Fremont, Nebraska	Clients Served	3	
<u>South</u>			
Wee Care II 421 South 36th Street Omaha, Nebraska 68131	Clients Served	Cooperative Classroom 3 Integrated preschool 4	
Creative Learning Center 7506 South 84 Street Omaha, Nebraska 68128	Clients Served	3	
Kinder-Care 8623 Brentwood Drive Omaha, Nebraska 68157	Clients Served	2	
Metro Tech Day Care 30 & Fort, Bldg 6 Omaha, Nebraska 68111	Clients Served	1	
Judson Day Care Judson Memorial Baptist Church 2420 "H" Street Omaha, Nebraska 68107	Clients Served	3	
Home Training	Clients Served	7	
Traveling Resource	Clients Served	3	



## **SUPPORT SERVICES:**

### **STAFF DEVELOPMENT**

#### **Purpose:**

The purpose of the Staff Development Department is to provide ENCOR employees with the opportunities to gain the knowledge and skills necessary to fulfill their position objectives and thus facilitate client growth and movement.

#### **Services:**

The ENCOR Staff Development Department provides the following:

1. Orientations for new employees
2. On-going training for all ENCOR employees
  - a. Training identified through position objectives
  - b. Special-request training
  - c. Support to Division-specific training
3. Parent-specific training
4. Joint training with other agencies
5. Resource for 1:1 consultation
6. Individual training files for each employee
7. Advocacy for community service-related higher education

### **TRANSDISCIPLINARY TEAM**

#### **Purpose:**

The purpose of the Transdisciplinary Team is to prepare primary client managers in the developmental areas of: motor, language, basic health care and social adaptation to move clients to the use of the same educational, vocational, residential, and other social settings available to all citizens.

#### **Services:**

1. Speech pathology: evaluation of speech, language and hearing; general condition of teeth and oral cavity.
2. Physical therapy: assessment of muscle status, skeletal status and functional performance in the work, school and home setting, transfer and ambulation, neurological status, adaptive equipment needs, medical referrals and recommendations as needed.
3. Occupational therapy: screening and assessment of client's reflect integration, perceptual motor function, fine motor skills, and self-care skills.
4. Reg. Nurse: Screening and assessment of client basic health needs and maintenance. Consultation with and training of staff relative to first aid, emergency medical procedures, medication use and control, and general health and hygiene.
5. Psychologist: Screening and assessment of client cognitive, social and affective development.

### **MOTOR DEVELOPMENT SERVICES**

#### **Purpose:**

Provide adaptive equipment that will enable the multiply handicapped individual to function in the most appropriate position possible for motor performance.

#### **Services:**

1. Design, construct and custom fit adaptive equipment, based on evaluation of client's needs, to provide physical support to the individual in the basic body positions—i.e., sitting, standing and lying.
2. To monitor and make necessary adjustments in adaptive equipment as determined by a reassessment of the client regarding growth and postural changes.

### **RECREATION**

#### **Purpose:**

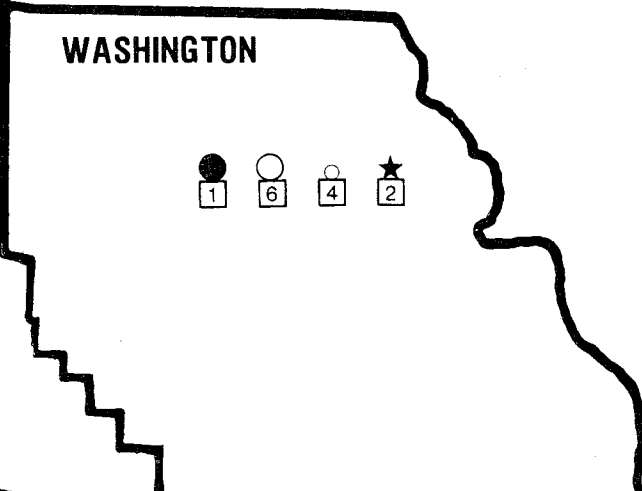
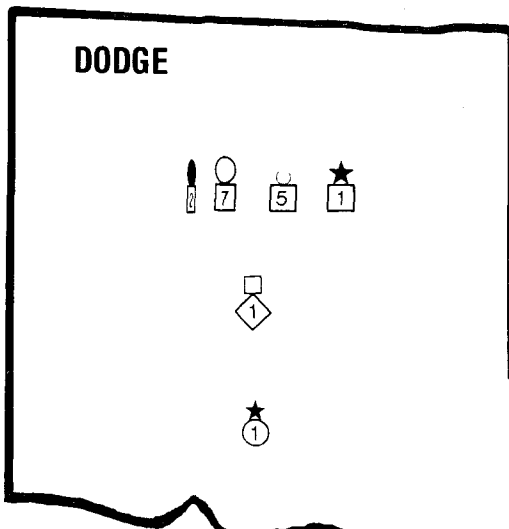
To move mentally retarded persons to the use of the same recreational and leisure time settings and resources available to all citizens.

#### **Services:**

Mentally retarded adults and children are given a chance to become involved in recreational activities that promote mental, physical and social growth. ENCOR's Recreation Department provides or procures leisure time programming on a year-round basis, and most of the activities take place in community settings like parks and recreational facilities. Swimming, hiking, cultural awareness, arts and crafts and a variety of other activities are planned in the community for mentally handicapped persons based on individual interest.

# REGION VI

## TOTAL ENCOR SERVICE FACILITIES



1 Cooperative Classrooms

1 Deaf-Blind Program

10 Integrated Preschools

2 Traveling Resource Teachers

4 Industrial Training Center

1 Advanced Industrial Training Center

5 Work Station in Industry

15 Core Residence

34 Staffed Alternative Living Unit

33 Off-site Alternative Living Unit

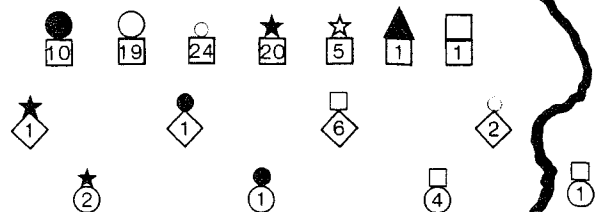
27 Home Teachers

6 In-home Services

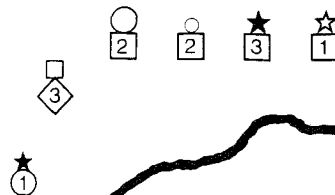
1 Developmental Maximation Unit

1 Respite Care Unit

**DOUGLAS**



**SARPY**



**CASS**



# POPULATION PROFILE:

## Introduction:

The original long range goal of ENCOR as established in the Douglas County Plan of 1968 was to provide for services at the local level which would eliminate the need for any mentally retarded person to be removed from his/her local community. In keeping with this goal, the Planning Office in 1977 and 1978 directed a needs study to identify those needs that are currently not being met at the local level.

### 1. Individuals Served by ENCOR

The Planning Office wanted to identify which needs of the clients in the Community-based Mental Retardation Region (ENCOR) are still not being met. In order to do this, the ENCOR Advisors were directed to assess the met and unmet needs of the clients on each of their case loads, basing their assessments on each client's individual program plan. These assessments were compiled on each of the "active" and "follow-along" clients served by ENCOR during the month that the assessment was made.

### 2. Beatrice State Developmental Center

The second project, then, was to assess the needs of clients still residing in the only state institution for mentally retarded persons, the Beatrice State Developmental Center. Because there is a direct exchange of information between BSDC and ENCOR, the initial information was taken from the annual evaluations, psychologicals and medical reports provided by the BSDC. Additional information on the types of services those individuals would require upon returning into the community was obtained from the ENCOR staff person who acts as a liaison with BSDC and through on-site visitations by the ENCOR Division Directors and other ENCOR staff.

### 3. Lincoln and Hastings Regional Center

In order to obtain information from the Regional Centers, the Planning Office contacted the Mental Retardation Coordinator for the Department of Public Institutions for assistance. This office took responsibility for sending out the forms, definitions of terms and instructions to staff at the state's regional centers at Hastings and Lincoln. The Regional Center staff provided ENCOR with the information.

### 4. Nursing Homes in Region VI

To assess individuals who are mentally retarded who reside in nursing home facilities, a special committee was formed to contact nursing homes in Region VI individually. This was done because these are private facilities and information is not readily available. The committee was conducted under the direction of the ENCOR Planning Office with cooperation with the CASS Institute and the UNO Gerontology Department. Each of the members of the special committee went to different nursing homes in the five county area and asked nursing home staff to assist them in providing the needed information. All participation was voluntary. Fourteen nursing homes cooperated in the assessment. Some additional facilities reported having no mentally retarded or developmentally disabled clients. Four did not wish to participate. The following nursing homes provided information:

Good Samaritan Home, Hooper Nursing Home, Dr. Sher Home, Redman Manor, Bellevue Leisure Manor, Good Shepard Home, Haven House, Hallmark Nursing Home, Ben Meyerson, Douglas County Annex, Plattsmouth Manor, Mediacenter, Florence Home and Fremont Care.

### 5. Correctional Facilities

One member of this special committee collected the information directly from staff at three of the state's correctional facilities. Those participating were the Youth Developmental Centers at Kearney and Geneva, and the Nebraska Center for Women at York. It was not possible to obtain information from the men's penal complex in Lincoln.

### 6. Public School Census

The Planning Office also contacted the Department of Education for the State of Nebraska to obtain information about children and youth in the public schools within the ENCOR Region. It was not possible to obtain individual needs and service data. However, the number of individuals in the "trainable" and severe and profound classifications of retardation was provided by each district in the five county area.

### 7. Juvenile Court

ENCOR and Douglas County Juvenile Court staff reviewed all files of the Douglas County Juvenile Court for the past two

years. All referrals to the court who were reported as having an I.Q. of 80 or lower were reviewed and information concerning those youth are included in this assessment.

## **Information Collected and Methodology**

Information was collected during fiscal year 1977-1978. Therefore, it is not entirely current at this time. The information on individual characteristics included the following: age, sex, county of legal residence, level of retardation, ambulation, speech, hearing, vision, emotional disorders, self-help skills of feeding, dressing and toileting. Information on families included residency, visitations and status of guardianship. Information on service needs included: inquiry and referral, evaluation, diagnostic services, counseling, follow-along services, pre-school, public school, vocational training, employment, 24 hour residential care, staffed residential care, off-site or in-home residential assistance, recreation, developmental and health services, psychological or psychiatric services, protective legal services and transportation. Only a summary of some of this information is provided in this report.

Prior to collecting this information, standard forms and definitions were developed and letters sent to all facilities explaining the project. The project was field tested by the committee for standardization before going to other programs. The data, once received, was then computerized for ENCOR, BSDC, Regional Centers, correctional facilities and nursing homes. Information on public school children and Douglas County Juvenile Court has not been entered onto the computer system.

This Planning Needs Study represents a survey of 1763 mentally retarded persons not including the individuals referred to Douglas County Juvenile Court (since they are already represented in Public School information). The study did contact other institutions including Omaha Home for Boys, Omaha Home for Girls, Nebraska Children's Home and Father Flanagan's Boys Town, all of which reported that they were not serving individuals who were mentally retarded. The survey did not include many of the private facilities for the mentally retarded, which exist across the state of Nebraska.

## **The Survey**

The survey encompassed a total of 1,763 mentally retarded people who are either living at home, living in the residential programs of the Community-based Mental Retardation Region, or in institutions and private facilities within our state. The survey included 784 individuals who were served by ENCOR during the month of the survey; 259 individuals who were residing at BSDC; 22 residents from this Region who were at the Hastings and Lincoln Regional Centers; 86 persons who were residing in Nursing Homes in Region VI who were from Region VI and 21 persons from Region VI in State Correctional Facilities. In addition the survey included information on 591 children served by the public schools and 60 youth who had been referred to the Douglas County Juvenile Court. The information on children served by the public schools and information from the court is not included in the first section in order to present unduplicated client groups.

The study included a total of 39 residents from Cass County; 161 from Dodge; 1,375 from Douglas; 141 from Sarpy; 42 from Washington, and 5 others.

**INDIVIDUALS WHO ARE MENTALLY RETARDED  
BY LEGAL COUNTY OF RESIDENCE**

**DODGE**

ENCOR - 74  
 BSDC - 16  
 Regional Centers - 0  
 Nursing Homes - 13  
 Correctional Facilities - 0  
 Public Schools - 58

**WASHINGTON**

ENCOR - 30  
 BSDC - 6  
 Regional Centers - 0  
 Nursing Homes - 2  
 Correctional Facilities - 0  
 Public Schools - 4

**DOUGLAS**

ENCOR - 611  
 BSDC - 221  
 Regional Centers - 22  
 Nursing Homes - 65  
 Correctional Facilities - 21  
 Public Schools - 434

**SARPY**

ENCOR - 42      Nursing Homes - 3  
 BSDC - 9      Correctional Facilities - 0  
 Regional Centers - 0      Public Schools - 87

**CASS**

ENCOR - 21  
 BSDC - 7  
 Regional Centers - 0  
 Nursing Homes - 3  
 Correctional Facilities - 0  
 Public Schools - 8

**TOTAL**

<b>ENCOR</b>	<b>784</b>
<b>BSDC</b>	<b>259</b>
<b>Regional Centers</b>	<b>22</b>
<b>Nursing Homes</b>	<b>86</b>
<b>Corrections</b>	<b>21</b>
<b>Public Schools</b>	<b>591</b>

Residents of Other Counties Served by ENCOR - 6



## AGE—SEX PROFILE

Of the persons currently served by ENCOR, residing in the Beatrice State Developmental Center, in nursing homes and in correctional facilities, approximately 60% are male and 40% are female. The Regional Centers are an exception, however, with 86% of the population male and only 14% female. This is mainly due to the fact that many men between the ages of 22 and 30 (from Douglas County) reside at the Lincoln Regional Center.

**Pre-School**—At the time of this survey only one male and one female five years of age or younger resided at BSDC. The male child has since then been transferred to the community program; the female child has had her sixth birthday and is still residing at the institution. There are no pre-school children in the other programs surveyed except, of course, in ENCOR. At the time of this survey ENCOR was serving 59 males and 41 females who were five years old or younger.

**School-Aged**—ENCOR was also serving 192 children between the ages of 6 and 18. BSDC was serving 48 children from Region VI in this age-range; the Regional Centers were serving five and Correctional Facilities were serving 13 at Youth Development Centers. No persons this young were found in nursing homes.

