

more prologue — another chapter in the story of mental retardation in minnesota

BY G.F. (JERRY) WALSH
EXECUTIVE DIRECTOR
MOUNT OLIVET ROLLING ACRES



More Prologue

by Jerry Walsh

Executive Director Mount
Olivet Rolling Acres

PART ONE

Part one is comprised of articles I wrote for Mount Olivet Church publications since 1976. These articles are a reflection and in some ways a brief history about Rolling Acres and changes in residential services for mentally handicapped.

In 1960 Mildred Thomson wrote her book Prologue*, which means "that which has gone before". Because I had worked closely with Miss Thomson I feel free to use her book title for this brief compilation.

*Prologue, by Miss Mildred Thomson

A story of mental retardation in Minnesota showing changing attitudes and philosophies prior to September 1, 1959. Gilbert Publishing Company, Minneapolis, Mn. Copyright 1963

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FOREWORD

Mount Olivet Rolling Acres is one of many major outreach programs of Mount Olivet Lutheran Church, Minneapolis, Minnesota. This particular booklet, written by our Executive Director, Gerald F. Walsh, tells about the program and gives the history of Mount Olivet Rolling Acres.

Mount Olivet Rolling Acres was the first new major facility in the State of Minnesota that was constructed to relieve state institution overcrowding of mentally retarded young people and our facility was built in recognition that the large state institutions should be at least partially replaced by small community facilities. Since Mount Olivet Rolling Acres was dedicated in 1969 one hundred sixty different mentally handicapped children have been served and loved. Our Board of Directors realizes that attitudes and philosophies about the mentally handicapped are changing and we are committed to change if necessary to meet new challenges and programming needs.

I am delighted to say that Mount Olivet Rolling Acres has the benefit of strong leadership and support on the Board of Directors and also from members of the congregation. I am pleased that Mr. Gerald F. Walsh is our Executive Director, and I'm grateful to him for compiling this excellent piece of literature regarding the history and programming of our Mount Olivet Rolling Acres.

Dr. Paul M. Youngdahl
Senior Pastor
Mount Olivet Lutheran Church

INTRODUCTION

It is a pleasant task for me to write a brief introduction for this publication. Jerry Walsh and I have been close friends and colleagues for nearly twenty years. He first came to Sweden in 1966 in search of new and better ways to serve persons who are mentally handicapped. I introduced him to the Normalization Principal, and told him how it worked out in the Scandinavian countries. We have collaborated on many projects since, including further elucidation of the Normalization Principal. He is the person who helped most to make it possible for me to be deeply involved at the international level of the mental retardation field.

It is my desire to emphasize the importance of the sections of this publication which reflect the Normalization Principal as written by me for publications of the President's Committee on Mental Retardation. This principal refers to a cluster of ideas, methods, and experiences expressed in practical work for mentally retarded persons in the Scandinavian countries, as well as in some other parts of the world. The extension of the Normalization Principal beyond the Scandinavian countries was greatly aided by Jerry Walsh who made it possible for me to spend time in the United States in 1967 and 1968. In addition, he served as the unofficial editor of my first speeches and writings in English about the Normalization Principal. Jerry's own observation of this philosophy was among the first presented in the United States.

It is important that what has gone before us is recorded and from time to time reviewed. History is our way of knowing where we are in the ever changing and often elusive field of social science. Without a careful recording of changes we would be like the captain of a ship at sea who has no compass and could not observe the stars or the sun to determine his course. Even with guidance we too often sail in circles, thereby wasting years of people's lives until we can again find our true course.

Bengt Nirje

Secretary General, Swedish Parents of Retarded Association; Consultant, Ontario, Canada, Ministry of Community and Social Services; Regional Director, Mental Retardation Services, Uppsala, Sweden.

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OCTOBER 1976

THE ROLE OF MOUNT OLIVET CHURCH

It was a renewing experience to be with the hundreds of Mount Olivet Church members and friends on September 26 for the annual fund-raising barbecue. The hard work of the Mount Olivet Homes' Auxiliary, the Young Marrieds, Young Adults and Single Adults and many individuals demonstrated again the deep love and concern that you have for the residents at Mount Olivet Rolling Acres. Thanks for your continuing support and help. Without you there would be nothing.

Hardly a week passes that I don't tell a group about Mount Olivet Church and its work for mentally retarded persons. Often the response is "Why can't our church do something like that?" The role of a leader is to inspire others; you do lead.

I've been asked, "How does the Church help?" The ways are many. Besides significant financial support from the Church budget, Mount Olivet Rolling Acres receives a portion of the money raised by the Homes' Auxiliary. The Young in Heart Club and church circles make regular contributions. The Solo Club and Buddies give personal services.

The Mount Olivet pastors offer weekly Sunday services and starting in October there will be a mid-week Bible Class. Many church members knit mittens; others sew bibs, school bags and smocks. We have received several large bequests from wills and memorial funds. Individual members have also painted, wallpapered, repaired picnic benches, planted flowers, made drapes, sponsored birthday parties and helped on outings. Others serve on the Mount Olivet Rolling Acres Board of Directors, its Executive Committee, its Admissions Committee, and the Development Committee.

Service to Mount Olivet Rolling Acres residents is our reason for this facility. In addition, though, it is a service to their fathers, mothers, brothers and sisters - perhaps a total of 250 additional people. Nor are the same 70 residents served continually. Since 1969 we have had about 130 different residents. During 1976 ten residents have grown and developed and moved on to more independent lives in other facilities. Mount Olivet

Rolling Acres is not a revolving door, however; we constantly strive to return residents to their own families or to place them in small community neighborhood homes.

With your involvement our residents will continue to learn and grow.

FEBRUARY 1977

BUDDIES

It all began in the old farmhouse which was on the present site of Mount Olivet Rolling Acres when there were only twelve residents and how it has all grown! The Mount Olivet Buddies have remained faithful over the years as Mount Olivet Rolling Acres has grown in service and philosophy. We appreciate the young people of the church who have continued to commit themselves to being "Buddies" to our residents. Though the faces have changed as the early Hi-Leagers have developed into young adults and young marrieds each new group of teenagers respond with the same enthusiasm and genuine heartfelt concern and friendship as their predecessors. This pattern speaks highly for the teachings and practices of the Mount Olivet family. The Buddies choose an individual resident to work with for one hour each Monday evening. It is intended that this be a recreational activity of some sort. This year the Buddies have made popcorn and watched movies, gone to Shakeys for pizza, had a Christmas party complete with caroling, made instruments and performed as a band plus completed countless other craft projects. The Buddies are given an orientation at the beginning of each year so that they become aware of the best management techniques to use in their sessions with our residents. The Buddies become exposed to how retarded individuals learn so that they can have better success in working with the residents.

And of what significance is the Buddy program to the residents of Mount Olivet Rolling Acres? The answer is written all over the face of one young girl who proudly announces each Monday morning that the Buddies are coming tonight. For a quiet hour, a boisterous hour, a creative

hour, or a competitive hour, there is one very unique friend who arrives on a big bus to share of himself/herself. You must all know in your hearts the warm feeling that a friendship provides. Though many of our residents find it difficult or impossible to express their appreciation with words, they too feel this warmth in their hearts.

And of what significance is the Buddy program to the youth of Mount Olivet Lutheran Church? Perhaps the gap between individuals of varying ability levels will narrow even slightly because these young people have given of themselves and in return have received only love.

MAY 1977

FROM THESE TREES

As I write brief articles from time to time for the Visitor, I try to do two things. First, to report to you on my stewardship at Mount Olivet Rolling Acres. I have been pleased over the past six years to be able to report good progress by residents who have been entrusted to our care for training and development. Secondly, I hope to tell members of Mount Olivet Lutheran Church about mental retardation and some of the current trends, thereby making each of you ambassadors for Mount Olivet Rolling Acres. As I meet members of Mount Olivet Lutheran Church in the community, I am impressed that you do know about Mount Olivet Rolling Acres and the work we are doing. This does, I believe, show that these Visitor reports to you have been worthwhile.

I thought you would be interested to know that we have recently planted an apple tree at Mount Olivet Rolling Acres for each resident who has lived here and now moved on. It is our hope that these trees will grow just as our former residents now continue to grow both spiritually, bodily and intellectually.

Mount Olivet Rolling Acres is a place where children can be taught and guided toward a more independent life. Mentally retarded persons are not all children nor are

they childlike as adults. Although no mentally retarded person will ever be a great leader, they all have important places in the lives of their families and most of them will have an important place in our community.

Over the past five years many other new community residential programs have been started. Most of these are small, for six to ten people. These new facilities have affected Mount Olivet Rolling Acres in several ways. First, we are able to concentrate our program and deal primarily with younger children who have severe problems; preparing them to live in these smaller facilities. Our job has become much more complex and difficult and in order to accomplish our goals our staff is much better trained and more experienced.

As children grow to adulthood it is important that they see themselves as adults and that through our efforts the handicap of mental retardation is minimized. After all, a mentally retarded person is much, much, like the rest of us. He or she should be seen as a person with a handicap and not as a totally different person from you and me.