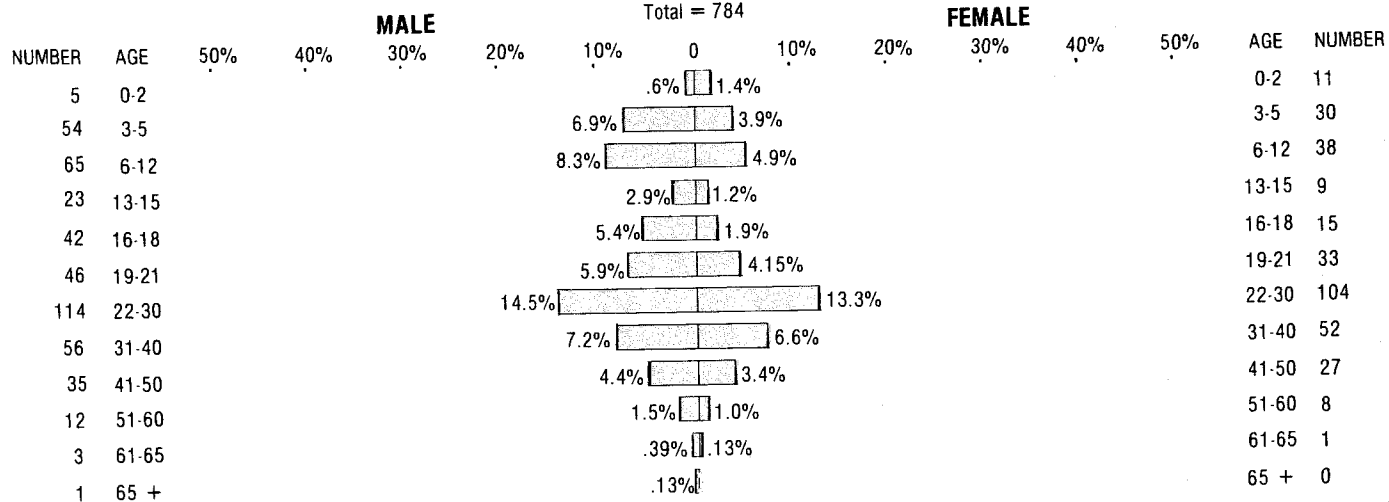
**Young Adults**—ENCOR was found to be serving a total of 79 clients who were between 19 and 21 years old; BSDC was serving 35 residents of Region VI in that age range; the Regional Centers only 2; correctional facilities were serving none and again none were found to be in nursing homes.

**Adults**—Adults ranging in age from 22 to 60 were in all facilities and programs assessed. ENCOR was found to be serving 408 persons in that age range; BSDC was serving 170 adults from Region VI; the Regional Centers were serving 15; correctional facilities 8 and nursing homes 47.

**Older Adults**—The programs were serving the following numbers of persons age 60 and over: ENCOR 5; BSDC 4; Regional Centers none; correctional facilities none; and nursing homes 39. It is interesting to note that there are more persons between 22 and 60 in nursing homes than those over 60.

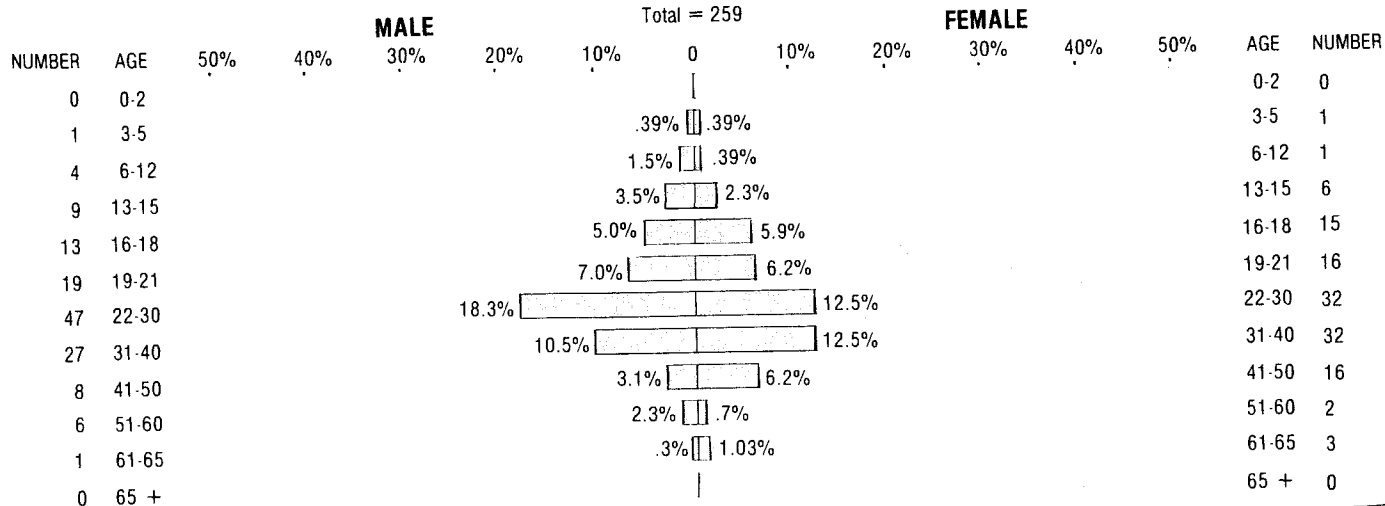
### AGE-SEX PROFILE ENCOR POPULATION

Total = 784

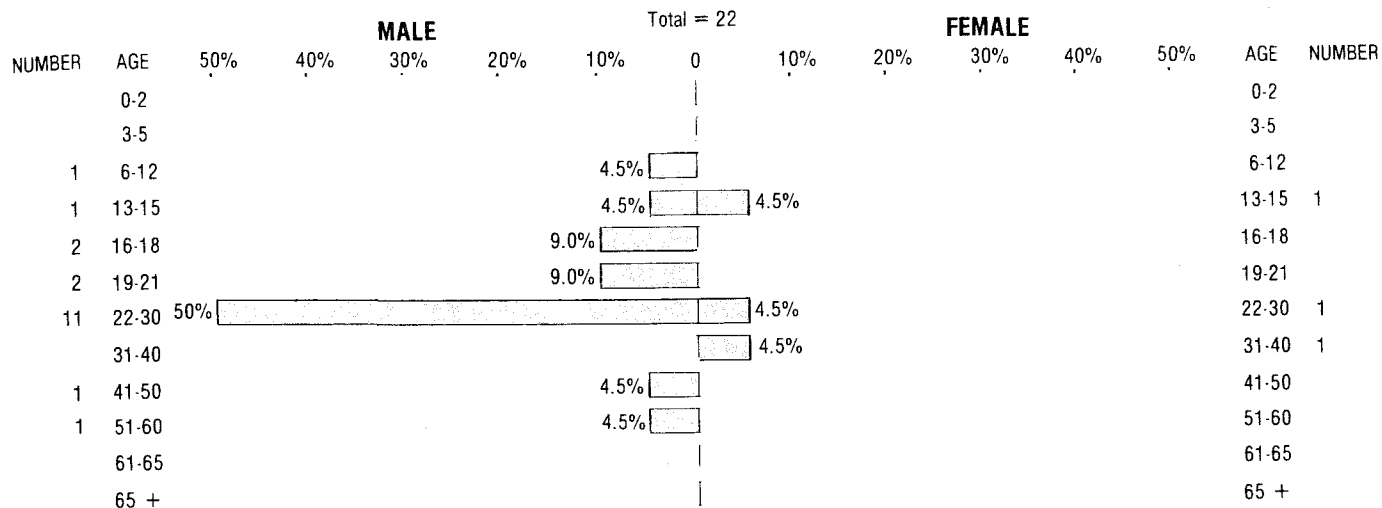


### AGE-SEX PROFILE BEATRICE STATE DEVELOPMENTAL CENTER POPULATION

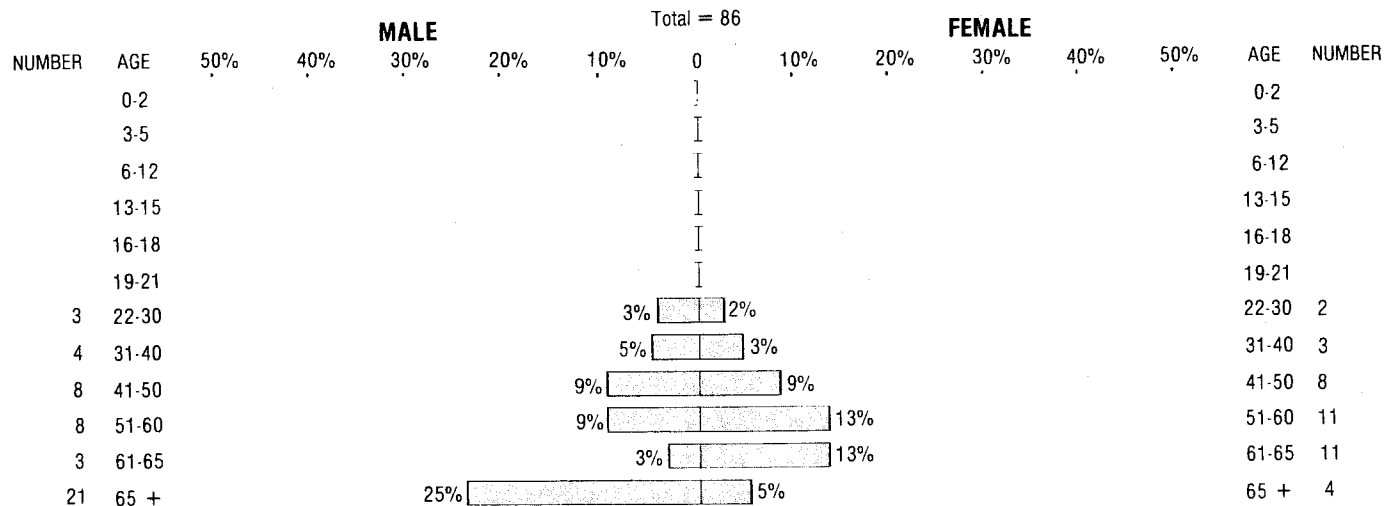
Total = 259



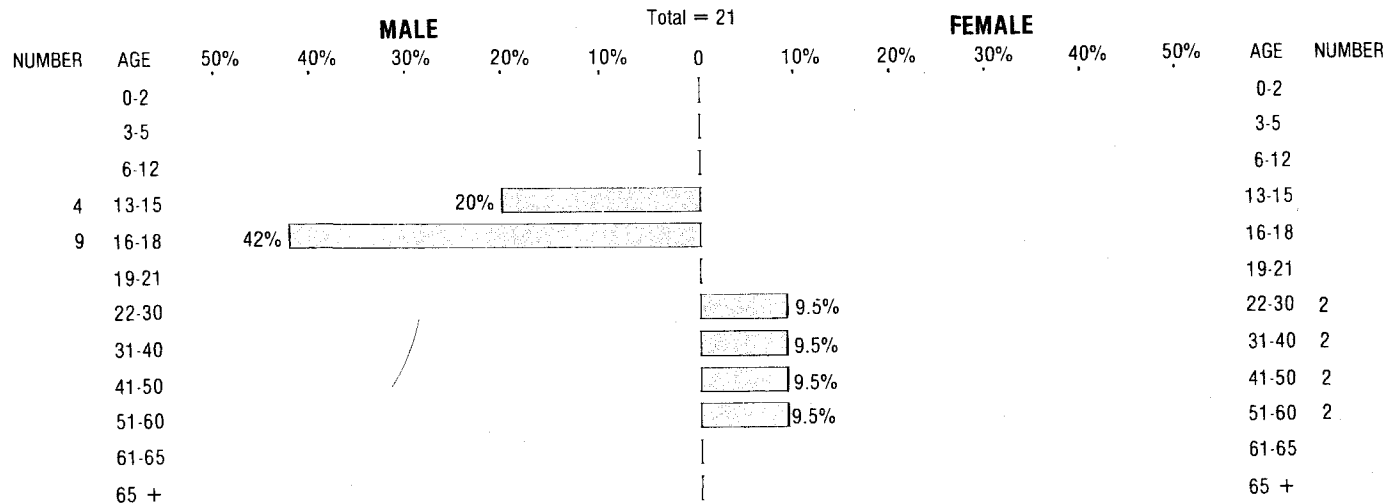
### AGE-SEX PROFILE REGIONAL CENTERS POPULATION



### AGE-SEX PROFILE REGION VI NURSING HOMES POPULATION



### AGE-SEX PROFILE CORRECTIONS POPULATION



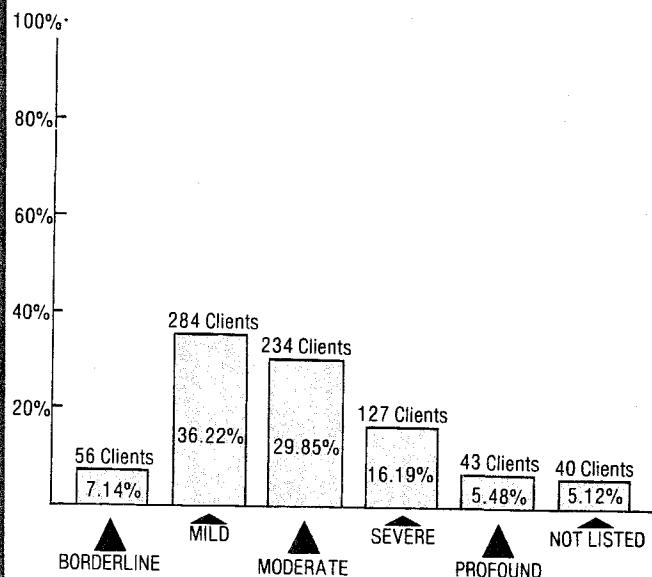
## LEVEL OF RETARDATION

The results of this survey found that the majority of persons who were served by ENCOR were in the mild and moderate ranges of retardation; however, ENCOR actually served more people in the severe range of retardation (127) than in all the rest of the programs combined, including BSDC, Regional Centers, Nursing Homes and Correctional facilities. ENCOR also was serving 43 persons in the profound range of retardation. BSDC was serving a total of 94 profoundly retarded persons from this Region.

The majority of persons remaining in the BSDC are in the severe and profound range of retardation (77% or 201 clients), but a significant number of persons still reside there from Region VI who are mildly and moderately retarded (22% or 57 persons). The Regional Centers showed a rather even distribution among moderate, severe and profound classifications of retardation. Correctional facilities reported no persons at any other level other than borderline intelligence or mild retardation. A surprising 39 clients in nursing homes who were reported by staff or listed in files as being either mentally retarded or developmentally disabled had never been assessed! But among those who had been assessed 38 persons, or a total of 44%, were in the borderline intelligence range or in the mild or moderate ranges of retardation. Only 9 persons or 10% of the total number surveyed were classified as severely or profoundly retarded.

## LEVEL OF RETARDATION BY NUMBER AND PERCENT INDIVIDUALS SERVED BY ENCOR

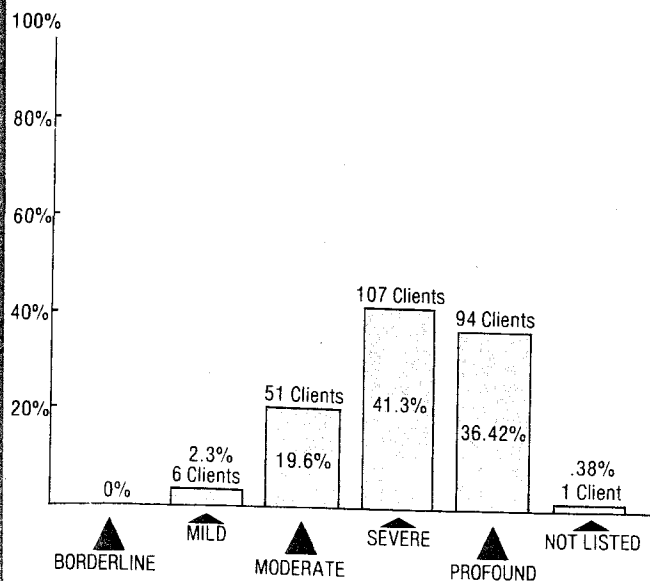
(Number served by ENCOR - 784)



## LEVEL OF RETARDATION BY NUMBER AND PERCENT INDIVIDUALS SERVED BY BSDC

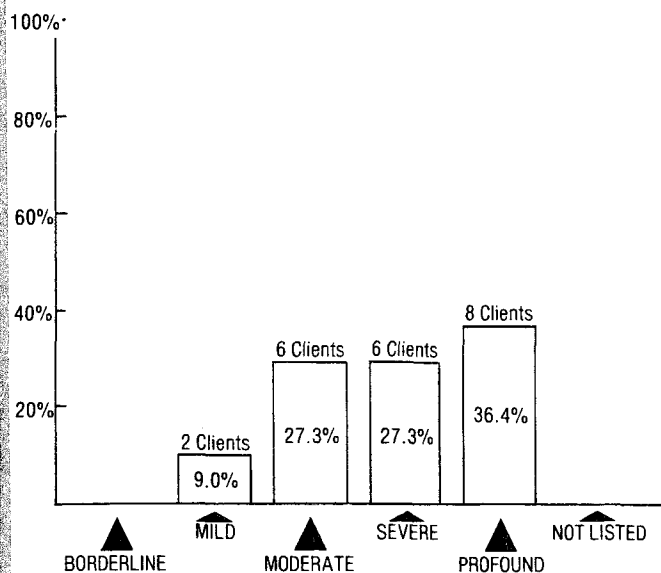
(Region VI - Population at BSDC assessed was 259)

\*Individuals from Region VI who were not diagnosed as retarded were not included in this assessment.



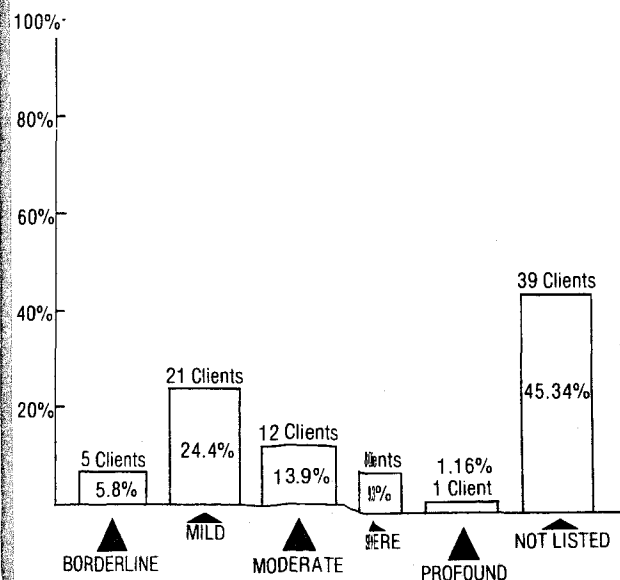
# LEVEL OF RETARDATION BY NUMBER AND PERCENT INDIVIDUALS SERVED BY REGIONAL CENTERS

(Region VI population Regional Centers - 22)



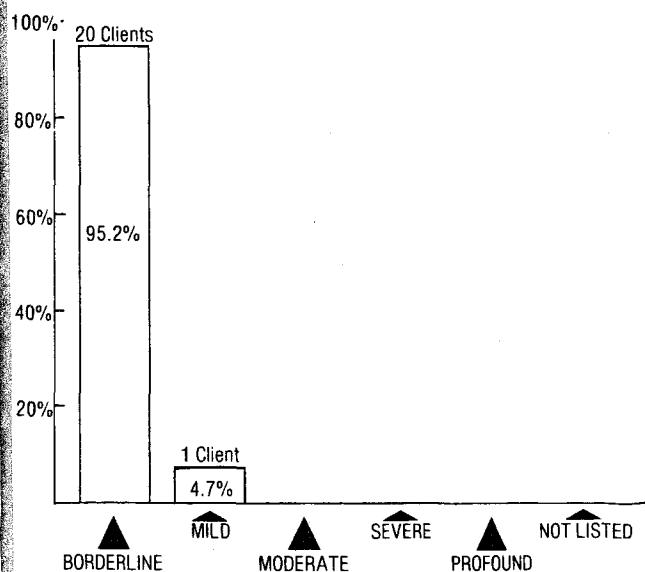
# LEVEL OF RETARDATION BY NUMBER AND PERCENT INDIVIDUALS SERVED BY NURSING HOMES

(Region VI population in nursing homes - 84)



# LEVEL OF RETARDATION BY NUMBER AND PERCENT INDIVIDUALS SERVED BY CORRECTIONAL FACILITIES

(Region VI - Population in Correctional Facilities - 21)

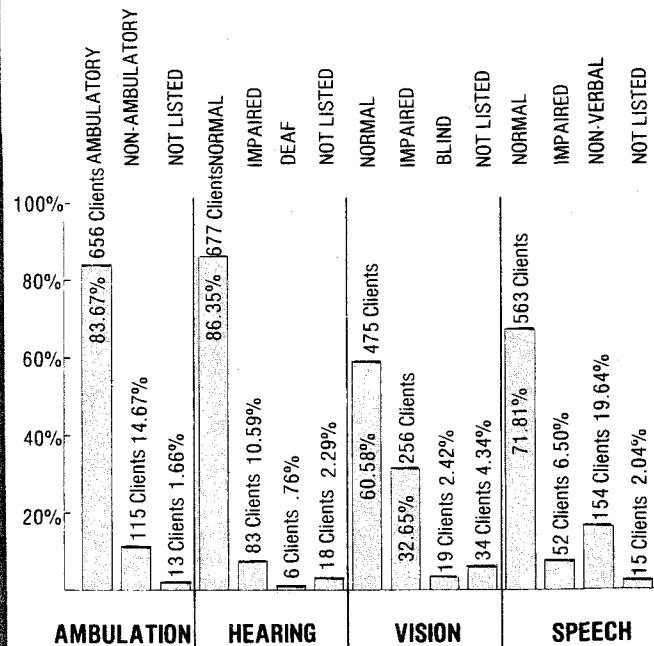


## PHYSICAL DATA

Extensive information was originally collected on the physical needs and functioning ability of the survey participants. This information included ambulation, speech, hearing, vision and dental needs. In addition medication information was listed, along with special health problems and other disabling conditions such as cerebral palsy, epilepsy, autism and dyslexia. Information was gathered on the exact type of prosthetic equipment used by each of the 1,179 individuals who were assessed. It was found that a total of 927 persons who were surveyed were ambulatory and a total of 222 were either totally non-ambulatory or required assistance. There were 115 clients in ENCOR who were either non-ambulatory or required assistance; 81 in BSDC; 24 in Nursing Homes; 5 in Regional Centers and none in the Correctional facilities. Twelve clients were reported as being entirely deaf, 6 in ENCOR services, 2 in Nursing Homes and 4 at BSDC. Thirty two were reported as being legally blind; 19 of these were served by ENCOR; 11 by BSDC; 1 in a nursing home and 1 in the Hastings Regional Center. A total of 287 clients were reported as having no expressive spoken language; 154 of these were served by ENCOR; 116 by BSDC; 6 by Regional Centers and 11 by Nursing Homes; none were found to be non-verbal in Correctional facilities.

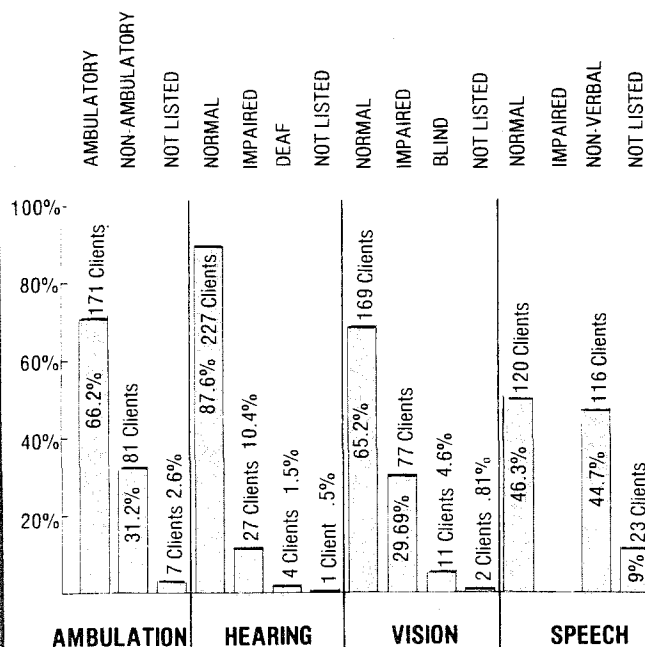
### PHYSICAL CHARACTERISTICS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY ENCOR

Total = 784



### PHYSICAL CHARACTERISTICS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY BSDC

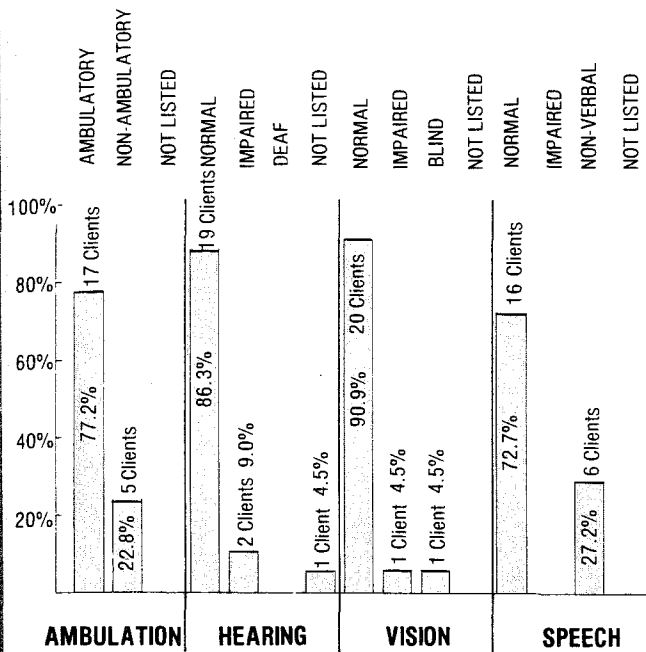
Total = 259



# PHYSICAL CHARACTERISTICS BY NUMBER AND PERCENT

## INDIVIDUALS SERVED BY REGIONAL CENTERS

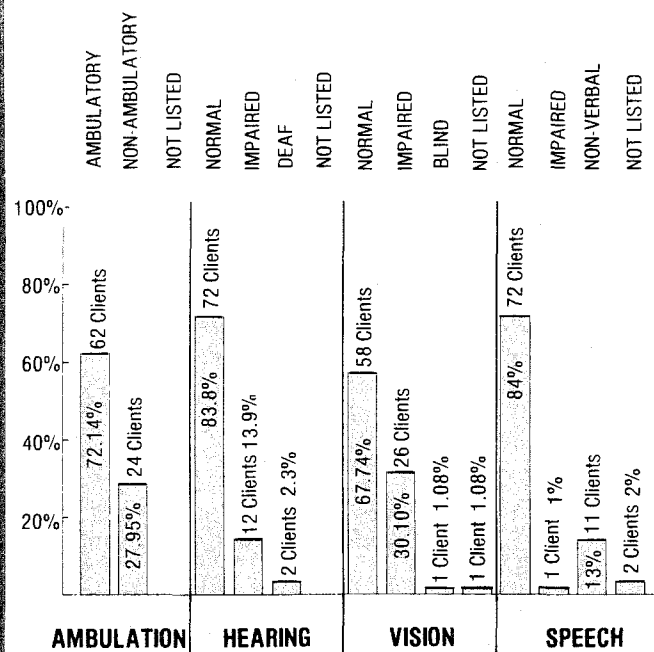
Total = 22



# PHYSICAL CHARACTERISTICS BY NUMBER AND PERCENT

## INDIVIDUALS SERVED BY NURSING HOMES

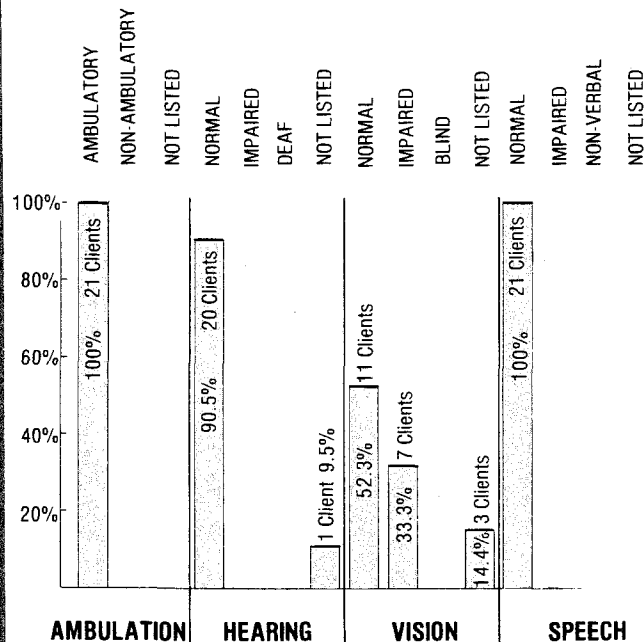
Total = 86



# PHYSICAL CHARACTERISTICS BY NUMBER AND PERCENT

## INDIVIDUALS SERVED BY CORRECTIONAL FACILITIES

Total = 21



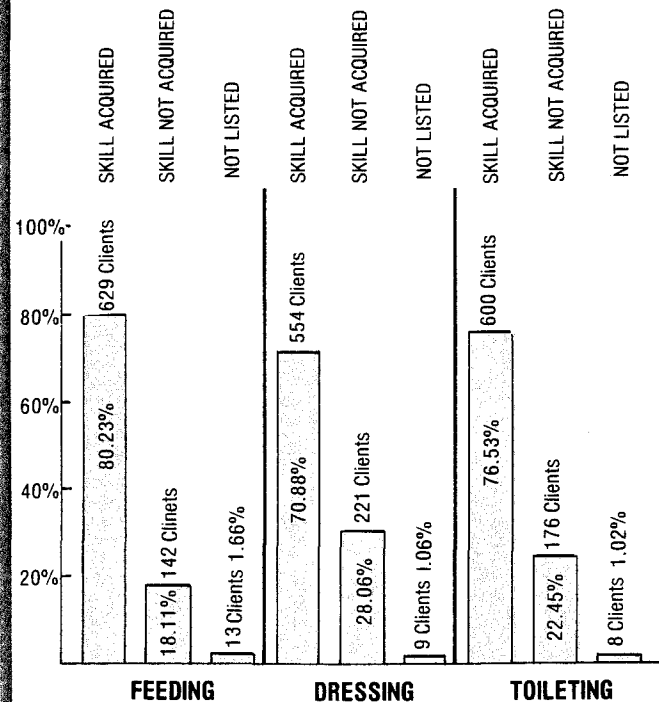
## SELF HELP SKILLS

Many persons believe that mentally retarded persons will not be able to function in the community based mental retardation programs unless they have certain pre-requisite skills such as feeding, dressing and toileting. ENCOR, since its inception in 1968, has based its service delivery on the belief that the client has the right to be served in the least restrictive alternative and that it is up to the staff to take the responsibility to help the client acquire these skills in the most natural and most normalizing setting. It is the philosophy of ENCOR that the system must be flexible enough to meet the special needs of the client and not that the client must change to be served by the system.

The needs study revealed that ENCOR was serving 142 persons who could not eat independently as opposed to 629 persons who had independent feeding skills. ENCOR served 221 persons who were unable to dress themselves and 554 persons who could. In addition, there were 176 clients in ENCOR who were unable to toilet themselves independently, and 600 clients who could. The BSDC population data revealed that 184 clients remaining at the institution were capable of feeding themselves and 72 needed assistance. 121 could dress themselves and 132 needed assistance; 131 persons residing at BSDC were capable of toileting themselves and 120 needed assistance. Nursing home information revealed that only 14 of the 86 clients needed assistance in feeding themselves; 38 needed help dressing and 28 needed help toileting themselves. Regional Centers showed 5 clients who were lacking all of these skills; the rest of the 17 persons had all of those skills. The persons at the Correctional facilities had all of these skills.