OCTOBER 1977

SUMMER OF 1977

Summertime at Mount Olivet Rolling Acres means an opportunity for our residents to enjoy the great and beautiful outdoors, the twenty-three acres at Rolling Acres, the beach, waterfront and boating on Schutz Lake. It is a joy to watch them turn from pale students into suntanned outdoorsmen and to watch them increase their strength and stamina. The Summer Program at Mount Olivet Rolling Acres has meant having energetic college students work with the residents as counselors and companions. Their activities have included crafts, games, swimming, boating, outings to amusement parks, to county parks and occasionally out for a picnic or lunch."

During the first six weeks of summer, the Cooperative School Rehabilitation Center program provided the staff for 25 of our residents. This was in addition to our

regular summer staff. The public schools are increasingly providing extended summer programs for handicapped students.

Some other summer highlights included entries in the Carver County Fair where a number of our residents won blue and red ribbons, participated in a Wild West Day with real horses to ride, an outdoor picnic here at Mount Olivet Rolling Acres grounds each Thursday and special fun days which involve popcorn and other treats.

Besides summer fun, summer is a growing time for our residents. They learn to function in a less structured program and have more opportunities for semi-independent or independent activities. Our twenty-three acres of grounds have been a true Godsend for the residents at Mount Olivet Rolling Acres. Except for large state institutions, no other residential facility in the state has grounds comparable to ours, and each year sees improvements to make them even more useful and beautiful.

As I write this, 18 of our residents are returning to school. The other 52 return next week. They are all enjoying the normal and healthful opportunity of the change in seasons and change in activity. Like the rest of us, they don't stay the same - they move on in life.

AUGUST 1978

A MORE NORMAL LIFE

"Our aim is to make the conditions of life as similar or the same as for the rest of the population. You have to do it for human dignity and human decency." This statement was made to me by Bengt Nirje in Sweden in 1966. Twelve years later, this May, I revisited the Scandinavian countries to learn more about services for mentally retarded.

In 1966 residential services were far behind Sweden, Norway and Denmark. Mount Olivet Rolling Acres was in the very early planning stages. Now I can say with confidence that Mount Olivet Rolling Acres compares with or is better than most residential facilities I saw in Scandinavia.

There are a number of things which have made our program here successful. One of the most important is the early planning, which started in 1965 and resulted in an excellent facility, located on twenty-three acres of gently rolling land on Schutz Lake.

Many of the church members who were on the original Board of Directors still serve and are dedicated to continuing improvement. The staff at Rolling Acres continues to learn and improve; even though the work is more difficult because the children we serve are more difficult.

The "conditions of life" for children at Mount Olivet Rolling Acres is more normal than ever before. They all leave each day, during the school year to attend special classes in public schools. Our well trained staff help each resident to become as independent as possible. Residents have many opportunities for community experiences. One of our two pet goats was entered in the Carver County Fair by a resident - he won a third place ribbon. Another resident canoed in the Northwoods with a group from his school. A group of residents traveled to the North Shore to camp and sightsee. Recently the children were joined at Mount Olivet Rolling Acres by their parents, brothers, and sisters and some relatives for a picnic.

Comparing our program to that in Scandinavia - sure we can learn more from these "old countries", but we have reached a point where we can teach them some things too. All of these things are possible because you care. Thanks again' on behalf of our residents and their families.

FEBRUARY 1979

A PARENTS ROLE

In October I attended the Seventh World Congress of the International League of Societies for the Mentally Handicapped. The participants were parents of retarded children or adults and professionals working with the mentally retarded. They spoke with deep conviction and concern about the very real and difficult situations they have had to learn to live and work with in their lives. I want to share some of their thoughts with you.

By sharing with others we gain insights and ideas about ways to serve our mentally retarded citizens. By sharing ideas with you, you have a better understanding about this problem. Mount Olivet Rolling Acres has struggles too - we continue to learn and to progress with your help.

Sigurd Gohli, Norway. The Bible talks about "the fullness of time". I find this expression applicable to our association, because it describes the right time for something to happen. Dr. Alex Brinchman, as far back as in 1938 through a series of articles in a Norwegian newspaper, described the serious plight of the mentally retarded and said, "Services for the retarded is a task for society, and thus the responsibility has to remain in society". In 1965 Arne Skouen wrote: "We must organize. We - the relatives of the retarded - have to creep out from our hiding places. Too long we have practiced bashfulness, father towards father - mother towards mother, all in the same situations."

Gugu Kristofferson, Denmark, "Everybody loves a happy ending, so let me tell you this story: Before the very first weekend Thomas spent away from home in the institution, I wrote him a letter in advance, which was waiting for him. One of many letters written with speed markers, little pictures stuck on, photos enclosed, words he knew underlined and with the well-known signature consisting of a smile and the sentence: 'Kiss from Mummy'. While I was writing, Ernst shouted, 'Write hug from Daddy!' I put it down well knowing hug was a new word for Thomas."

"Our family will never forget Inge, the care worker, who had heart, attitude, and courage to call us. She said, 'What a nice letter for Thomas. He loved it. He has followed me around all day and I have read the letter to him six times. When we got to the end of the letter, he asked, 'Inge, what does hug mean?' Instead of explaining, I gave him one. Later he came to me and said, 'Inge, can I have a hug?'"

Peter Mittler, United Kingdom, "Could we begin by agreeing that when we talk about parents (of retarded children) we generally do not mean just mother, but also father as well

as brothers and sisters, and also other family members who are living in the household. Very little is said or known about fathers, and other family members or about the problems of the family as a whole in working consistently and in partnership with one another as well as with professionals."

Nesta Patrick, Trinidad and Tobago. "The rewards of the early struggles have been many and manifold. Today, sixteen years after the most initial and incomprehensible efforts in the interest of the mentally handicapped, it is apparent that much of the despair and disregard has disappeared. Many previously immobile bodies are now militant to the cry of these 'poor unfortunates.' At least there is a thought for them. In the words of Simms, we may comfort one another and I quote "The conditions of conquest are always easy, but; we have but to toil awhile, endure awhile, believe always, and never turn back."

JULY 1979

A PARENTS RESPONSE

Many different people, with special interests and training are necessary in order to help a mentally retarded youngster learn and develop. The most important are his parents, even when a child is in a residential facility such as Mount Olivet Rolling Acres. For this reason, I have asked Mrs. Jean Oakley, mother of Philip, to share some of her thoughts with you about Mount Olivet Rolling Acres and how it affects their son and their family. Philip has been a resident at Rolling Acres for two and one-half years. The Oakleys came to Minnesota from England.

"Rolling Acres gives Philip the next best thing to the happy home life we would love to give Philip, but which we have found too difficult.

We changed from a handicapped family to a normal family with a handicapped child.

All the restrictions we had with Philip at home all the time have been lifted and we can enjoy doing lots of the things that normal families take for granted.

Philip has gained a great deal from Rolling Acres, he has progressed, already further than we anticipated.

It is very obvious to everyone that he is extremely happy with many friends in the cottage and with the staff.

He is very well looked after and perhaps a little too well fed.

Philip gets all the help and support of so many qualified people, the programs and planned activities which are provided, and the love and care of his group leaders.

Our family, without Philip, enjoy all our activities, knowing Philip is also getting the best out of life, and most of all, we enjoy our time with Philip when he comes home at weekends and we can devote our time to him doing things we can all do, these are very special days and we all have a lot of fun.

Thank you Rolling Acres."
Jean Oakley

Parents of children at Mount Olivet Rolling Acres are closely involved with their children through regular conferences, cottage and group meetings, and regular telephone conversations.

NOVEMBER 1979

FALL OF 1979

As I am writing this I can look out from my window at Rolling Acres and see a different scene. The leaves have fallen and I can now see through the trees, across Lake Schutz, and a half mile in each direction. Changing seasons open new vistas and give us a new outlook. The change is much more noticeable on these God given acres than in the city. It is a change which is felt, I am sure by our residents and staff.

Changing the lives of retarded children is slower than the changing seasons, much slower. Change for our residents means learning to communicate, to use leisure time, to bathe and do so many simple things that we take for granted.

The members of Mount Olivet Church are an important part of Rolling Acres both as individuals and through the church's organizations. You may or may not know that when Rolling Acres was dedicated just ten years ago, that it was the first new community facility and at the beginning of an expanding era of community facilities. Now ten years later, there are over 3,400 mentally retarded residents in community facilities and about 2,700 in state institutions. In 1967 there were over 6,000 in state institutions.

Developing, training, and changing the lives of the children entrusted to our care is a large and continuing responsibility. As a member of Mount Olivet . Church you can be proud of what has happened at Rolling Acres and with your support will continue to happen into the future.

FEBRUARY 1980

"SHE'S A STAFF"

Residents and staff at Mount Olivet Rolling Acres have a very close and special relationship - one which is difficult to describe. Most of the children have parents who see them and have them home for weekends and vacations; so it is not a parent-child relationship.

This poem is written by Liz Milne, a Living Unit Program Supervisor at Mount Olivet Rolling Acres, as told to her by John "Casey" McLaughlin. In the poem Casey tells about going to Linda Burrell's house to spend the night with Linda and her husband Dave.

I like her real fine
She helps me with my bath.
Gives me cereal when I get
home from school.
She's a staff.
She took me home once -
Fix me some breakfast.

We had Cocoa-Krispies, Liz
That's what we had.
She's a girl,
and she likes me.
I like Dave,
and Trixie, the dog.
That's her dog.
Dave's a funny man.
Pet the dog and feed him.
I like to have supper with them.
That's pretty nice.
Thank you.