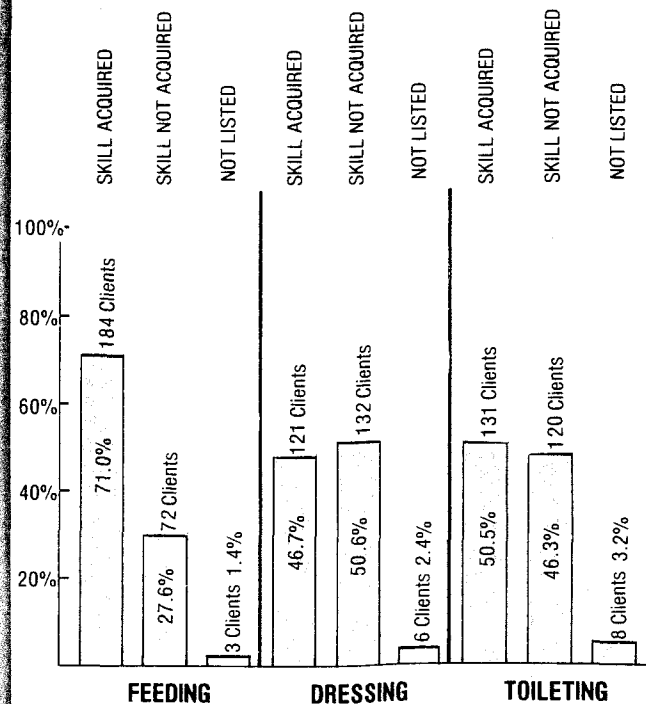
## SELF HELP SKILLS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY ENCOR

Total = 784



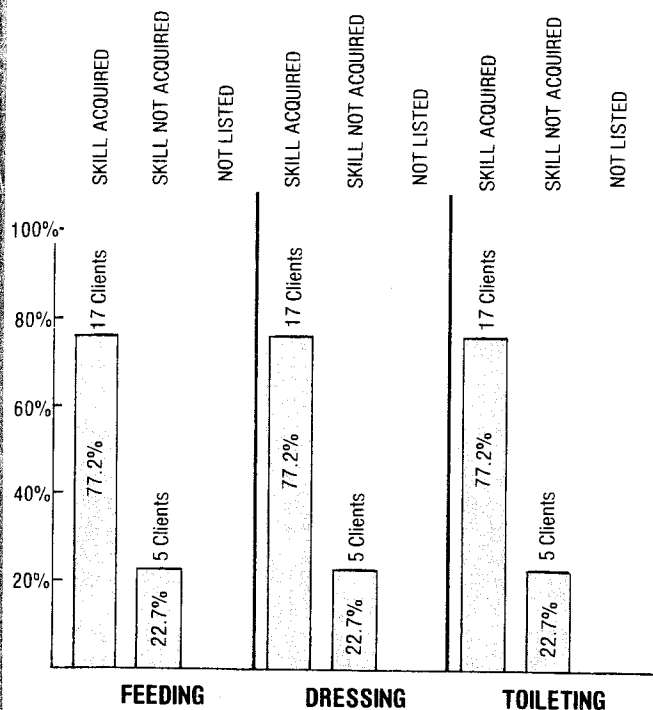
## SELF HELP SKILLS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY BSDC

Total = 259



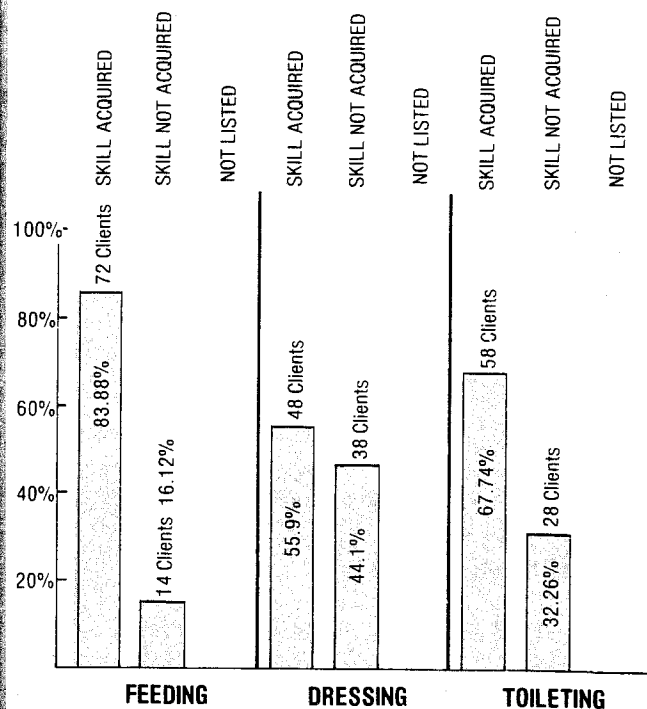
### SELF HELP SKILLS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY REGIONAL CENTERS

Total = 22



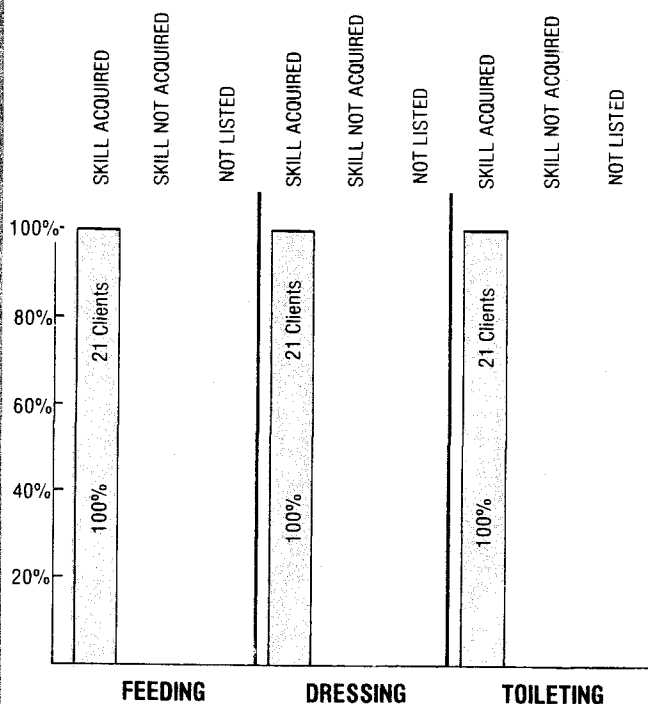
### SELF HELP SKILLS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY NURSING HOMES

Total = 86



### SELF HELP SKILLS BY NUMBER AND PERCENT INDIVIDUALS SERVED BY CORRECTIONAL FACILITIES

Total = 21





## **FINDINGS—ENCOR**

### **Age**

At the time of the needs study ENCOR was serving sixteen children between 0 and 2 years of age and 84 between the ages of 3 and 5. There were 192 public school aged children between 6 and 18 and 79 young adults between 19 and 21. ENCOR was also serving 408 adults ages 22 to 60 and 5 persons 61 or older.

### **County**

The majority of persons were from Douglas County (611); there were 74 from Dodge; 42 from Sarpy; 21 from Cass and 30 from Washington.

### **Sex**

Forty-two percent of the clients served by ENCOR were females; fifty-eight percent were males.

### **Level or Retardation**

The majority of clients served by ENCOR were in the moderate and mild ranges of retardation. However, ENCOR served more persons in the severe range of retardation (127) than the rest of the programs surveyed combined. ENCOR also served 43 clients in the profound range of retardation.

### **Physical Handicaps**

The study showed that ENCOR was serving a total of 115 clients who could not ambulate without some kind of assistance. In addition, 6 clients were found to be deaf and 83 had hearing impairments; 256 were found to have vision impairments while 19 were blind; 52 clients had impaired speech which made communication with others extremely difficult and another 154 clients were listed as being non-verbal.

### **Self Care**

Even though self-care skills are considered by many to be a pre-requisite for service in the community-based programs, it was found that ENCOR served 142 individuals who could not feed themselves; 221 persons who could not dress themselves; and 176 persons who could not toilet themselves. All but a very few of these persons were either in residential settings with less than six persons or in their natural homes. The exception to this would be individuals in the Developmental Maximation Unit which serves a maximum of 15 persons.

### **Other Disabilities**

The study showed that 146 of the clients served by ENCOR had cerebral palsy; 235 had some form of epilepsy; 21 were autistic and 12 had dyslexia.

### **Unmet Needs of Clients**

Nearly half of the individuals studied had unmet social and recreational needs. Other unmet needs were competitive employment, vocational training and adult education. In addition, training in daily living skills was listed as a need for some individuals as well as transportation, developmental and health services.

### **Unmet Needs of Families**

Major needs for families included behavior management, parenting education, babysitting, respite care, homemaker services and information about resources available in the community.

## **FINDINGS—BEATRICE STATE DEVELOPMENTAL CENTER**

### **Age**

No pre-school children from Region VI currently reside at BSDC; nor are there residents over the age of 65. A total of 48 children were at BSDC between the ages of 6 and 18 who come from this Region. Also a total of 35 youth between the ages

of 19 and 21 reside there and a total of 170 adults between 22 and 60. There were also four persons who are between 60 and 65 years of age.

### **County**

The majority of the persons from Region VI at BSDC were from Douglas County, a total of 221. In addition, there were 16 persons from Dodge; 6 from Washington; 9 from Sarpy and 7 from Cass.

### **Sex**

Approximately 52% of the persons residing at BSDC were male; 48% were female.

### **Level of Retardation**

The majority of the persons remaining in BSDC were in the severe and profound ranges of retardation. A total of 201 persons fell within that range. Another 57 persons were classified as mildly or moderately retarded. There were more persons served in the CBMR program who were mildly, moderately, and severely retarded. There were fewer persons served in the CBMR program that were classified as profoundly retarded.

### **Physical Handicaps**

There were a total of 81 persons from Region VI at BSDC who were not entirely ambulatory and 171 persons who were. In addition, there were 4 persons who were deaf; 11 considered to be legally blind and 116 who did not have communicative language.

### **Self Care**

There were 72 Region VI residents at BSDC who needed help with feeding; 132 who needed assistance dressing and 120 who needed help with toileting.

### **Other Disabilities**

Of the Region VI residents at BSDC, 74 had some form of epilepsy and 1 was reported to have autism; 43 persons were reported to have cerebral palsy.

### **Marital Status**

All of the residents remaining at BSDC were single; none were married.

### **Service Needs—Children**

A total of 48 persons at BSDC from this region would need a day program provided by the public schools if they were to move to the community.

### **Service Needs—Adults**

If these individuals were placed in community programs, 113 would need pre-vocational adult developmental services concentrating on self-help skills and therapy. Sixty-five were found to be able to be served in existing workshops; 12 could be served at the advanced workshop and one might be appropriate for a work station in industry.

### **Residential Services**

All of the individuals from the region residing at BSDC were listed as needing residential services upon movement to the community. Approximately 36 individuals were listed as needing intensive, 24 hour medical support such as the Developmental Maximization Unit; 29 of those persons were adults. The rest of the population was thought to be able to be served in group homes and alternative living units with variations of support.

## **FINDINGS—REGIONAL CENTERS**

### **Age**

At the time of the needs study of Region VI residents, there were no pre-school children in the Regional Centers at Lincoln and at Hastings. There were a total of five children between the ages of 6 and 18; two persons between the ages of 19 and 21 and twelve persons between 22 and 30. There were three persons between the ages of 31 and 60 and none over 60.

### **County**

All of these persons were from Douglas County.

### **Sex**

Eighty-six percent of these persons were male and only 14% female. The majority were males between the ages of 22 and 30 who were in the Lincoln Regional Center for behavioral problems and aggressive behavior.

### **Level of Retardation**

The study indicated that there was a fairly even distribution of persons in the moderate, severe and profound range of retardation. Two persons were mildly retarded.

### **Physical Handicaps**

Five of these individuals were listed as non-ambulatory; no persons were deaf; only one was blind and six were considered non-verbal.

### **Self Care**

Five of the persons could not feed, dress or toilet themselves. The remaining 17 had all of the self care skills listed.

### **Service Needs**

Findings indicated that the Region VI residents residing at the Hastings Regional Center were inappropriately placed in a more restrictive, more expensive placement than necessary and that each of these individuals could move into the community-based program as soon as services could be developed. All but two of these individuals were indeed placed into the CBMR program within a few short months of the survey. The remaining will be placed by the end of FY 1978-79.

## **FINDINGS—NURSING HOMES**

### **Age**

Most mentally retarded persons in nursing homes were below retirement age.

### **County**

The majority of persons identified in nursing homes were from Douglas County, a total of 65 persons; Dodge reported 13; Washington 2; Sarpy 3 and Cass three. It should be stated that the only persons assessed were those from Region VI and that other mentally retarded persons were in the nursing homes in each of the counties, but they were not residents of the counties in this Region.

### **Sex**

There were approximately 54% males and 46% females in nursing homes.

### **Level of Retardation**

Nearly half of those nursing home residents who were considered mentally retarded are of "unknown" levels of retardation. Of those whose level had been assessed, it may be said that most were mildly or moderately mentally retarded, and that their capabilities were comparable to those served in the community.

## **Physical Handicaps**

There were 62 persons who were ambulatory and 24 who were non-ambulatory or required assistance. The major barrier to community placement of these individuals was considered to be accessibility of residential alternatives. There were only 2 persons found to be deaf; 1 who was blind and 11 did not have communicative language.

## **Self Care**

Of the 86 persons 14 were found to need assistance with feeding; 38 with dressing and 28 with toileting.

## **Other Disabilities**

There were 6 persons reported having cerebral palsy, 29 who had epilepsy, one with autism and one with dyslexia; 48 were reported to have no other disability.

## **Marital Status**

Five of the individuals were married, 80 were single and one was not reported.

## **Programs**

Only two of the persons were reported receiving any kind of adult developmental training.

## **Service Needs**

Nearly all of the persons needed more adequate developmental programs. The majority of individuals could live in a much less restrictive and presumably less costly setting.

\* for complete information contact CASS Institute for a full report.

# **FINDINGS—CORRECTIONAL FACILITIES**

## **Age/Sex**

There were no mentally retarded children under the age of twelve in correctional facilities. There were thirteen male youth between the ages of 13 and 18 who were considered by corrections staff to be retarded. Eight women were in the correctional facilities who were considered to be retarded.

## **County**

All of these individuals were from Douglas County. The survey showed no persons from Dodge, Washington, Sarpy or Cass Counties.

## **Level of Retardation**

All persons in correctional facilities were found to be of borderline intelligence or in the mild range of retardation.

## **Physical Handicaps**

None of these individuals had any severe medical problems or physical impairments. All of them had the necessary self help skills.

## **Service Needs**

Placement in the correctional facilities was considered by most correctional staff to be quite inappropriate. The staff felt the crucial services were placement within the community in highly structured residential settings, along with an emphasis on academics, vocational training, family and child counseling, reintegration into the family and leisure time management.

**DODGE**

Fremont .....	47
Snyder .....	1
Dodge .....	3
Scribner .....	1
District 65 .....	3
District 92 .....	1
Logan View .....	1
North Bend .....	1
Total .....	58

**WASHINGTON**

Blair .....	0
District 14 .....	1
Arlington .....	2
District 100 .....	1
Total .....	4

**DOUGLAS**

Omaha .....	332
Elkhorn .....	1
Millard .....	31
District 47 .....	1
Valley .....	1
Ralston .....	19
Bennington .....	2
Westside .....	47
Total .....	434

**SARPY**

Bellevue .....	49
Papillion .....	24
Gretna .....	6
Springfield .....	8
Total .....	87

**CASS**

Plattsmouth .....	3
Weeping Water .....	2
District 81 .....	1
District 96 .....	1
Nehawka .....	1
Total .....	8

This information was obtained from the State Department of Education and is the number of children who are classified as "trainable" or severely and profoundly retarded by the local school districts.

# JUVENILES WHO ARE MENTALLY RETARDED WHO WERE REFERRED TO DOUGLAS COUNTY JUVENILE COURT IN 1976 & 1977

## THE PROBLEM:

Professionals and consumer advocates have long been concerned about the youth who is mentally retarded who has come before the juvenile court system, whatever the reason. The programs in Douglas County who serve youth feel inadequately staffed and trained to meet the special needs of an offender who is also mentally retarded. Yet, professionals in correctional facilities for youth feel that incarceration is generally inappropriate, inadequate and not effective for youth who are both mentally retarded and in trouble with the law. ENCOR has not been very effective in responding to the need either. ENCOR staff do not feel adequately trained to meet these individuals' needs in some cases, and in still other cases the clients test out not mentally retarded on intelligence tests and adaptive behavior scales, and are therefore ineligible for ENCOR services. A gap seemed to exist in the community's ability to serve this population.

## THE SURVEY:

Personnel from ENCOR and the Douglas County Juvenile Court agreed to cooperate in a survey of the cases handled by the Juvenile Court in order to examine what the facts were regarding this population. Information was obtained from the files of the court.

## THE METHOD:

Personnel from Douglas County Juvenile Court first screened and sorted the files based on those clients who were classified as mentally retarded in psychological test scores included in the files, or those who were referred to as mentally retarded somewhere in the file. The staff of ENCOR and the staff of the court then compiled the information on 1) personal characteristics, 2) social and emotional characteristics, 3) family background, and 4) disposition of the cases. The following is a report of those findings.

A. Personal		II. Damages, steals public or other's property	
I.	Intelligence Quotient		
	81 - 85	never	8
	70 - 80	occasionally	23
	55 - 69	frequently	17
	55 & below	no answer	12
	Total # with I.Q.'s under 80		60
II.	Age	III. Has violent temper or tantrums	
a.	Current Age (as of 1/1/78)	never	19
	12 - 13	occasionally	12
	14 - 15	frequently	9
	16 - 17	no answer	20
	18 - 19		
b.	First involvement with court	IV. Displays inappropriate social sexual behaviors: open masturbation, public exposure, inappropriate sexual advance towards others	
	10 - 11	never	27
	12 - 13	occasionally	6
	14 - 15	frequently	4
	16 - 17	no answer	23
	18 - 19		
III.	Sex	V. Use of alcohol or drugs	
	Male	never	23
	Female	occasionally	12
IV.	Race	frequently	6
	Black	no answer	19
	White		
	Other	VI. Been diagnosed as having a psychiatric disorder	
	No answer	yes	21
		no	27
		no answer	12
B.	Social - Emotional	VII. Been expelled from school	
I.	Threatens or does physical violence to self or others	yes	32
	*never	no	24
	*occasionally	no answer	4
	*frequently		
	*no answer		

VIII.	Runaway behavior	
	never	14
	occasionally	12
	frequently	13
	no answer	21

IX.	Other	
	Learning Disability	2
	Epileptic	3
	Cerebral Palsy	1
	Enuretic	3

\*Never—Characteristic was not mentioned in psychological

\*Occasionally—Was noted in psychological

\*Frequently—Was mentioned as significant in psychological

\*No Answer—No information was available

#### C. Family Background

I.	Approximate family income	
	less than 10,000	20
	more than 10,000	2
	receiving public assistance	29
	no answer	9

II.	Parents steadily employed	
	yes	25
	no	28
	no answer	7

III.	Marital status of parents	
	together	13
	separated	22
	divorced	13
	other	12

IV.	Educational level of parents	
	less than high school	31
	high school	15
	college	1
	no answer	13

V.	Average family size	5.8
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#### F. Disposition

I.	Total # of residential placements made by the court (this includes those sent to correctional facilities)	45
a.	Total # sent to correctional facilities	19
	30 day placements	
	long term placements	

Kearney		
YDC	5	15
Geneva	1	4

b.	Total # sent to institutions	12
	BSDC	0
	LRC	0
	Hastings	
	Regional	
	Center	2
		4

c.	Total # sent to residential facilities in the community (5 were in more than one facility)	38
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d.	Total # sent to correctional facilities after being placed in residential	7
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II.	Total # of cases in which Probation was used	33
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a.	Probation only	15
b.	Probation and then placement into a residential setting	18
c.	Probation and then Kearney (4 youths were sent straight to correctional facilities)	8
d.	Youths placed residentially without the use of probation	27

#### D. Charges:

Breaking and entering	37
Damaging property	15
Ungovernable	16
Robbery	13
Larceny	12
Auto Theft	14
Burglary	7
Assault	5
Sexual Assault	3
Receiving stolen goods	4
Other	8
No answer	2

E.	One time offenders	25
	Two time offenders	16
	Three time offenders	9
	Four time offenders	4
	Five time offenders	1
	Six time offenders	1
	Unknown	4

# THE FINANCING OF COMMUNITY-BASED MENTAL RETARDATION PROGRAMS

(Much of this section's information was taken from The Mental Health and Mental Retardation Handbook prepared by The Mental Health Law Project for County Officials, June, 1978.)

## I. INTRODUCTION

Funds for operation of the mental retardation regions come from federal, state and county monies and other locally generated sources.

## II. FEDERAL FUNDING

Mental retardation programs receive federal Social Services funds known as Title XX. These funds are distributed by the State Department of Public Welfare to the six mental retardation regional offices. This source of federal funds must be matched by the recipients, the match being 75 percent federal money to 25 percent state money.

The Division of Social Services of the Department of Public Welfare acts as a conduit to distribute Title XX funds to the Community-based Mental Retardation Regions. The Department of Public Welfare annually determines the total amount of Title XX funds which will be available for mental retardation services. The Office of Mental Retardation (OMR), in turn, is responsible for establishing the maximum amount of Title XX funds which will be available to each region. This is done as a part of the total budgetary process for each mental retardation region.

Regardless of the maximum amount of Title XX funds which OMR allocates to mental retardation regions, the amount of Title XX funds that a region actually receives is based upon the number of Title XX eligible clients served in the region. To receive Title XX funds, each region must submit a monthly listing of all mentally retarded clients served (regardless of whether they are eligible for Title XX funds) and the amount of services provided to each client to the State Office of Mental Retardation and the Social Services Division of the State Department of Public Welfare. The Social Services Division, in turn, sends monthly reimbursement checks for the federal portion of Title XX funds. OMR then provides reimbursement to the Region for the 25 percent State match needed for a State to be eligible to receive Title XX funds.

The eligibility of mentally retarded clients for Title XX support is determined by the County Welfare Office.

In the past three years there has been no increase in the Title XX allocation for the Community-based Mental Retardation Regions. The population served, however, has increased considerably, as has the program and service development across the state.

## III. STATE GENERAL FUNDS

Each mental retardation region may receive state funds from the State General Fund. In order to receive State General Fund money, each mental retardation regional central office must submit an annual Budget Request and Operating Budget to the State Office of Mental Retardation (OMR). Both budgets must be reviewed and approved by the Regional Governing Board before they are submitted to OMR.

The budget request itemizes the amount of State General Funds desired by the Region for the succeeding fiscal year. Narratives must be included setting out the need for the State General Funds requested and explaining the Region's plans and priorities for the next fiscal year. The Budget Request must list all revenues by source that the Region expects to obtain and a list of plans to expend the funds if they are obtained.

The State Office of Mental Retardation uses the Budget Request to recommend funding to the State Legislature. The Legislature, in turn, sets the maximum amount of State Funds which will be available to each of the mental retardation regions for the fiscal year. L.B. 311, 1973, states that the State General Funds are to be made available to each region at a rate of three dollars for every local dollar contributed.

Once a region knows how much money has been allocated to it from the State General Fund, a revised budget (called the "Operating Budget") must be sent to the State Office of Mental Retardation showing the region's plans for the funds that were actually appropriated to the region.

State matching funds are limited to use for employment of staff, technical assistance, initiation, operation and continuance of programs and services, leasing, renting, or otherwise acquiring and maintaining facilities for mentally retarded persons and for their families. State funds are also used in part to match available Federal Title XX money. Use of state funds for construction of buildings for mentally retarded individuals is currently specifically prohibited by statute. State funds may also not be used when there is another source of funding to pay for services for mentally retarded persons, such as room and board covered by Supplemental Security Income; medical care covered by Medicare or Medicaid; educational programs for school aged children; and wages to clients.



Every Community-based Mental Retardation program, service or facility for mentally retarded persons must comply with OMR regulations and minimum standards in order to qualify for State funding from OMR. If a Region does not wish to comply with a particular OMR rule or regulation, the Chairperson of the Governing Board and the Regional Office Director must get written approval of a waiver from the Director of OMR. Waivers are granted for a maximum of one year. At the end of the year the Governing Board may apply for an extension.

Each Regional Governing Board, along with its Regional Office, must assess, at least annually, the compliance of each of its programs and services with OMR regulations and standards. The assessment must be annually submitted in writing to OMR. Each Regional Governing Board is also responsible for developing and insuring implementation of a plan to correct any programs, services or administrative and fiscal procedures which are found by an OMR Regional Evaluation to not be in compliance with OMR rules, regulations and standards.

A Regional Governing Board may appeal an OMR finding of non-compliance or an OMR denial of a waiver to the Director of the Department of Public Institutions, who holds an administrative hearing on the matter. The decision of the Department of Public Institutions, who holds an administrative hearing on the matter. The decision of the Department of Public Institutions may be appealed by the Governing Board to the District Court, or other formal legal proceedings may be started. The proceedings must be financed with funds other than State General Funds.

#### **IV. FUNDS FROM LOCAL SCHOOL DISTRICTS**

The State Department of Education provides State funds for some special education for clients in the Community-based Mental Retardation programs.

State of Nebraska law does require the Board of Education in each school district to provide or contract for educational programs to meet the needs of every verified handicapped child from the date of diagnosis or the date of notification of the resident school district to age twenty-one. The statutory definition of handicapped children includes children who are mentally retarded. Currently, school districts are responsible for special education programs for handicapped children between the ages of five and twenty-one. As a result of LB 889, passed during the 1978 Legislative session, beginning with the 1979-1980 school year, each school district must show participation in a plan for educational services for handicapped children below the age of five. Attendance at special education programs by handicapped children below the age of seven is non-compulsory and subject to the approval of the child's parent or guardian. Programs serving children below the age of three must, as much as possible, provide parent training in the home environment.

A School Board may fulfill its responsibility to provide special education programs by either providing the programs itself or contracting for the provision of the programs. One of the entities with which the School Board may contract is the local or regional Office of Mental Retardation. Where a Community-based Mental Retardation program provides special education services under contract to a School Board, the Community-based Mental Retardation program receives reimbursement from the appropriate contracting school district. Reimbursement covers the cost of special education services, as well as certain transportation and residential expenses. The reimbursement, however, may not be used by the Region to match State General Funds.

As a result of LB 889, children below the age of five currently being served by Community-based Mental Retardation Regions may be transferred from July 1, 1978 to June 30, 1979 to programs provided by their resident school district only after the transfer is approved by the Mental Retardation Regional Governing Board, the resident school district, and the handicapped child's parent or legal guardian.

#### **V. FUNDS FROM VOCATIONAL REHABILITATION SERVICES**

When the education of a mentally retarded child is completed because the child can no longer benefit from special education or because the person has reached 21 years of age, the Division of Rehabilitation Services (DRS) of the Department of Education is statutorily responsible for assisting those mentally retarded individuals who meet the eligibility requirements of the DRS programs. Vocational rehabilitation counselors from the DRS are responsible for cooperating with the Community-based Mental Retardation programs and the Beatrice State Developmental Center to provide vocational rehabilitation services to mentally retarded persons who can benefit from such services.

Some of the total federal and state funds annually allocated to the DRS are used to provide the initial diagnosis, evaluation, vocational rehabilitation counseling, and sometimes the cost of vocational training for mentally retarded persons. DRS funds may also be used to pay for the cost of medical or psychological treatment to restore a client physically or mentally if the problem relates to the client's vocational handicap and if the client or the client's family is unable to pay for necessary treatment. In situations where vocational rehabilitation counselors act as a liaison to a Community-based Mental Retardation center, DRS will provide those vocational rehabilitation services which are not the legal responsibility of the Community-based Mental Retardation center.

In the years 1970-71 through 1974-75, the Regions were receiving over \$100,000 from Vocational Rehabilitation. Today, only one Region (Region V) is receiving any revenue from this source in an amount less than \$3500. Most of the Regions have received no money from this source for the last three years.

## **VI. COUNTY FUNDING**

County tax funds are used to help support costs that will not be paid for by state or federal money. Generally, these are the last monies used by a Region for its program.

The counties, through the Regional Governing Board, adopt a funding formula which sets the amount of local funds to be supplied by each county for each fiscal year. The funding formula is included in either the Interlocal Cooperation Agreement or as a part of the By-Laws to the Agreement. Money needed for the funding of such programs is currently obtained from taxes levied and collected under the general fund levy of any county.

An additional funding resource currently authorized under statute is that a county may levy and collect taxes at a rate of up to one half mill on the dollar of the assessed valuation of all taxable property except intangible property for funding mental reatrdation services, programs and facilities. This is currently not being utilized.

The counties must specify what amount of local funds supplied to the Regional Governing Board are to be used for Community-based Mental Retardation programs. The Governing Board determines the manner in which the local funds are allocated among the programs.

The match of local money needed to receive state funds is made up of county taxes, in-kind services, client workshop contracts, and client room and board payments. County taxes currently average thirty percent of the total local contributions to the Community-based Mental Retardation programs. Other local sources, including client fees, average seventy percent of this amount.