- Casey McLaughlin

"She's a staff, and she likes me, that's pretty nice." It would be hard to find a more meaningful expression about anyone; and it quite well expresses the relationship that our staff has with residents at Mount Olivet Rolling Acres.

A number of church members also have developed close relationships with residents at Mount Olivet Rolling Acres; by serving as volunteers, and Buddies.

Residents who have left sometimes phone, just to visit and say hello - some come to the annual barbecue to see friends here, a sort of reunion.

Mount Olivet is a lot of involved, concerned people who work in different ways to make good things happen and you are a part of it. Thanks.

MAY 1980

CHRISTIAN MINISTRY

On May 4, 5, and 6, 1980 I was privileged to attend the conference entitled, "Christian Ministry With and For Persons Who Are Mentally Retarded." This was at the Yahara Retreat Center at Madison, Wisconsin. This national inter-Lutheran conference involved participants from Lutheran congregations, jurisdictions, national offices and their agencies, homes and institutions. The purpose was to raise the consciousness of the church

for Christian ministry with and for mentally retarded children and adults and their families, and to stimulate the development of parish and district/synod services, and also to mobilize the many potential human and financial resources that the church has for this Christian ministry.

The conference concerned itself with residential services, parent support services, community based day services for mentally retarded, parish life, and respite care. During the final preliminary session an action agenda for the church was proposed and this will be forthcoming from the conference steering committee.

I had an opportunity to talk to people who operate residential services for mentally retarded throughout the United States and to learn more about their programs and I must confess I was somewhat surprised to learn of the many, many Lutheran residential services in the country. One of the most interesting presentations was given by Mrs. Sandy Moore, of Duluth, Mn. She is a half time staff person for a project called CHUM. CHUM means Central Hillside United Ministry. The purpose of CHUM is to involve mentally retarded people into the ongoing life of local churches in Duluth and to prepare mentally retarded people for meaningful and recognizable roles in the church. CHUM was started because of concern that there was a lack of opportunity for mentally retarded people to gain the skills and experience necessary to participate fully in a church program. Through monthly meetings they seek to overcome not only the lack of opportunity but teach the skills necessary for participation. CHUM organization also carries out a teaching program for members of local churches so they will know how to accept mentally retarded people into their church congregations.

I found that there were many states and Lutheran bodies that have provided services for much longer than Mount Olivet Rolling Acres but it was my observation that the facility and program of Mount Olivet Rolling Acres matches any of the others in the country and probably is better than a good many.

Attempts will be made to coordinate the efforts of the Lutheran Church of America, American Lutheran Church, and Lutheran Church Missouri Synod more closely in the future. The second conference will take place in one year to see what progress is being made toward this objective.

JULY 1980

ROLLING ACRES SERVICE

Twenty-six years ago in March of 1954 the predecessor organization to Mount Olivet Rolling Acres was incorporated. The Rolling Acres Foundation had been organized by a few parents of retarded children at a time when there were few services. They dreamed of a fine residential facility; they hoped and prayed for improved services for all mentally retarded children.

There are now 23 0 community residential facilities for retarded. They range in size from 6 to 170 residents. Mount Olivet Rolling Acres was one of the first new programs.

Counting service years, Rolling Acres has provided nearly 800 years of residence and training. This is 292,000 days and nights. Since 1968 over 875,000 meals have been served.

It is difficult to imagine the effect of 800 years of service and their benefit to our residents and their families.

Service to severely mentally retarded people means constant attention and constant training. Services include health care as well as recreation and adjustment to the world around us.

Mount Olivet Rolling Acres lives because you care. As I write this there is activity all around me. In the conference room there is a sign language class for staff; in the recreation room of one of the cottages residents are having their vision and hearing checked and outside our summer program of play, swimming, and outdoor living is going on.

Finally, Mount Olivet Rolling Acres has provided 7 million, 8 thousand hours of service to mentally retarded children - hours of love, and caring with your help.

DECEMBER 10

MY NAME IS BILL

"My name is Bill, I live at Mount Olivet Rolling Acres. I'm going to tell you what it's like. I've been here ten years - since I was nine years old. I came here because I bugged my parents and I wasn't able to learn many things. I bugged them because I didn't learn and I wouldn't stay put. I ran and ran all over the house and sometimes I got really upset. Getting upset was fun because things happened - I got treats or a ride in the car.

Some of the neighbors thought I was strange, they didn't know how to act with me, even when I thought I was being very friendly. I couldn't do many of the things other nine year old boys did like throw a football or ride a bike. Once some kids threw rocks at me, when I threw them back they ran home and told their folks. I guess I caused a lot of problems. We didn't go many places, not even to visit friends or relatives. My parents decided that I needed special training and after looking around a lot found Rolling Acres. You've all heard of Rolling Acres; it's on a lake near Excelsior. There are other kids here and we do a lot of things. I can throw a ball as well as most of them. The staff are all nice and never yell. When I get upset they wait until I quiet down, then we do fun things. We go to lots of places, movies, restaurants, and parks.

I go to school on the bus and when I get back they're there; the staff. They expect me to behave - I don't always and sometimes I bug them too. I ask silly questions, sometimes they say that's a silly question Bill, let's go outside and shoot baskets.

I'm nineteen now and six feet tall, a lot bigger than my mom. She takes me home a lot, I guess I don't bug her so much anymore. Sometimes when I see Mr. Walsh I ask him how his dog Bill is. He tells me they have a dog named Olaf now. I keep forgetting.

I like it at Rolling Acres, it's really great, right Jerry? The Buddies from church come on Mondays. My buddy is Jeff. We have lots of fun.

When I finish school I'll go to the Day Activity Center. Then I can earn money by doing earphones. Maybe someday I'll live in a group home and go to a sheltered workshop maybe. We're going bowling on Sunday or is it Monday, I'm not sure. You know where Rolling Acres is don't you?

APRIL
1981

CHANGING ATTITUDES

Changing attitudes toward persons who are mentally retarded is meaning greater acceptance of them as members of our society. Why however, should we find this worthy of special note. Jesus, in Matthew 25:45 said, "Then, he will answer them, 'Truly, I say to you as you did it not to the least of these, you did it not to Me.'"

The realization that all people in our society are normal and worthy is coming - but is not yet here. We still segregate people and still define normal in our minds as those who can pay their own way, look like us and act like us.

Do persons who are mentally retarded and other handicapped persons have a right to be habilitated and to live in the mainstream of our society. The U.S. Supreme Court has recently ruled that they do not. Ruling on a Pennsylvania case the court ruled that a federal "bill of rights for the mentally retarded, enacted by Congress in 1975 did not obligate states to provide any particular level of care or training for retarded in state institutions." This means that mentally retarded who are capable of learning - and capable of enjoying life will not be given this opportunity in many cases.

The Scandinavian countries adopted a principal of normalization as long ago as 1959. It is aimed at "creating a life as close to normal as possible." The

principle rests on the acceptance of all citizens as fully equal disregarding their handicap, or better accepting all citizens with their handicaps."

A part of normalization of life style is that a person should have the benefit of at least two environments -home and work or education. At Mount Olivet Rolling Acres all residents leave during the week to go to school or to the developmental achievement center. They also have many opportunities to participate in other community activities.

As often as possible persons who are handicapped should be integrated with us. When this is not possible they should be able to join others who are handicapped in sports, social activities and other activities of life. This should be done as close as possible to the mainstream of living.

Matthew 25:34, "Then the King will say to those at his right hand, 'Come, O blessed of my Father, inherit the kingdom prepared for you from the foundation of the world;'" Matthew 25:35, "for I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me."

Be proud of Mount Olivet Rolling Acres and your role with it. It is with your help a loving and caring home.

SEPTEMBER 1981

DIFFICULT TIMES AHEAD

Changes in Federal policy and appropriations may soon place a greater responsibility for services and funding of services for the elderly and the handicapped on churches, private organizations, businesses and families. I well remember the time when churches offered their sunday-school rooms and other facilities for weekday use for day programs for mentally retarded children. Mount Olivet was one of the churches which answered the call for help.

Federal funds for day programs for pre and post school mentally retarded have been cut by 20% - and may be cut more. Funding for residential programs will be cut 3% for fiscal 1982 starting October 1st, 4% for fiscal 1983 and 4.5% for fiscal 1984. If services are to remain intact and not lose ground, funding to fill the Federal gap will need to come from sources outside of government. In Minnesota the State Legislature has already placed a ceiling on funds for residential facilities for mentally retarded and elderly. Most likely Mount Olivet Rolling Acres will not be seriously effected until the start of our next fiscal year on January 1, 1982. All indications are that we will need to rely more on volunteers, special fund raising events and individual gifts. If all else fails we will need to cut services to residents. This would first mean fewer outings into the community for picnics, movies, bowling, and shopping. Second we will be less able to meet the special needs of residents who do not have families. Other service cuts could include swimming and boating in our summer program.

Cuts in funds could mean that mentally retarded children and adults will be less a part of our community and if severe enough cuts might result in mini-community institutions which will be understaffed and underprogrammed.

It's a good feeling to know that Mount Olivet Lutheran Church members are concerned, involved, and behind this program.