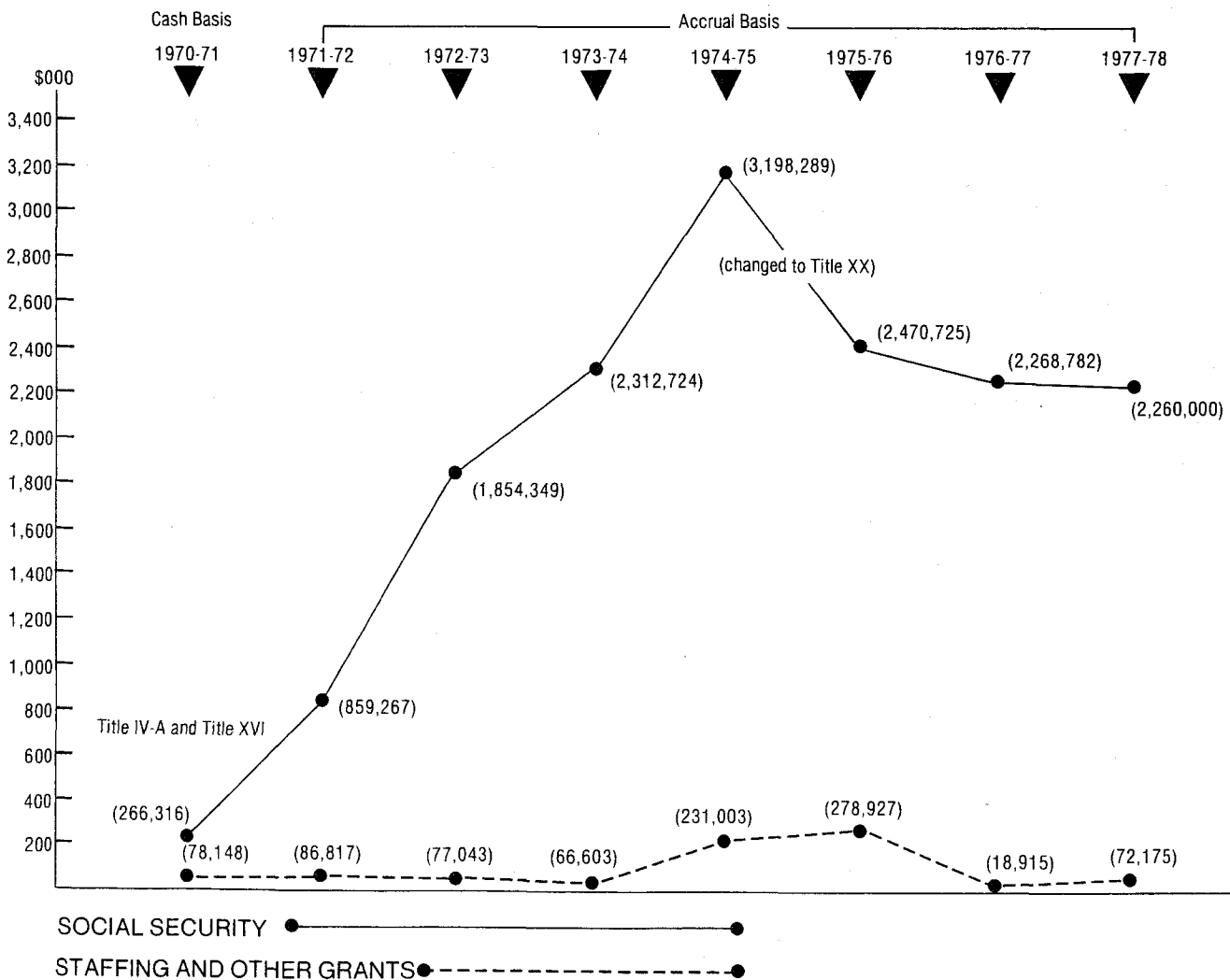
## **VII. CLIENT FEES AND THIRD PARTY PAYMENTS**

Clients receiving services from a state or community facility or program, or their relatives, are responsible for the costs of such services in the same manner as clients receiving state or community mental health services.

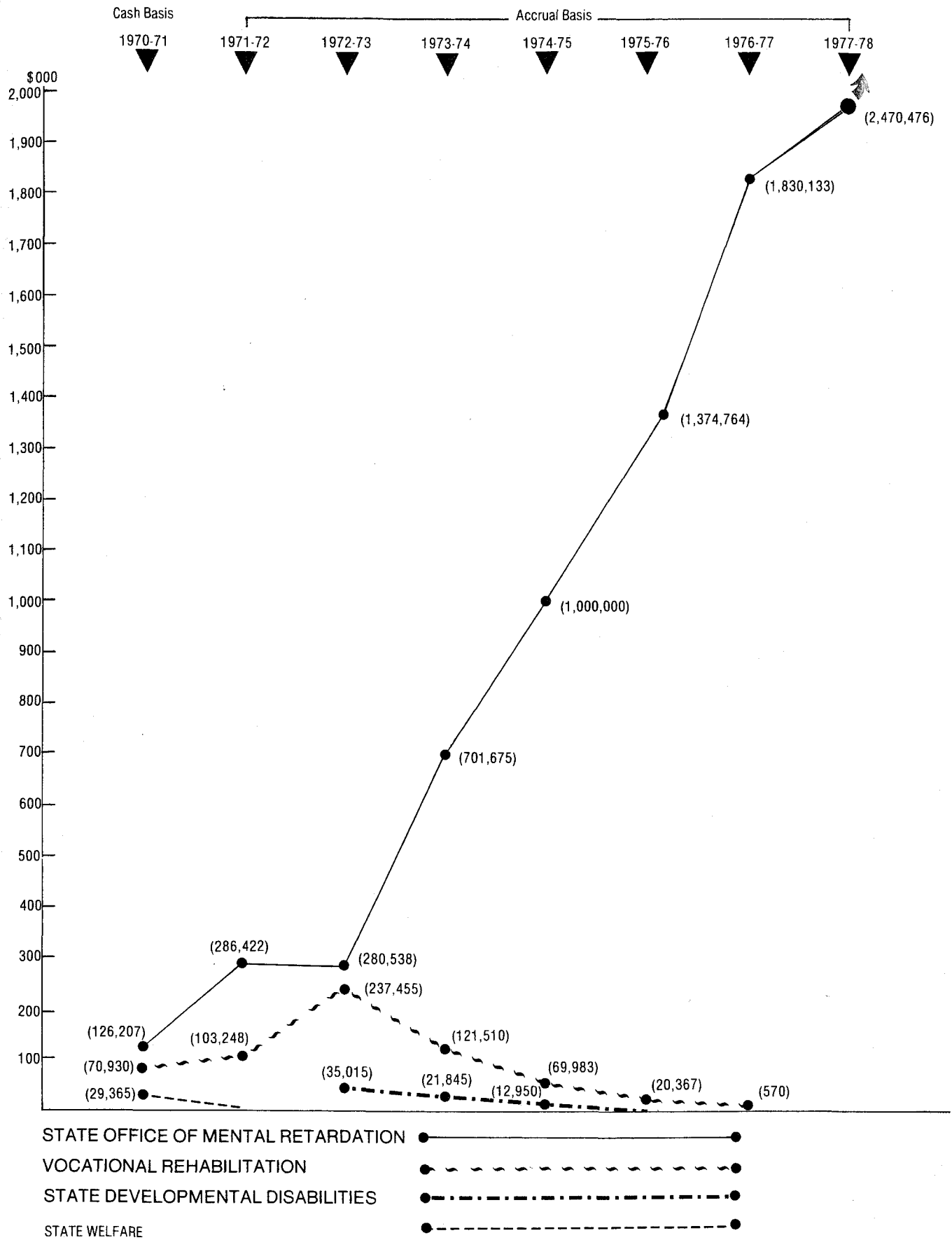
There are additional state and federal dollars which are directly paid to clients and therefore, indirectly contribute to the support of Community-based Mental Retardation programs. Other available funds include payment to clients for work done on industrial contracts in vocational workshops. These additional monies help clients to meet their personal needs.

# FEDERAL CONTRIBUTIONS

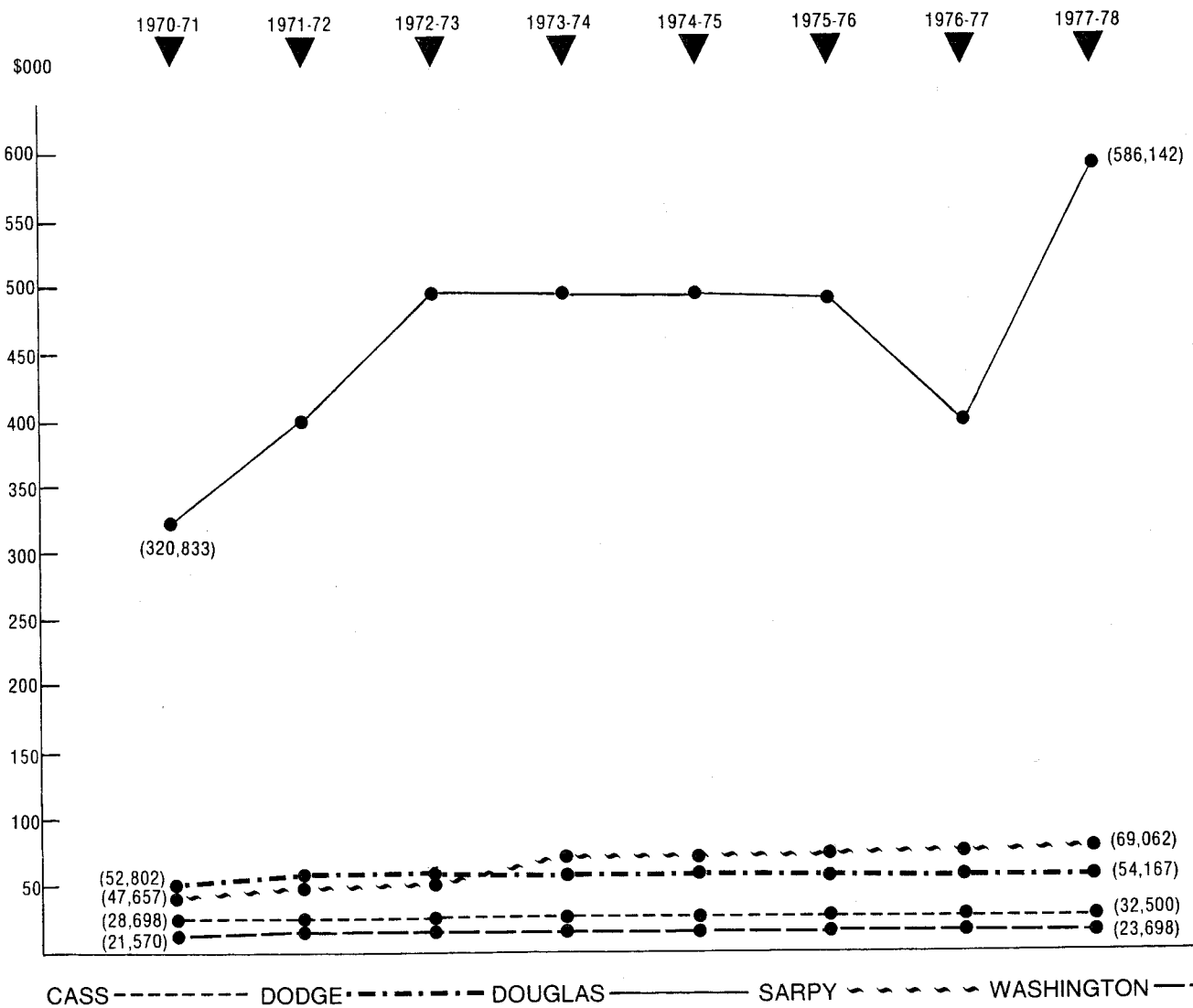
Note: In FY 1975-76, Titles IVA and Title XVI funds were changed to Title XX, and a ceiling was placed on the amount of funds ENCOR could receive from this source.



# STATE FUNDING CONTRIBUTIONS

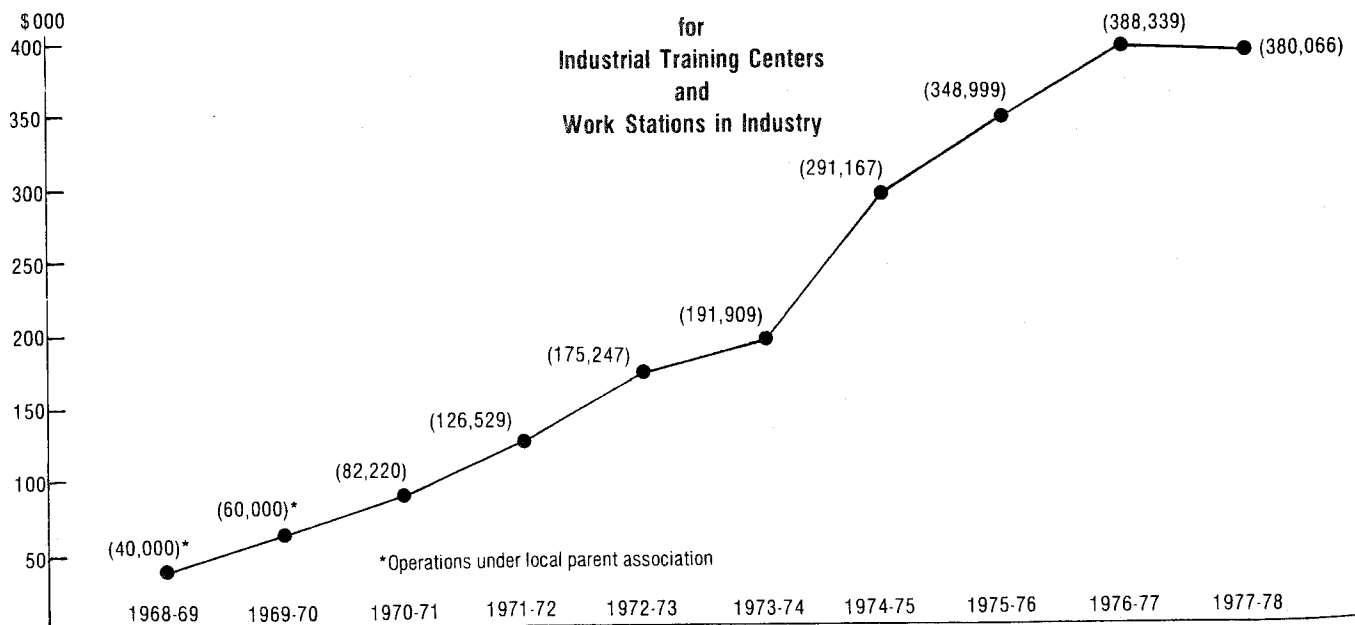


## COUNTY CONTRIBUTION BY YEAR



## CONTRACT INCOME

for  
Industrial Training Centers  
and  
Work Stations in Industry



## FUNDING SOURCES BY PERCENTAGES BY YEAR

GOARC - \$33,945

Cash Basis 1970-71	Total County Dollars - \$471,560 38%	State - \$226,502 19%	Federal - \$344,464 28%	Other - \$150,938 12%
Accrual Basis 1971-72	Counties - \$567,373 27%	State - \$389,670 18%	Federal - \$946,084 44%	\$225,543 Other - 11%
1972-73	Counties - \$662,617 19%	State - \$533,008 16%	Federal - \$1,931,392 57%	\$266,835 Other - 8%
1973-74	Counties - \$662,617 16%	State - \$845,030 20%	Federal - \$2,379,327 56%	\$325,787 Other - 8%
Public School Contracts - \$177,398				
1974-75	\$663,942 Counties - 11%	State - \$1,082,933 18%	Federal - \$3,429,292 59%	\$500,455 Other - 9%
Public School Contracts - \$274,221				
1975-76	\$649,618 Counties - 11%	State - \$1,395,131 5%	Federal - \$2,749,652 49%	\$581,847 Other - 10%
Public School Contracts - \$199,942				
1976-77	\$576,190 Counties 10%	State - \$1,863,545 4%	Federal - \$2,287,697 33%	\$641,626 Other - 12%
Public School Contracts - \$141,096				
1977-78	\$765,569 Counties - 12%	State - \$2,480,646 2%	Federal - \$2,332,175 39%	\$727,564 Other - 11%
Public School Contracts - \$140,000				
(proj.) 1978-79	\$578,160 Counties 9%	State - \$2,871,426 44%	Federal - \$2,265,000 34%	\$712,000 Other - 11%