DECEMBER 1981

SARA

We would like to think that we are successful with all of our residents. However we know that we fail with some. When children are placed at Rolling Acres it is usually because others have found the burden of their care too great or because others have already failed. It is not destined that all children who are mentally retarded will successfully develop to a level of self-sufficiency, even at a low level.

We recently had a child who we were unable to help.
Not because we didn't try but because she was so
fragile that only with one-to-one attention could
she hope to develop.

Sara has left -

Sara with light yellow hair We
don't know what you are thinking -
never smiling, never happy; ever in
your own little world.

Sara with the vacant stare
We don't know how to help you
Child of many places, which some
would call home;
Will there ever be a home for you?

God's child, our child, no one's
child, Where is the help for you? A
five year old baby, passed from
place to place and hand to hand.

Sara with skin so fair
When will you be leaving us?
Where will you be going? by Jerry Walsh

APRIL 1982

"SIR, I EXIST"

Man said to the Universe, "Sir, I exist", to which the
Universe replied, "this fact, however, has not created
in me the slightest sense of obligation."

Mentally retarded children exist; should this create a
sense of obligation in us? Or should we feel an obligation
or duty to any handicapped, needy, elderly, or poor?

Dr. David Vail (deceased) in his 1970 book, Mental Health
Systems in Scandinavia, attempted to tell why the Scan-
dinavian social services were more advanced and more
complete than those in the United States. He wrote about
Socialomsorg, this is a Norwegian word which means
"social help". "Sorg" is derived from an ancient

Teutonic word for grief or sorrow. Thus, "omsorg" literally means "on (directed at) sorrow."

The operation of the Scandinavian social services, under this principle means, all those who need help shall receive it." Dr. Vail said, "the question then becomes the definition of "need". Need is defined by common consensus as being self evident."

We are, I am afraid entering a period when self evident need will not be sufficient to sustain services for mentally handicapped members of our society.

Minnesota has in the past done better for its needy than most states and will probably continue to do so. Nevertheless I have a very real concern that services to mentally retarded will be further cut and that progress and growth will be curtailed for many years.

These words of Jesus Christ cannot be repeated too often, "As you have done it unto the least of these my brethren, you have done it unto me."

Through Mount Olivet Rolling Acres you are a part of a program which gives aid, comfort and training to some of "the least of these", in terms of intellectual ability. You are helping in a very important cause. Thanks.

SEPTEMBER 1982

BACK TO THE BEGINNING

I recently had a phone call from Lyle McGladrey. Mr. McGladrey was on the Board of Directors of the Retarded Childrens Foundation, which preceded Mount Olivet Rolling Acres. He told about the many difficulties that the Foundation faced; to the place once when "giving up" was seriously considered. This original group of parents of mentally retarded children worked hard to hold on and were very pleased when they could put Rolling Acres into the capable hands of Mount Olivet Church.

"Mac", as he is called by his many friends, never lost hope or gave up. The adversities faced and conquered by the original Board were enormous - lack of funds,

public apathy, ignorance and prejudice were only a few. The February 1956 financial statement of the Foundation showed a bank balance of \$10.28.

Today when we face new challenges we need to remind ourselves that obtaining and maintaining services for mentally handicapped has never been easy and that efforts will need to be continued. Today's challenges include cuts in funding and day services, and curtailment of expansion to fill unmet needs.

Mr. McGladrey said that "faith in the goodness of man and in God as the good Shepherd carried them through hard times and over rough waters." Certainly our faith now must be at least as great as theirs.

DECEMBER 1982

AT A YEARS
END

Mittens, hats, scarves and boots. School, D.A.C. and Buddies. Parents, staff, parties and home for Christmas. These are some of the things that life is about at Mount Olivet Rolling Acres today.

We have many wishes and hopes for 1983. We wish for a Gymnasium and Recreation Center. Next, we hope that residents will develop their skills and each day be able to participate more as a part of the community. We hope that the economic conditions will improve or at least stabilize before too many of the gains in services for mentally handicapped are lost.

We are so very thankful for the interest and concern of Mount Olivet Church, it's Pastors and members. They are our rock; our solid foundation. The Rolling Acres staff and their dedication make the program work for the benefit of our residents.

We will keep trying - try harder and slowly measure our gains. We will learn more so we are able to help more. Next year will be even better.

FEBRUARY 1983

ALLOCATING RESOURCES

In 1976 the President's Committee on Mental Retardation estimated that by using our present knowledge and techniques in the behavioral and biomedical sciences, it would be possible to halve the incidence of mental retardation by the year 2 000. Dr. Alan Clarke, an English authority responded with, "But whether the possible becomes the probable may be a different matter, much depends upon the resources which society is prepared to allocate to prevent or minimize this wastage of human potential."

It is difficult in these times to be certain how our personal resources: those of the state and nation should be allocated. We do, however, have considerable control. Hopefully, services for the handicapped will not be too seriously affected by deficits and budget cuts.

Our role will be to evaluate the many priority options. In my opinion the needs of the elderly, handicapped and children must be emphasized. We can do this through groups we are affiliated with and by individual decisions and actions.

Long before the President's Committee made its statement, Mount Olivet Church made a commitment to aid in the development of mentally retarded children. This commitment has grown over the years through Rolling Acres.

We are in a period when hard work, dedication and faith will carry us through to an even better time for handicapped people.

OCTOBER 1983

WHAT IS ROLLING ACRES?

Frequently I am asked, what is Mount Olivet Rolling Acres? My reply depends on who is asking, how much time the person has and the amount of background he or she has about mental retardation. Put in the simplest way, Rolling Acres is a residence for mentally retarded children. It is a home, a place to learn and a place to grow mentally, emotionally and physically. It is a place to have friends, to have fun and a place to be secure.

In more sophisticated terms we aim to help residents overcome deficiencies in eighteen developmental areas. They are: gross motor, fine motor, eating, dressing, grooming, toileting, receptive language, expressive language, social interaction, reading, writing, numbers, time, money, domestic behavior, community orientation, use of recreation and leisure time and vocational.

For many residents major emphasis is on the simplest skills, those listed first above. Only a few of our residents will reach a true vocational goal and only a few will write or understand time and money. Most of the children at Rolling Acres will be dependent on adult supervision all of their lives. However, by mastering the first nine of the eighteen goal areas, they will be able to have much more independence and will be able to enjoy, to a much greater extent, their world, which is also our world.

Sophisticated terms though, cannot describe the very special nature of Mount Olivet Rolling Acres. Security comes from the tremendous support by Mount Olivet Church, its pastors, special groups and individuals. Happiness is expanded through individual contacts with church young people and events like the annual barbecue. Joy comes from the weekly church service/ bible classes and special gifts.

Recently the grandparents of a resident wrote to again express their appreciation for the progress being made by their grandson. A number of older former residents phone regularly to chat and to tell us what they are now doing.

What is Rolling Acres? It is each of you who read this and are concerned. It is your expression of Christian love for other members of our community.

DECEMBER 1983

GYMNASIUM-RECREATION CENTER

On Sunday, November 13, 1983 the new Gymnasium-Recreation Center at Mount Olivet Rolling Acres was dedicated to the Glory of God. Working through the wonderful people of Mount Olivet Church, He made a hope of years become a

reality. Through you, He is ministering to mentally retarded children bringing to them a more perfect and joyful life.

The Recreation Center was filled with happy and awed members of Mount Olivet Church, parents, friends and the residents themselves. Chief Justice of the State Supreme Court, Judge Douglas Amdahl brought greetings on behalf of the people of Minnesota. I don't believe there was a dry eye when Richard Merrill, a resident, sang "America, The Beautiful." Several non-verbal residents used sign language to express their thanks and appreciation.

Dr. Paul M. Youngdahl dedicated the center with the following words:

"Children of the heavenly Father
Safely in his bosom gather;
Nestling bird or star in heaven
Such a refuge ne'er was given.
God his own doth tend and nourish,
In his holy courts they flourish.
From all evil things he spares them,
In his mighty arms he bears them."

During my time at Mount Olivet Rolling Acres I have never experienced such a deep sense of fulfillment and love as expressed through this dedication. You made it happen because you opened your hearts to meet a truly great need. Thanks to each of you!

MAY 1984

YEARS OF CHANGE

On July 1st I will begin my fourteenth year as Executive Director of Mount Olivet Rolling Acres. During these past thirteen years almost all of the children who were residents when I came have left to go to group homes where they are able to function more independently. This past year we completed our most significant expansion project; construction of the Gymnasium-Recreation Building. This was a major accomplishment which received enthusiastic support from members of Mount Olivet Church.

It has been a wonderful feeling to know that you are there and supporting this outreach of Mount Olivet Church.

Since 1971 there have been many changes at Rolling Acres. The major change is that the children we serve are more retarded and have more difficult problems with which to deal. These problems include epilepsy, behavior, hearing and to some degree problems of ambulation.

Rolling Acres began as a residential school for mentally retarded and there were few conditions other than retardation to deal with. Now our staff includes two nurses and two of our day child care workers are Licensed Practical Nurses. Residents frequently require various kinds of corrective surgery.

As we look to the future our role will become even more important. More mentally retarded are being cared for in the community as more funds for community programs become available. There is current debate over the future role of both state and private residential programs.