## ENCOR DIVISION EXPENDITURES BY PERCENTAGE BY YEAR

Cash Basis 1970-71	Residential - \$184,864 16%	Vocational - \$287,943 26%	Developmental Day Care - \$399,546 36%	Family Resources - \$94,390 8%	Administration - \$161,089 14%
Accrual Basis 1971-72	\$264,955 Residential - 13%	Vocational - \$503,010 25%	Developmental Day Care - \$596,575 29%	Family Resources - \$473,655 23%	Administration - \$203,474 10%
1972-73	\$399,085 Residential 11%	Vocational - \$792,994 23%	Developmental Day Care - \$1,041,352 30%	Family Resources - \$942,765 27%	Administration - \$312,998 9%
1973-74	\$578,320 Residential - 14%	Vocational - \$815,329 20%	Developmental Day Care - \$1,166,523 29%	Family Resources - \$1,117,711 28%	Administration - \$363,151 9%
1974-75	\$1,388,012 Residential - 24%	Vocational - \$1,265,408 22%	Developmental Day Care - \$914,489 16%	Family Resources - \$1,406,997 24%	Administration - \$671,552 12%
1975-76	\$1,966,833 Residential - 37%	Vocational - \$1,125,964 21%	Developmental Day Care - \$679,795 12%	Family Resources - \$735,051 14%	Administration - \$573,255 11%
1976-77	\$2,222,569 Residential - 43%	Vocational - \$1,200,689 23%	Developmental Day Care - \$481,069 9%	Family Resources - \$604,994 12%	Administration - \$489,287 10%
1977-78	\$2,812,458 Residential - 46%	Vocational - \$1,225,661 5%	Developmental Day Care - \$517,084 20%	Family Resources - \$147,742 9%	Administration - \$562,421 3%
(proj.) 1978-79	\$3,170,568 Residential - 45%	Vocational - \$1,481,049 6%	Developmental Day Care - \$520,460 21%	Family Resources - \$147,742 8%	Administration - \$642,243 4%

Transdisc. T.  
Staff Services -

# ENCOR

## Income & Expense Statement

### FY 1970-71 to FY 1977-78

	Cash Basis	Accrual Basis						
	1970-71	1971-72	1972-73	1973-74	1974-75	1975-76	1976-77	1977-78
Counties-								
Douglas	320,833	400,000	492,324	492,324	492,324	478,000	400,000	586,142
Sarpy	47,657	52,340	53,672	57,648	60,962	60,962	66,962	69,062
Dodge	52,802	57,514	55,660	53,672	53,009	53,009	53,500	54,167
Cass	28,698	31,019	33,793	32,468	32,468	32,468	32,500	32,500
Washington	21,570	26,500	27,168	26,505	25,179	25,179	23,228	23,698
	<b>471,560</b>	<b>567,373</b>	<b>662,617</b>	<b>662,617</b>	<b>663,942</b>	<b>649,618</b>	<b>576,190</b>	<b>765,569</b>
Federal-								
Title XX (IVA & XVI)	266,316	859,267	1,854,349	2,312,724	3,198,289	2,470,725	2,268,782	2,260,000
Other Grants	78,148	86,817	77,043	66,603	231,003	278,927	18,915	72,175
	<b>344,464</b>	<b>946,084</b>	<b>1,931,392</b>	<b>2,379,327</b>	<b>3,429,292</b>	<b>2,749,652</b>	<b>2,287,697</b>	<b>2,332,175</b>
State-								
OMR	126,207	286,422	280,538	701,675	1,000,000	1,374,764	1,830,133	2,470,476
DPI	—	—	—	—	—	—	32,842	10,170
Voc Rehab	70,930	103,248	237,455	121,510	69,983	20,367	570	—
DD	—	—	35,015	21,845	12,950	—	—	—
Other	29,365	—	—	—	—	—	—	—
	<b>226,502</b>	<b>389,670</b>	<b>553,008</b>	<b>845,030</b>	<b>1,082,933</b>	<b>1,395,131</b>	<b>1,863,545</b>	<b>2,480,646</b>
Local-								
Public Schools	—	—	—	—	177,398	274,221	199,942	141,096
Contributions	<b>4,479</b>	<b>9,352</b>	<b>5,032</b>	<b>6,288</b>	<b>4,894</b>	<b>3,434</b>	<b>637</b>	<b>6,850</b>
Other Revenue	<b>12,537</b>	<b>15,867</b>	<b>9,756</b>	<b>28,925</b>	<b>5,574</b>	<b>9,745</b>	<b>9,452</b>	<b>35,465</b>
Program Incidental-								
Client Production	82,220	126,529	175,247	191,909	291,167	348,999	388,339	380,066
Rentals	30,054	39,679	61,939	70,771	88,164	123,391	148,974	249,803
Transportation	21,648	34,116	14,861	27,894	108,421	78,613	56,770	39,187
CHAMPUS	—	—	—	—	—	5,122	26,409	9,450
Other Client Fees	—	—	—	—	—	7,172	8,391	5,765
Pos Chairs	—	—	—	—	2,235	1,415	1,776	881
Recreation Fees	—	—	—	—	—	3,956	806	97
Insurance Claims	—	—	—	—	—	—	72	—
	<b>133,922</b>	<b>200,324</b>	<b>252,047</b>	<b>290,574</b>	<b>489,987</b>	<b>568,668</b>	<b>631,537</b>	<b>685,249</b>
GOARC	<b>33,945</b>	—	—	—	—	—	—	—
Total Revenue	1,227,409	2,128,670	3,413,852	4,212,761	5,854,020	5,650,469	5,569,000	6,447,050
Total Expenditures	*1,127,832	*2,041,669	3,346,098	4,041,034	5,789,463	5,336,038	5,139,661	6,110,694
Net Property Additions			143,096	106,692	106,614	53,874	42,207	84,148
Rev. Over (Under) Expend.	<b>99,577</b>	<b>87,001</b>	<b>(75,342)</b>	<b>65,035</b>	<b>(42,057)</b>	<b>260,557</b>	<b>387,132</b>	<b>252,208</b>

\*included property additions

# ENCOR

## Expense Statement

### FY 1970-71 to FY 1977-78

	Cash Basis	Accrual Basis						
	1970-71	1971-72	1972-73	1973-74	1974-75	1975-76	1976-77	1977-78
Residential	184,864	264,955	399,085	578,320	1,388,012	1,966,833	2,222,569	2,812,458
Vocational	287,943	503,010	792,994	815,329	1,265,408	1,125,964	1,200,689	1,225,661
Developmnt Day/Educational	399,546	596,575	1,041,352	1,166,523	914,489	679,795	481,069	325,832
Family Resources/Guidance	94,390	473,655	942,765	1,117,711	1,406,997	735,051	604,994	517,084
Transdisciplinary Team	—	—	—	—	—	—	—	172,692
PD&T/Staff Services	—	—	—	—	143,005	255,140	141,053	202,685
Transportation	—	—	—	—	—	—	—	291,861
Central Admin.	161,089	203,474	312,998	363,151	671,552	573,255	489,287	562,421
Total	1,127,832	2,041,669	3,489,194	4,041,034	5,789,463	5,336,038	5,139,661	6,110,694

NOTE: It needs to be noted that classification of expenditures for certain programs have shifted around between divisions over the years. Such programs as Team Services have been included in PD&T, Res., Voc., Ed., and FRS.

Family Resource Services (FRS) included in 1974-75 the following programs:

- Advisor Services
- Ancillary Services
- Special Services
- Medical Services
- Psych, Speech
- Recreation
- Volunteer Services
- Records, Statistics
- Transportation
- Central Inquiry
- FRS Offices

In 1973-74, in addition, this division included Crisis Assistance & Developmental Homes.



# Funding For Mental Retardation Services

(Report prepared in May, 1978, by Administrative and Fiscal Affairs Committee)

CATEGORY OF SERVICE	FUNDING SOURCE NAME	TYPE OF AID PROVIDED	LIMITATIONS ON AID: What it can or cannot be used for
1. Residential services (costs include room, board, utilities and staff costs); vocational; educational-developmental (preschool); advisor (social services); support service costs, recreational services and administrative costs.	Title XX  U.S. Dept. of HEW/Office of Human Development Services.	Funds for social services-allocated on basis of population.	Not generally available for costs of medical care and room & board but for services (staff costs). Must be a service identified in state Title XX plan; also limitation on its use in institutions and Title XIX funded facilities.
2. Residential	U.S. Department of HEW/Health Care Finance Administration Title XIX ICF/MR (Medicaid)	Open ended funding for medical services and intermediate care facilities for the mentally retarded.	54%/46% federal/state match. Per diem of \$30 per day available to cover costs of an ICF/MR. Strict and high cost standards for institutional provisions of Life Safety Code. Room and board provisions of Life Safety Code apply to facilities of 16 or fewer beds. It also discourages use of generic agencies for services and would not usually be the least restrictive alternative.
3. Residential (Primarily)	U.S. Department of HEW/Social Security Admin. Supplemental Security Income	Money to eligible disabled individuals—income maintenance—income designed to assist low income persons (cash assistance in the form of monthly checks)	Legally none; in practice generally used to pay room and board costs for community-based residential facilities for persons with mental retardation. SSI eligibility also often means eligibility for other programs like Title XX, food stamps, Medicaid, and HUD rental assistance.
4. Residential	Nebraska Department of Public Welfare Aid to the Aged, Blind and Disabled	Cash assistance to supplement the SSI payment for certain kinds of SSI recipients.	Legally none; in practice, same as above.
5. Residential	Department of Housing and Urban Development, HUD Section 8 Housing Assistance Payments Program	Rental assistance (subsidies) for houses or apartments leased to low and very low income people. Allows no more than 25% of disabled person's or family's income to pay rental costs (including utilities and maintenance); HUD then pays rest of the rent. Can include costs of rental for live-in staff.	Can't pay for services or other costs of living. Does open up to clients entire residential market in community within guidelines of fair market value. Problem of not enough Section 8 certificates for every person qualified for aid, and waiting list frequently grows long.

- L.B. 178A -** Provides for the appropriation of \$189,496 from State General Fund for the period of July 1, 1971 to June 30, 1972, to the State Department of Education for program 272 to aid in carrying out the provisions of L.B. 178.
- L.B. 179 -** Provides for payment of state funds to agencies which educate handicapped and emotionally disturbed children equal to the actual excess costs to the district; and to repeal the original section.
- L.B. 179A -** Appropriates \$1,652,839 from the State General Fund for the period of July 1, 1971 to June 30, 1972 to the State Department of Education for program 272 to aid in carrying out the provisions of L.B. 179.
- L.B. 419 -** Provides for the transfer of confidential information from public institutions to public and private agencies under contract to provide public services.
- L.B. 425 -** Provides financial assistance for adoptions and adoptive families.
- L.B. 463 -** Requires school districts to provide for the education and training of trainable mentally retarded children.
- L.B. 463A -** Appropriates \$54,800 from the State General Fund for the period of July 1, 1971 to June 30, 1972 to the State Department of Education, Agency 13, for program 292, to aid in carrying out the provisions of L.B. 463.
- L.B. 570 -** Provides for the establishment of a review board for the State Fire Marshal's Office.
- L.B. 599 -** Authorizes county governments to provide services and programs as prescribed for dependent, aged, blind, disabled, ill, infirm, mentally ill, and mentally retarded persons.
- L.B. 728 -** Relates to marriage license statutes and provides that persons who are mentally retarded do not have to submit to an operation for sterilization.
- L.B. 734 -** Provides for the allocation of authority to Educational Service Units to purchase or lease real estate.
- L.B. 847 -** Redefines terms of the Interlocal Cooperation Act.
- L.B. 977 -** Calls for the extension of provisions of care for the handicapped to include multi-handicapped.
- L.B. 977A -** Appropriates funds from the State General Fund to aid in carrying out the provisions of L.B. 977.
- L.B. 977 -** Seeks to define the word 'teach' in Nebraska School laws.

## 1972

- L.B. 690 -** Seeks to establish a definition of orthopedically handicapped children. It clarifies provisions for transportation of children to special education programs.
- L.B. 690A -** Appropriates funds to aid in carrying out the provisions of L.B. 690.
- L.B. 1203 -** Calls for the adoption of a program of prevention of birth defects. It also provides for the implementation and development of scientific investigations and research concerning causes, prevention, treatment, and cure of birth defects.
- L.B. 1203A -** Appropriates funds to aid in carrying out the provisions of L.B. 1203.
- L.B. 1266 -** Seeks to extend the county's ability to plan, initiate, and maintain, facilities and programs for mentally ill and mentally retarded persons by allowing purchase of real estate, necessary for the use of the county for such programs, by installment contract or mortgage with the power to borrow funds.
- L.B. 1345 -** Provides that county boards of mental health may commit a mentally ill patient to any adequate hospital in the county of the patient's residence. The cost would be shared by the county and state in the same amounts that would have been paid had the patient received care at the State Hospital.
- L.B. 1393 -** Allows the juvenile court the authority, as specified, to terminate all parental rights when parents are unable to discharge parental responsibilities because of mental illness or mental deficiency and to award the child to the care of the Department of Public Welfare.

## 1973

- L.B. 102 -** Provides for a program of education and training for the multi-handicapped. The expense of the program which is administered by the University of Nebraska Medical Center will be funded by the State Department of Education. Parents of children in the program will be required to pay for board and room only to the extent of their ability.

- L.B. 173 -** Requires all children under 12 years of age to be immunized for measles, rubella, poliomyelitis, diphtheria, pertussis, and tetanus before being permitted to attend classes in both public and private schools. Exception will be allowed on the grounds of religious objections. Each school district may ask for assistance from the State Department of Health. The assistance will consist of vaccines, serums, supplies, services and guidance. Effective date would be September 1, 1974.
- L.B. 207 -** Defines abuse as knowingly, intentionally, or negligently causing or permitting a minor child, incompetent, or disabled person to be a) placed in a situation that may endanger his life and health, b) tortured, cruelly confined, or cruelly punished, c) deprived of necessary food, clothing, shelter, or care, d) left unattended in a motor vehicle, if the child is six years or younger. The bill calls for reporting of abuse by professionals and lay persons alike of all suspected abuse to law enforcement agencies who will investigate all reports and report to public welfare. Each report of suspected abuse or neglect shall be reported to a confidential central registry.
- L.B. 266 -** Bill includes the disabled in the Fair Employment Practice Act. The bill defines disability as physical or mental condition, infirmity, malformation, or disfigurement. It makes it unlawful to discriminate against the mentally handicapped if that person can perform the work activity for which he is employed or seeking employment.
- L.B. 311 -** An emergency bill. The purpose of this bill was created when the Attorney General gave a ruling which indicated that current funding ratios as applied by the Office of Mental Retardation were not legal.
- L.B. 403 -** Provides that each Board of Education shall have an acceptable program for all mentally retarded children by October 1, 1976. It provides for a census to be taken as well as an evaluation and programming of each child in need of special education. Ninety percent of the excess cost per pupil will be borne by the State. The bill reaffirms that all children in Nebraska are entitled to meaningful education programs.

## 1974

- L.B. 92 -** Provides mileage expense for parents or guardians who are transporting their children to a program for the handicapped. The bill calls for reimbursement made for each day of attendance between the place of residence and the program of attendance. It removes the \$400.00 limitation a parent may receive for reimbursement.
- L.B. 513 -** Requires that all residential facilities for the developmentally disabled be licensed by the Department of Health.
- L.B. 602 -** Requires that all new construction and remodeling of all public buildings be so constructed or remodeled so as to allow for accessibility for persons with physical handicaps.
- L.B. 834 -** Increases aid to Dependent Children from \$124.00 per month for a mother and minor child to \$175.00. Also provides for an increase from \$34.00 to \$35.00 for each additional minor child.

## 1975

- L.B. 28 -** Provides that all individual and group health insurance policies which also cover family members, cover a newly born child from the moment of birth including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
- L.B. 192 -** Increases Aid to Dependent Children from \$175 per month for a mother and minor child to \$210. Also provides for an increase from \$35 to \$52 for each additional minor child.
- L.B. 517 -** Provides that Nebraska manufacturers and stores may not produce or sell, within the state, toys which have a toxic coating or stuffing. The law sets specific limits on the amount of lead paint or lacquer used on toys can contain. A penalty is imposed for violation.
- L.B. 555 -** Provided an emergency distribution of \$2,000,000 of State L.B. 403 money to school districts.

## 1976

- L.B. 666 -** Proposed a constitutional amendment which would allow public education programs to contract with private education programs for educational services for handicapped children, when the service being provided is non-sectarian in nature. L.B. 666 became Amendment 6A on the November ballot and was one of only two amendments that was adopted by the voters.
- L.B. 691 -** Appropriated more than twice the amount in State General Funds for community mental retardation programs than had been appropriated in 1975. This bill also appropriated an additional \$1,000,000 for the transfer of persons from the Beatrice State Home to community programs.

- L.B. 761 - Amends L.B. 403 to allow as reimbursable to the school district the cost of initial diagnosis; to establish a new state Special Education Appeals Board that would hear all appeals of inappropriate placement; to change the age of maximum responsibility from 18 to 21. Other minor changes were also made.
- L.B. 972 - Provided for a deficit appropriation exceeding \$700,000 for community mental retardation programs.
- L.B. 990 - Deleted the term "idiot" from the marriage statute.

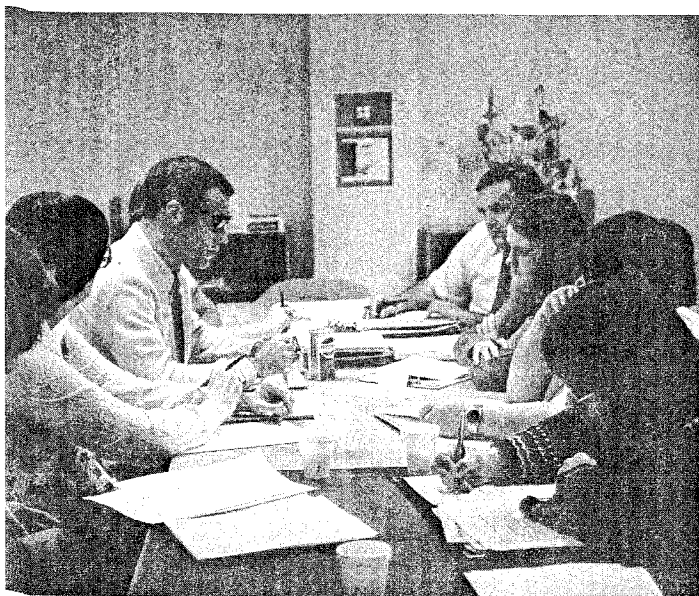
## 1977

- L.B. 33 - Provided for increased state aid to general education. This would have reduced some pressure on local education agencies which have to rely more and more on local property tax. Though the bill was passed, its implementation has been halted.
- L.B. 443 - Provided the necessary framework to allow implementation of Constitutional Amendment 6A which was supported by the public in November, 1976 balloting. (See L.B. 666 for 1976.) This allows public school districts to contract with private educational programs for the education of handicapped children.
- L.B. 522 - A deficit appropriations bill which provided additional funds to local school districts to raise the state reimbursement for special education to the promised level. This item was vetoed by the Governor. The Legislature overrode his veto.

**Appropriations Legislation** - Provided for \$40,000 to be used to fund citizen advocacy services for developmentally disabled persons. On a separate item, insurance that capital construction relates to solid facility and program planning was established. Also achieved a very substantial increase in State General Fund allocation to community programs.

## 1978

- L.B. 233 - Provides that voting booths be accessible. A phase-in schedule for full compliance is provided.
- L.B. 380 - Provides for certification of clinical psychologist. It is seen as a step towards insuring quality psychological services.
- L.B. 405 - Provides for licensing of audiologists and speech pathologists. This field has had a fairly high rate of untrained people doing substantial damage. Again, this is another step towards quality assurance.
- L.B. 574 - Provides for non-drivers to be able to get a driver's license type card for identification purposes.
- L.B. 737 - Provides for testing for rubella immunity of the female applicant when application is made for a marriage license. Rubella is still one of the main causes of birth defects, including mental retardation. The applicant is then informed whether or not she is immune and of potential consequences if she is not. She may, on her own, go ahead and receive immunization.
- L.B. 871 - Amends current special education law to define the function of the Cozad Diagnostic Resource Center, to provide for changes in the parent appeals procedure when there is objection to special education programs so that the hearing is before a trained and impartial hearing officer, and to make the State Department of Education responsible for the costs of residential programs for school age children.
- L.B. 889 - Provides that, effective July 1, 1979, school districts shall be responsible for the education of and early intervention with handicapped children from birth or diagnosis through normal school age. Below age five there is voluntary participation on the part of the family. However, school districts must provide it when requested.
- L.B. 924 - Provides for deficit appropriations necessary to meet the current state liability for special education and transportation costs.
- L.B. 953 - Provides for a substantial increase in state funds to community programs, special education and Beatrice.
- L.B. 957 - Provides for coordinated planning on behalf of the Department of Public Institutions, community programs and school districts for transfer of persons from the institution, for use of private service vendors, and for placement plans for the residents of the Developmental Unit for Children of the Hastings Regional Center.



Study Committees (upper left) met for months; Menolascino, Lynch, and Roos discuss issues (upper right); parents speak out at Public Forums (middle); Planning Council (bottom left); Powell presents recommendations to ENHSA Board (bottom right).

# THE PLANNING PROCESS

## I. THE PLANNING RESOLUTION

### "WITH THE BELIEF THAT . . .

- A. Comprehensive planning is essential to the proper delivery of human services;
- B. The ENCOR office is desirous of delivering the highest quality mental retardation services consistent with sound management principles;
- C. The ENCOR office is desirous of producing comprehensive short and long range plans to guide its delivery and management of services;

**THE GOVERNING BOARD OF THE EASTERN NEBRASKA HUMAN SERVICES AGENCY RESOLVES TO DIRECT ENCOR TO PRODUCE A LONG RANGE GOAL-ORIENTED PLAN AND CONTINUOUS ONE YEAR PLANS."**

## II. THE PURPOSE OF THE PLAN WAS:

- A. To provide a long range, goal-oriented plan which will improve and expand the community services in a cost effective manner.
- B. To provide recommendations to governing authorities, consumer organizations and community agencies on the services and resources available and needed to serve mentally retarded citizens.
- C. To provide a report to the Governing Board on the progress ENCOR has made to the original commitments of the Douglas County Plan.

## III. THE PLANNING PROCESS

In order to support the development of a long-range plan for ENCOR services, the Governing Board established an ENCOR Office of Planning, Evaluation and Resource Development.

### A. INFORMATION GATHERING

The Planning Office initiated the planning process by holding informal meetings with ENCOR staff, ENHSA staff and parents in each of the five counties and community agencies. The purpose of the initial meetings was to 1) identify individuals to serve on study committees and an overall Planning Council and 2) to submit major concerns from each of the groups represented to committees for study.

### B. PLANNING FRAMEWORK

Ten study committees were established to study all aspects of the ENCOR service system. The study committees were: Administrative and Fiscal; Human and Legal Rights; Social Services; Residential; Vocational; Educational; Developmental and Health Services; Transportation; Recreation; and Staff Development. A Planning Council was selected to oversee the entire planning process and draft the final recommendations for the plan. Each of the committees, as well as the Planning Council, had representatives from staff, community agencies, primary or secondary consumers and interested citizens.

### C. NEEDS ASSESSMENT

The Planning Office Staff, the CASS Institute, and the Gerontology Department of the University of Nebraska at Omaha conducted a standardized assessment of individuals with mental retardation within the region. Individuals in the following agencies were assessed and the data computerized:

1. ENCOR current clients
2. Beatrice State Developmental Center, Region VI residents
3. Hastings Regional Center, Region VI, MR Unit residents
4. Lincoln Regional Center, Region VI, MR Unit residents
5. Geneva Developmental Center, Region VI residents
6. Kearney Developmental Center, Region VI residents
7. Nursing Homes Facilities in Region VI, Region VI residents
8. Other institutions in Region VI, Region VI residents.

Later, additional assessments were conducted on juvenile offenders with mental handicaps from the Douglas County Juvenile Court, and, using information from the State Board of Education, on special education children in the "trainable, severe and profound" classifications of mental retardation from school districts in Region VI.

### D. SERVICE INVENTORY

The Planning Office Staff of ENCOR conducted an inventory of the available generic services in each of the study areas and the extent to which they were able or desirous to provide services to the mentally handicapped. The Midlands Information and Referral Service offered invaluable assistance on this project. Residential, vocational, educational, counseling, recreational, transportation, legal, medical and psychological services were assessed.

### E. PHASE I - DEFINING THE DESIRED SYSTEM

Reaching consensus on defining the system that should exist was a prerequisite for setting goals and objectives. The first task of the diverse membership of the committees was to define the types of services and quality of services that should be available in Region VI.



**F. PHASE II - PROBLEM IDENTIFICATION**

The next phase was to identify the problems that existed in the current ENCOR service delivery system and to validate if the identified problem actually existed and prevented the "Ideal System" from being attained. These problems were identified as either internal ENCOR problems or problems impacting on both ENCOR and the greater community.

**G. PHASE III - GOAL STATEMENTS**

The last phase of the committees' work was to develop goal statements which indicated a specific commitment to do something about the problems. The goal statements were developed in each committee and ranked in order of importance to the agency's long-range goals and objectives.

**H. PHASE IV - PROBLEM ANALYSIS AND PROBLEM SOLVING**

A small coordinating committee from the Planning Council was then appointed to analyze the committee reports and to identify the major overall systemic issues. The coordinating committee examined the inter-relatedness between the committees' goal statements and adherence of the committees' goals to the agency's ideology.

**I. PHASE V - DEVELOPING THE RECOMMENDATIONS**

Using the committee reports, the Planning Council Coordinating Committee then prepared recommendations on the preferred solutions to the problems under each of the overall agency objectives. These were submitted to the overall Planning Council at a planning workshop and all members of the Council accepted, rejected, revised or made additions to the recommendations.

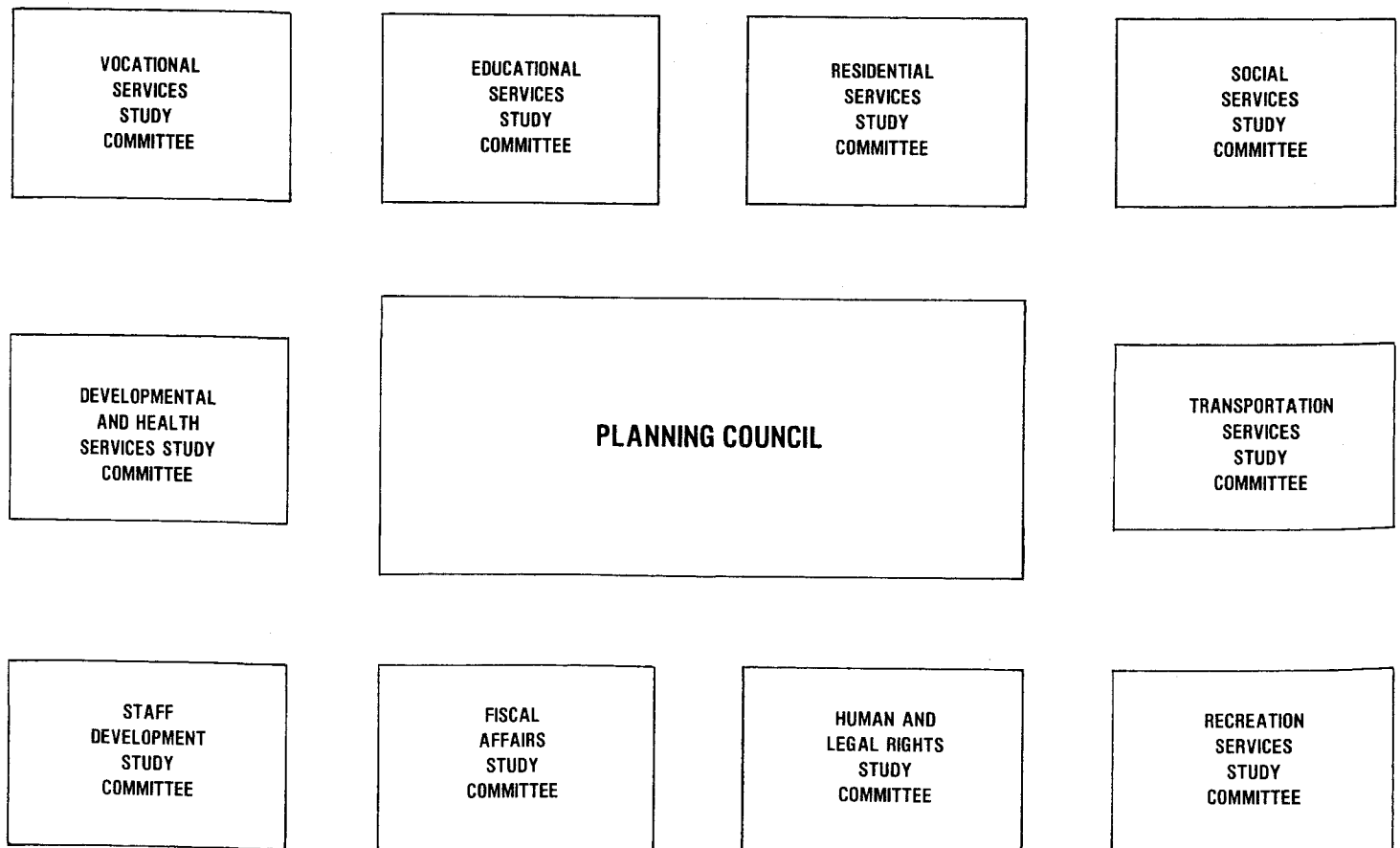
**J. THE PUBLIC FORUMS**

After revising the initial recommendations, copies were sent to all planning participants and members of the local Associations for Retarded Citizens in each of the five counties. The ARCs and the ENCOR Governing Board member for each of the five counties held public forums to receive public input on the recommendations.

**K. PRIORITY RANKING AND TIMELINING**

The Planning Council, at its final session, considered the public input, again revised recommendations and set the priorities for ENCOR. Timelines for the first year of implementation were established.

The document was then reviewed with the Governing Board. The final distribution of the document was held until October, 1978 in order to include the Region VI service projections and budget estimates for years 1979-80 through 1981-82. These were submitted to and included in the state-wide plan developed by the Nebraska Mental Retardation Panel.



# COMMITTEE MEMBERS:

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**LYN MARTIN**, Director of Region V: Chairperson of Nebr. Regional Directors  
**DEBORAH McCOLLISTER**: Human Service Specialists, Inc.  
**TOM MILLER**: Executive Director Greater Omaha Association For Retarded Citizens  
**DAVE POWELL**: Executive Director Nebraska Association For Retarded Citizens

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**John Jacobsen**  
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