We recently had a visitor from Sweden, Reverend Dag Tuvelius. He will go back to Sweden and tell of the wonderful work being done here. It is his aim to get the Lutheran Church in Sweden more involved with the mentally retarded. Reverend Tuvelius is a young man, full of enthusiasm and hope. His studies in the United States have taken him from coast to coast. Minnesota, Rolling Acres, and other Minnesota programs were his last visits. He said, "Here you are doing wonderful work, and I hope that our churches can be inspired by it."

In the area of church involvement the "old countries" are looking to churches in this country for ideas and guidance. They can build on what Mount Olivet and other churches have done.

All health care will be more complex in the years to come
If it is possible to be more important than you have been
it will be so in the future. Thanks for your support and
involvement.

PART TWO

The Past Is Present In

The Future

Part two consists of brief statements from materials I have written since 1959. Some were for the Minnesota Legislature, others for conferences and meetings.

If you have a deeper interest in a particular subject the full text can be made available to you.

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JUNE 1959

SOME EARLY FACTS

Mental retardation effects 3 percent of our population, children and adults. It is a condition of impaired mental development dating from birth or an early age. It usually results in reduced academic, social and vocational ability. There may be some overlapping of these groups because of social inability or physical handicaps.

Where Are They?

5,800 in state institutions at Faribault, Brainerd, Cambridge, Owatonna, (some in hospitals for mentally ill).

Over 4,500 in public school special classes, some in private institutions and boarding homes, 1,200 on waiting lists for entrance to institutions. Most will never need institutional care. Most will always be in the community and have a need for community services.

This is the biggest handicapping condition of children, 3,000 out of each 100,000 population. It effects not only the retarded person, but the rest of the family. Parents are distraught, and don't know where to turn for help or how to explain the situation to relatives, friends.

OCTOBER 1960

CONFLICTING PHILOSOPHIES

As of June 30, 1960, there were 7,115 children in our state institutions and on the waiting list for space in our state institutions. There were 293 retarded children being served in non-profit day schools and day care centers.

Perhaps this gives you an idea of how some of the mentally retarded are being served at the present time besides in the special classes of our public school.

It is difficult for parents, especially of educable retarded children, to understand why there is not a special class to serve their child.

We are faced with a number of philosophies regarding services to the retarded. Some of these are a product of only Minnesota; others have nation-wide implications.

Several of these were outlined recently by Dr. W. C. Wildberger, Clinical Director of the Woodard, Iowa State School and Hospital for the Mentally Retarded. He said, "In my observation, there are at least four kinds of philosophies represented toward the mentally retarded.

1. Those who want the job of training done in state institutions,
2. Those who want the job planned and carried out at the local level, outside of institutions, by local people,
3. Those who want as little as possible done anywhere for the mentally retarded, and
4. Those who have no precise philosophy to guide them, or those who have no reason to give the matter any thought whatsoever."

AUGUST 1961

WORTHY OF HELP

Lest we feel that we have come so far that there are no longer people who want as little as possible done I would like to quote an editorial comment which appeared on April 21, 1961, less than four months ago, in a newspaper not fifty miles from here. This comment was in response to a letter to the editor regarding high taxes. The editor replied, "Have we, for instance, an obligation to keep dullards and mental defectives occupying expensive space and taking expensive teaching time?"

Many of you can repeat similar comments that you have heard from people in your communities. We have not yet convinced all of the people that the retarded can be helped and are worthy of help. I think at times we may become complacent in our efforts. Some of us have patted ourselves on the back for having done a fine job when really we have only begun. Services for the retarded are still on a very limited basis and there are literally thousands of severely retarded and moderately retarded who are not receiving any services at all.

It has been said from time to time that Minnesota is far ahead of other states in its services to the mentally retarded. I do not believe that this is true in too many areas of service. I think that in most ways we are an average state, and in some ways, we fall far behind other states. We now have a good special education program; however, it needs further development and additional staff. With the eight midwestern states, we compare quite unfavorably in regards to staffing in our state institutions. Certainly the school programs of our state institutions need improvement. The present personnel is doing a tremendous job but not only are they limited staff wise but usually the salaries paid to our institutions' school people are lower than in the community. I think that when people look upon Minnesota as an advanced state they are thinking about the very real concern and interest we have in all mentally retarded, regardless of where they are or regardless of the degree of their mental retardation. They are thinking about the dedicated efforts of the professionals at the University of Minnesota, and state colleges, the Department of Welfare, and the Department of Education, and about the fine work of Dr. Reed at the Dight Institute in Genetics, and Dr. Jensen at the University of Minnesota, and Dr. Maynard Reynolds, Dr. Engberg, Dr. Bruhl just to name a few. The Associations for Retarded Children certainly have contributed a great deal to the nation's viewpoint of Minnesota. In 1960, we in Minnesota contributed more money to the NARC medical research fund than any other state in the nation; almost 25% of the total amount given by ARC units came from Minnesota. By having an interest in all mentally retarded, I feel that we have been

able to move ahead at a slow but steady pace. Also, I feel that our progress can be accelerated if we adhere to this present philosophy.

JANUARY 1964

CHANGING LAWS AND PHILOSOPHIES

The guardianship law, which was adopted in 1917, now involves over 10,000 retarded in and out of institutions in Minnesota. It was part of a children's code adopted in 1917 and recommended for passage by the governor, who was Joseph A. Burnquist. Not many words were spent in explaining the basis for the law to the legislature. "Almost every community in the state furnishes examples of hereditary feeble-mindedness." Since this created a serious public menace, "wise and kindly segregation" was needed, especially of women and girls. Dr. Arthur Rogers, who was superintendent of the Faribault State School and Colony, Minnesota's first institution for the feeble-minded, had been insisting for a number of years on the need for a guardianship law and also on the need for supervision in the community for a few who might return to it after training had been completed. The report recommended a compulsory guardianship law—not compulsory for all but in the sense that guardianship might be established without consent of the parents or guardian and then placement in the institution could be ordered by the Board of Control. (This Board preceded the Department of Welfare)

Newspaper coverage indicates that the 1917 laws had public approval. The Minneapolis Star, commenting on the recommendations of the commission, implied all were good but singled out the guardianship law as the most important because the need for preventing the increase of the mentally deficient and other pressing social problems.

The Star also recognized the cost of greatly increased institutional space but felt there should be no "penny-wise policy" in dealing with this important problem.

Today, there are many efforts to coordinate services for the retarded. There are many ways in which agencies cooperate with each other. As recently as 1950, it was difficult to get 5 people from different agencies to sit down together to discuss the problems of the mentally retarded. Today, it is no problem to get 150 people at a meeting to discuss these same problems. The changing attitudes and philosophies are reflected in very tangible ways. Probably a good example is the case of a boy at the Faribault State School and Hospital who was born without any arms and lived this way for 35 years,

and just within the past year he has been fitted with one artificial arm. This is not because we have just learned how to make such prosthesis, but because our attitude has reached a level so that even those who will not return great benefits to society are being helped and treated as individual human beings.

There are examples of corrective surgery to help the retarded, even though institutionalized for life, to become happier and more self sufficient. Plastic surgery is being done at the Rochester State Hospital, for instance, for some of the retarded at the Faribault State School and Hospital.

APRIL 1964

NEW PROGRESS STARTS

We have worked for many years to solve problems of the retarded and have crept forward only inch by inch. The work of the President's Panel on Mental Retardation, its subsequent recommendations and resulting Federal legislation and appropriations, has perhaps pushed this program ahead as far in the past year as we were able to crawl ahead in the previous ten years. This is indeed encouraging, it is disheartening, to realize that our years of effort accomplished very little, and appropriations by Congress of several millions of dollars is doing what we were unable to do by public education, presentations to the legislature, thousands of speeches to civic and community organizations, the showing of hundreds of films and publication of numerous articles in magazines and newspapers. It took Federal appropriations to create the interest of many organizations and professional groups. Our efforts now must be directed toward assuring proper utilization of Federal funds in an effort to make progress now, while mental retardation is in the forefront. It could very well be that this major community health and welfare program could slide back into the shadows as quickly as it emerged.

There is no doubt that the loss of President Kennedy will have an effect of de-accelerating this program. As you know, President Johnson's major concern is poverty. Some of the effort, however, directed to this cause will also help solve some of the problems of mental retardation, especially those in the very low income groups.

Probably the single most important part of the federal legislation is that having to do with the State Planning Council on Mental Retardation. Each state will receive a basic amount of \$30,000. This is to be used to establish

an inter-departmental planning body to coordinate and direct services for the mentally retarded. Successful organization for comprehensive planning can be expected to provide useful patterns for continuing administration in future years. The disengagement of mental retardation planning from mental health will afford an opportunity for closer ties with other branches of medicine and with planners and program directors in public health, education, and welfare. There has been a growing awareness for more than a decade that mental retardation is a problem calling for inter-agency and inter-professional collaboration of a high order. It is hoped that through the State Planning Council this can be accomplished.

It is obvious to all of us that we have only begun. We have recently read the comments by Governor Rolvag after he visited the State School and Hospital at Faribault. He said that what he saw was enough to make a strong man weep. Our institutions are grossly understaffed and overcrowded. We have many old and inadequate buildings. Only 5% of our retarded are cared for in our institutions; 95% are in the community and are also in desperate need of services. Only about 600 out of a possible 2,000 needing service are being enrolled in trainable classes in Minnesota. We have 40 activity centers throughout the state -- although these reach an additional 500, this is probably only 15% of the total number needing these services.

MAY 1964

A GOOD SYSTEM

In Minnesota, we feel that we have a wedding of a number of circumstances that has resulted in a good system. 1) The guardianship law; 2) the 87 county welfare offices that can give supervision; 3) the personnel who are interested in seeing that supervision is given and people who have recognized this as a responsibility of the state.

The President's Panel Report of the Task Force on Prevention, Clinical Services, and Residential Care states that movement of a patient from one level to another, both up and down, with time as circumstances change, is essential. If possible one professional person should remain responsible for the same patient in or out of a residential facility. Planning for patients after the death of parents requires such a responsibility in part be given to those outside the home. The free flow of patients described requires an organizational structure in which residential and non-residential services are an integrated whole.

MAY 1964

A PUSH BY THE PRESIDENT

We have worked for many years to solve the problems of the retarded and have moved forward by inches. The work of the President's Panel on Mental Retardation, which I will mention again later, and its' subsequent recommendations and resulting federal legislation and appropriations, has pushed this program ahead further in the past year than we were able to crawl ahead in the previous ten years. I Associations for Retarded Children and isolated specialists throughout the country were unable to arouse great public concern about this problem. We heard over and over again heads of public agencies and legislators say, "We don't have enough money to provide programs for the gifted, let alone the retarded. The retarded are 'happy' even though they may be in poor circumstances; improving their circumstances will not make them 'happier'. There just isn't enough money to go around for everything that needs to be done." These statements were little comfort to the parents of retarded children; however, action of President Kennedy in naming a special panel to study and report on the problems of mental retardation was of great importance and gave parents and professionals working in this field new hope.

We are indeed greatly encouraged and pleased by the new Federal legislation and the progress which we are certain will be made. The progress can be greater if we pay particular attention to the following points: The committee to plan a comprehensive program to combat mental retardation in each state should be set up to assure the participation of all Departments, agencies, professional and community groups concerned with this problem. Consideration must be given to continuity of the planning function and planning body after the lapse of 18 months of Federal planning. We must realize that the comprehensive plan itself is the key to the Federal legislation. Such things as money for construction of facilities are secondary in that money spent for facilities would be of little avail and wasted if a careful plan were not first developed.

We must be concerned with the distinction between mental illness and mental retardation. Mental retardation is a large problem and needs to be carefully considered at this time as a problem which is related to many programs, professions, and many agencies.

We must be careful that new enthusiasm which is being developed for the culturally mildly retarded does not completely overshadow and downgrade the need to serve the other levels of mentally retarded; that is, moderately, profoundly, and severely retarded.

We must be aware of the great need for improved planning for the mentally retarded in the framework of all general community social planning. The fact that there is a separate body responsible for this in each state does not of course, solely meet the need.

Mental retardation requires the participation of many individuals with many types of skills. Because this is such a diversified problem, the retarded sometimes fall between the gaps of specialization.

Our planning must be all-inclusive. We need to consider every phase of the program for the mentally retarded and how each part of the whole relates to the other parts.

As we seek to find ways of preventing mental retardation, we must be careful that we are also planning for the retarded who are with us today. There is a need for both types of service.

The new Federal program will not train enough special teachers to do the job. We need to continue our other efforts, such as scholarships donated by organizations and individuals.

This is an extremely important point and one that much of the whole program hinges on--that is, the involvement of the department heads and the individuals who are responsible for and do make decisions regarding program. They must be involved very closely in inter-agency cooperation and coordination.

MARCH 1965

BACKLOG FOR SERVICES

The first question, when we consider waiting lists for institutions, is "Are all of these people truly in need of institutional care or have some been placed on the list recognizing that this space will be accepted if nothing better or more adequate is found in the meantime?" Every state is different regarding its criteria for placement on the waiting list; therefore, no general statement can be made which will cover the entire country.

Probably one of the reasons the waiting list is getting so much attention today is the increased number of retarded due to our increase in population and the fact that the retarded are living longer. This is making it necessary for many states to consider building additional institutions or new buildings

at existing institutions. With the present high cost of construction, the states are looking to other ways of solving this problem. A fact that might also be considered is that the states are limited in their ability to raise money and with the rapid increase in cost of state government, they are feeling the financial pinch more now than ever before.

We have to look also at some of the popular concepts that are influential in this situation. Some of these have been mentioned by previous speakers—that the large institution is no longer considered "right"—it is considered to be out-of-date and that a good institution is one that releases a lot of people back to the community—and that a good state is one that has few people in large state institutions.

We then are faced with the fact that if a person has been properly placed on the waiting list, the state institution then probably is the proper place for him, considering his needs. For some who have been placed there for other reasons, it may be possible that the needs could be met at the local level.

An additional consideration is the fact that placing people in community residential facilities shifts the cost burden from the state to the local and county levels of government and parents. It also shifts the care of the mentally retarded to smaller units and sometimes these are inadequately staffed and inadequately programmed.

In the recent years, we are coming to the realization that some people have been placed in the state institutions who might be cared for in community facilities, but when they were placed there were no community facilities in which to place them so there was no other choice.

AUGUST 1965

MINNESOTA'S STATE INSTITUTIONS

Our institutions for the mentally retarded in Minnesota continue to be seriously understaffed...despite the fact that the Faribault State School and Hospital was allocated 48 new positions by the 1963 Legislature. The Governor's Advisory Council on Mental Retardation had recommended that Faribault be allocated 2 81 new positions.

In comparison with other mid-western states, Minnesota is next to the bottom in staff-patient ratios. The Governor's Advisory

Committee reported that the Minnesota ratio was one employee to each 4.1 patients. The best state institution ratio in the mid-west was in Indiana, where the Wayne State School had a ratio of one employee to each 2.8 patients. We also fare poorly when we compare the aide-patient ratios in typical institutions in the Big Ten states. Minnesota has one aide for each eight patients. Ohio and Wisconsin both have one aide for each five patients; they are more than 50% better than Minnesota in the direct patient care area. The institutions at Cambridge, Brainerd, and Owatonna are also in serious need of additional staff.

Since 1955, the Faribault institution has been allowed 124 new positions. The number granted each year has increased steadily since 1955, when Faribault lost 4 positions. In 1957, they were granted 16; in 1959 29 positions, in 1961 35 positions, and in 1963 48 positions. The staff-patient ratio at the Faribault institution has improved slightly from one to 4.2 overall, to one to 4.0. This compares with the national average of one to 3.2. These figures include all employees and do not reflect the actual number working with patients at any one time - on duty ratio is about 1 to 20 and aides on duty ratio is about 1 to 4 0 patients.

JUNE 1966

IN THE OLD COUNTRIES

The philosophy I found can best be expressed by works of Bengt Nirje, Secretary General of the Swedish National Association: "These countries regard services for the retarded as a right, not charity." The retarded are treated as individuals. They are not grouped and herded. In five weeks I saw no barefooted patients. The government has for many years recognized and carried out its responsibility.

I had a note from Martin Papish of Pennsylvania, an early leader at our NARC. He said, "Fifteen years ago at a conference at Southbury, Conn., I described our institutions as warehouses where the children are inventoried as merchandise --taken off the shelves occasionally--dusted, and returned to the bins."

"Honestly", he continued, "with all the grants and all the studies and all the planning, when I visit institutions and observe the facilities for the profoundly retarded I can't see the kind of improvement that 15 years should have brought about, I am deeply discouraged by this."

Dr. N. Speijer, who is in charge of mental retardation services for The Hague district in Holland has said, "mostly with the mentally handicapped we look at their negative parts and consider these first. There exists a strong under-evaluation of the subnormal for the very reason that we look at this negative side and not at his potential." How many times have you heard adult retarded referred to as boys and girls?

Our inadequate, broad classification of the retarded does not allow sufficiently for an individualized personal approach to the problems of the retarded.

Aren't the retarded, who are members of our society, entitled to their share of the benefits of an affluent society? Must they be the last to receive consideration?

The time has come to stop changing terminology, to stop repainting and reorganizing old programs.

Our programs for the retarded are I think, something like the boots and shoes referred to in the following quotation from George Elliot's "The Sad Fortunes of Reverend Amos Barton", "Boots and shoes are often the greatest trouble in my life. Everything else one can turn and turn about, and make look like new; but there's no coaxing boots and shoes to look better than they are."

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MAY 1967

A RIGHT TO SHARE

There are several philosophical ideas which I think are basic to development of services and programs for the mentally

retarded.

The first and most important I mentioned yesterday--that the retarded have a right to a proper share of our abundant resources. As the world's wealthiest nation where we "carpet" sidewalks, put six tail lights on automobiles, have often two TV sets in a home, we cannot put off programs with the old saw that "we can't afford it!" Second, we cannot use economic usefulness or payment of taxes as a criteria either—who is to say that the life and happiness of a salesman, clerk, actor, or any number of people is more meaningful to society than a mentally retarded person.

Our basis for judging a person's worth is still too often his wealth, or the amount of time and money he gives to worthy causes. Third, I feel as no doubt you do also, that organizations, agencies, and government units serving non-handicapped should also serve the retarded. Special services as necessary must be developed. These should be supported through taxes, just as we support all other school, park, recreation, and other public services.

Fourth, we must as a society, make some decisions regarding the use of our wealth and resources. Some may say the decision is already made. That we have decided not to spend large sums of money on the retarded—that, instead, we will spend it on ourselves for personal luxury and individual gratification.

Fifth, we cannot fulfill our obligation to people who need help through occasional, voluntary contributions to the United Funds, Cancer, Retarded Children, or the Heart Fund. Such contributions although important, can serve as conscience soothers. Not long ago, I spoke and showed a film on mental retardation to a group of prominent Minneapolis businessmen—the need for improvement was well documented. When I finished, the chairman said, "Now there's a worthy case! When they come around for funds, really give!"

Sixth, we have spent too much time discussing and arguing compulsory education for the retarded! There should be no question now about the importance of this service.

NOVEMBER 1968

THE AMERICAN DREAM

One cause of the current unrest in our country seems to be that increasing numbers of people have become skeptical about the American Dream. For many reasons—some good, some bad, some merely peculiar—many persons are now loudly questioning the "American Act of Faith" that was once taken comfortably for granted.

In the midst of plenty, cries of discontent increase. The streets of one of the most rationally organized societies in history are filled with primitive emotions, some threatening, some only nostalgic—a vague longing for a new braver world. Whether we like it or not—the American boat is being rocked,

and it is not likely to return to an even level until we have somehow learned again to agree on the common course we are to follow; a felt faith that can give us unity and a sense of worthy purpose as a nation.

The point I want to make is that the general skepticism of our time—the critical reexamination of old beliefs—has also penetrated the community of persons concerned with the mentally retarded.

In the past 15 years much has been accomplished for the mentally retarded. But we all know how far we still are from realizing our ideals. To turn an old advertising slogan around, "We must be doing something wrong."

APRIL 1969

WHAT IS RESIDENTIAL CARE?

When we talk about Residential Care for the mentally retarded, we include a wide range of living accommodations. We are talking about buildings, institutions, hostels, group homes, foster homes, or hospitals. In all cases we are talking about a place which will be a "home either for a short time or for life."

We must begin with the kind of home we -all want—with comfort, privacy, warmth, and love, and then modify it only as necessary to meet special needs, due to physical handicaps or poor health.

A normal home has one or two at the most, three, to one bedroom. Usually it has places where we can be alone when we wish. It has places for our personal belongings and clothing. A home is not regimented but is flexible to meet individual differences and individual activities. When we are young, we receive care but we are taught to care for ourselves. When we are hurt, physically or mentally we are given individual attention.

We are extremely concerned about the poor residential programs for the retarded in the United States because most of them are not only poor, they are actually harmful. In many instances the retarded get worse, instead of better. I have seen many institutions where they are bruised, beaten, battered and neglected. Instead of being habilitative facilities, many institutions are warehouses where the retarded are sorted into wards and buildings, fed and washed.

The number of retarded in public institutions increased from 177,000 in 1963 to 193,000 in 1967 and even though the number of employees increased by 36.6% during this period, there is still a need for 50% more staff to meet the minimum ratios recommended by the American Association on Mental Deficiency.

According to 1966 figures, the average daily amount spent for care and programs varies from \$3.17 per day in South Dakota to \$12.18 per day in Kansas. South Carolina in 1966 spent \$3.90 per day—about \$3.40 per day less than the national average of \$7.30 per day, ranking 47th in the United States.

An ever increasing percent of the institutionalized retarded are young and are severely and profoundly retarded. In 1965 Milligan and Nisonger reported that 60% were severely and profoundly retarded. I could list reasons for our concern which would literally fill volumes.

Some questions we should be asking are -

1. Why do we place the retarded in large facilities with between 15 to 100 to a single bedroom?
2. Why do we place people who are severely handicapped in state operated programs and neglect them?
3. Why do we allow these poor conditions to continue?
4. Who is responsible for better care?
5. What are we doing about it?

There is no public clamor for higher taxes, to make it possible to eliminate suffering by severely and profoundly retarded in institutions, or in the community. Despite an increased concern for the retarded, it appears that society is unwilling to spend the necessary money for what many still consider "useless individuals".

Our concerns might be summed up as follows:

1. Overcrowded, old and inadequate facilities.
2. Too few staff with too little training.
3. Meaningless and unnatural living conditions.
4. Inadequate funds.
5. Failure to implement recommendations and new ideas.
6. New facilities which "lock in" old concepts.
7. Inadequate training programs.
8. Dehumanizing conditions and treatment.

JUNE 1970

IMAGES AND IMPRESSIONS

Most people include all retarded persons in one stereotype. The unflattering images of mentally retarded people were put there through experiences, hearsay, written materials, and pictures. Some of these impressions were created by us as we attempt to tell the story of neglect and need.

In summary, our goal is to create a new, more proper and better image. In doing this we must conscientiously adhere to the ideas I have outlined. In our publications, publicity on radio and TV, and in speeches we need to stress that these are first people - second - they are mentally retarded people.

The following appears in the booklet "These Too, Must be Equal" published by the President's Committee on Employment of the Handicapped:

"To every man his chance, to every man, regardless of his birth, his shining golden opportunity - to every man the right to live, to work, to be himself, and to become whatever thing his manhood and his vision can combine to make him - this, seeker, is the promise of America."

So wrote Thomas Wolfe about this land he loved and all its' people. The vision of Thomas Wolfe is our vision of America for the mentally retarded. The mentally retarded, too, have the right to live, to work, to esteem themselves, to become whatever things their manhood, their womanhood and their vision can combine to make them.

SEPTEMBER 1975

FROM CHARITY TO RIGHT

Dublin was the location in Ireland where the conference convened. In his remarks opening the conference Donald Beasley ISLMH President said, "As we enter the last quarter of this century, the emphasis is changing from charity and rights to greater acceptance of the mentally retarded as fellow citizens and to their increasing involvement in choice and decision." He said, "It is the experience of us all that T. S. Elliot expresses in the lines:

'Between the Idea and the Reality Falls a Shadow'".

"But we have come together from all parts of the world because of the strength of the idea, the vision we share, the common hope in which we work and the conviction and determination that the shadow can be made to disappear."

AUGUST 1976

COORDINATION

Probably the most serious barrier is the lack of coordinated facility development and the almost completely uncoordinated utilization of existing facilities. Some communities have many places but no system to provide for easy movement from one to another. If a person is terminated in one facility it becomes the responsibility of parents and perhaps the county social worker to find an alternate placement. This does not result in full and effective use of the existing residences.

Both non-profit and profit facilities build the type of facility they wish to operate. This is not always what is needed most.

The Swedish Service Plan (Gruenwald, 1974) says, "Within the organization it must be possible to exchange any given form of care for a less rigorous one. This can only be achieved if one and the same authority has the ultimate and total responsibility. Private or voluntary efforts must therefore be subordinated and coordinated with the commitment of the public sector." Each service area must have a controlled and closely integrated network of high quality residential facilities and these must be tied closely to supporting services.

It seems that the American way of life and our dedication to competitive, free enterprise system makes it very difficult for us to develop a cooperative, integrated and controlled service system. Each agency tries to meet many needs - and when they can't they seldom refer directly to another place. Coordination should also include provision for effectively filling service gaps. I was impressed in 1966 when told by the Director of Mental Retardation Services in The Hague that he could contract for needed additional services and assist the proposed operator to obtain financing, based on the proven need.

AUGUST 1976

ALLOCATING RESOURCES

The President's Committee on Mental Retardation has estimated that using our present knowledge and techniques in the bio-medical and behavioral sciences, it would be possible to halve the incidence of mental retardation by the end of the century.

Dr. Alan Clarke of England, President of the IASSMD said, "But whether the possible becomes the probable may be altogether a different matter. Much depends upon the resources which society is prepared to allocate to prevent or minimize the wastage of human potential imposed by adverse biological or social factors, separately or in combination. It also depends upon our own determination."

I was particularly interested in sessions related to community residential services including sessions on Ethical Considerations, Assessment of Behavior, Community Service Systems, Patterns of Residential and Community Care, Management and Training Practices, Alternative Patterns of Care and Deinstitutionalization of the Mentally Retarded.

I was chairman of a session entitled, "Integrating the Mentally Retarded into the Community." This session dealt with methods for utilizing community services instead of the large traditional state institutions. Related to this session was a presentation regarding the placement of mentally retarded in foster homes directly from state institutions. The biggest barrier here was the obtaining of family consent.

MAY 1978

LEARNING FROM SCANDINAVIA

Behavior modification was discussed with all of the professional people with whom I met. Most were generally aware of behavior modification/ however few used it as a specific system. In Norway at least three people responded to my inquiry by saying that there had been a lawsuit over the use of aversive behavior modification. In Denmark the issue of behavior modification was even discussed in Parliament. The problem was that Norway and Denmark had tried to use aversive behavior modification with some very difficult residents of institutions. This has definitely put a damper on the use of it. The Director of Services for Mental Retardation for Sweden, Dr. Karl Grunewald, said that he plans to convene a Scandinavian Conference to

discuss the uses of behavior modification. In Denmark the person I met with at the Personnel Training School was very aware of behavior modification, and had learned about it at a summer camp in the United States.

Sweden has a program system called 'Activation' which is well developed and relies heavily on activities to develop acceptable behavior and individual choice making. I spent a considerable amount of time studying the Malmo, Sweden Regional Program. Here I spent time with the Regional Director, Roy Mortensen and visited most of their services. The region serves 800 children and adults not including anyone who is in a school program and living at home. Sweden has had an effective county system for many years.

This was my third study trip to these countries, others were in 1966 and 1970. I can now look past the nice decorating and colorful rooms to programs, staffing, and organization.

At this time I feel that these are the most significant things we learn from Scandinavia:

1. Regionalization of services with an adequate number of planning and administrative staff.
2. Personnel training for a career in the mental retardation field.
3. The importance of having a highly qualified and recognized leader as the head of the service program.
4. The need for careful planning of a complete service system.
5. Aid to families when children or adults live at home.
6. Elimination of large institutions.
7. Use of greater variety of services.

We are equal to and ahead of some of these countries in several ways:

1. Staff dedication (not to be confused with effectiveness). Unionization of staff in Sweden and Denmark seems to limit some programs.
2. Expectations - I saw many adults involved in make work type activity - still treated more or less as children.
3. We have many services - perhaps as many - if these can be organized into a system we can equal services in most of these countries.

4. Funding - our funding is good if used more effectively could increase available services.
5. Use of Behavior Modification.

The general spirit of unification and organization seems to be the most important element that the Scandinavian countries have over us; also the willingness to have an adequate number of well trained leaders of services.

DECEMBER 1978

HABILITATION

Habilitation services in residential centers such as at Mount Olivet Rolling Acres are mainly concerned with the teaching of daily living skills, reduction of maladaptive behavior, physical development, and training for use of leisure time. I have calculated that our residents spend 88.4% of their time at the residential facility or in programs controlled by the residential facility and only 11.6% in outside programs such as school. Subtracting 3,285 hours per year for sleep there remains 4,455 hours or 50.8% of each residents life per year. This includes periods for personal care, eating, recreation and for general relaxation. I first did this time calculation because when people learned that our residents left our facility for school, they often said, "Oh, then you just provide board and room."

Rehabilitation or habilitation for mentally retarded often means providing for them a living situation in which they can expect consistent responses to their behavior. The main elements in such a living situation are:

- a. properly educated and carefully selected, trained staff,
- b. a resident training philosophy which will result in consistency among staff,
- c. sufficient number of effective and skilled supervisors,
- d. coordination with outside services such as school, health services, etc.,
- e. adequate, comfortable living quarters of sufficient size, and proper type,
- f. well run auxiliary services such as food service and laundry so program staff can give their full* attention to the residents,
- g. close relationships and cooperation with parents.

"Towards Independence" can be stated as an overall goal. For some residents this may only mean independence in eating or toileting. For many, it means advancement and development to a degree that they can leave a large facility and live in a group home or in some cases return to their family home. A few will be able to live in supervised apartments.

FEBRUARY 1979

WHAT IS AN INSTITUTION?

At the January meeting of the Developmental Disabilities Council the issue talked about was institutional reform. Ideas discussed which relate to today's topic included:

1. The basic attitude of people toward state hospitals,
2. Confusion regarding the definition of deinstitutionalization,
3. Difficulty of obtaining and retaining professional staff,
4. And the difficulty of receiving appropriations from the legislature.

Areas of concern were:

1. Housing,
2. Number and quality of staff,
3. Program,
4. Bureaucracy,
5. Staff "burnout".

Bruce Balow said that he feels there will always be a need for large institutions for some people. Mrs. Turbes feels there is a need for large institutions because there are many children who would not fit into community placement.

The January panel apparently was thinking of institutions as the large state operated facilities. Actually I feel it is a mistake to focus on any idea except on the best kind of living opportunity for people, regardless of size, location, or operator, state, non-profit, or proprietary. With proper funding and planning I feel that all handicapped people now in state institutions can live in community residential facilities. I do not believe that the continued use of large isolated institutions is the best way to go. The community facilities are showing that they can provide for almost any type of residential need and this has been done in a relatively few years.

This presentation is intended to relate personal and physical space needs of mentally retarded people in residential facilities to their general well being.

Far too little consideration has been given to personal and cultural space needs and interactions with environment when planning residences for mentally retarded people, especially for those who are severely and profoundly retarded or have an overlay of emotional difficulties. There is a point at which the reliance on general concepts, such as the normalization principal is inadequate. Planning of new residential facilities especially in the community, is advancing rapidly and a next step should be more careful consideration of human space needs and relationships within space. I will talk primarily about interior spaces, however the whole area of extended space also needs consideration.

When most people today think of space they think of moon landings, and orbiting exploratory space vehicles. Not too often do we think about personal and social space and especially space requirements and needs of people in residential facilities for mentally retarded.

We think about space in residential facilities in the number of square feet required by government regulations and develop our own theories and learn from others, in spite of the regulations .

Too little attention has been given to living areas for mentally retarded or to the different size and types of areas necessary for different handicapped people.

When planning or remodeling residential facilities for mentally retarded children and adults we need to broadly consider many aspects of space, such as:

1. Fixed feature space or the physical structures,
2. Semi-fixed features, including furniture, and
3. Informal space considerations such as distance maintained in contacts with others; relating to individual needs for personal space.

OCTOBER 1979

THE NORMAL SOCIETY

Mentally retarded people are a part of the normal society - as such they should be in and move within our society to every extent possible. They should not be considered abnormal only because of limited or low intelligence.

The vast majority of mentally retarded people can remain with their families during childhood and so move toward independence in work and living, though usually later than their normal peers. Some will need supervision all of their lives or at least longer than others.

In housing we should seek the more normal living arrangements possible, knowing that some retarded have very special needs. Variations in Minnesota now include:

- a. Family home
- b. Professional foster care
- c. Small group homes
- d. Independent apartment living
- e. Supervised apartment living
- f. Small institutions for 20-130 residents
- g. Small special facilities for multiply handicapped retarded
- h. State institutions

Dr. Karl Gruenwald, Director of Services for Mentally Retarded, Sweden, "In respect to mentally retarded people, group interaction is particularly affected by the intellectual shortcomings of group members, a circumstance which brought them together in the first place. This plays a major role in determining how the group's members relate to one another, and therefore make special demands on group size, the physical environment and the staff's anticipations and behaviors." "The small group principle has been easy to sell because it embodies so many inherently normal, psychological features and is easy to explain. It is therefore acceptable to architects, administrators, and politicians."

JUNE 1980

SERIOUS QUESTIONS

Residential services for mentally retarded children and adults have expanded dramatically, especially since 1969; now, however, serious questions are being raised by some Human Service

Agencies and others about need. The Minnesota Department of Welfare is trying to define the future role of state institutions. The Metropolitan Health Board appointed a task force related to the future of community residential services. The sum total of all factors indicates that strong leadership is necessary to help determine the direction of residential services. Probably as many as 10,000 retarded persons in Minnesota are involved including those in state and community facilities and in foster homes and nursing homes. A look at the present available leadership, both public and private is not encouraging. Staff shortages allow little time for concentrated study and planning.

Probably no issue is as important as this in the retardation field in Minnesota at the present time. There is a need now for an infusion of leadership, planning, and effort.

Basic, accepted, principles of services for mentally retarded virtually dictate that for any services to succeed there must be a fully developed, highly differentiated network of services. The basic accepted principles are:

1. Normalization
2. Integration
3. Use of generic community services
4. The developmental model
5. Continuum of care and service
6. Appropriate amount of service
7. Maximum flexibility of services

These principles indicate that there must be a complete service program or the principles cannot function. For example: when a person is in an intensive care and training program he/she must move to a more independent setting when ready or further development will be discouraged or limited. Key to program success is that the focus must at all times be on the needs of the individual.

In order to assure the orderly and progressive development of residential services there is a need for a concentrated effort. There must be a focus on all aspects of programs to mentally retarded individuals who now need or may soon need residential services. There must be a concentrated effort to assist parents who wish to keep their mentally retarded child in the family home through family counseling, respite care, and family subsidy - No small effort will do.

MAY 1981

BACK TO HISTORY

This is to be a brief history of residential services for persons in Minnesota who are mentally retarded. I think I may have been chosen for this task because of age, I am not sure. Certainly my experience spans the years 1955 to 1981 and the period of perhaps two of the four major changes in Minnesota's attitude about the people we are concerned for. In any event I am flattered that I was chosen.

I do not intend to go into detail about the past, however history is important if we are to understand where we are today and why we are here. It is what Mildred Thomson, an early worker in this field called in her book Prologue , "setting the stage". Twenty-two years ago she wrote, "In Minnesota we seemed actually on the threshold of establishing a broad, comprehensive program for the mentally retarded or mentally deficient - feeble-minded - an early synonym."

In Miss Thomson's era and even up to 1967 we were occupied with changing philosophy, building more state institutions, and concern about a long waiting list for existing institutions.

Our concern in Minnesota began early. In 1866 Governor William R. Marshall said, "These children of sorrow, the blind, the dumb, the insane, which included mentally retarded, have a claim on us that we cannot disregard. No question of expediency should fetter us in so plain obligations. Both in respect to these and educational institutions, parsimony is the worst extravagance".

In 1879 an institution for the feeble minded was established at Faribault. "Children and youth who were proper subjects for training and instruction" were transferred to the asylum for deaf, dumb, and blind at Faribault from the St. Peter State Hospital. This can be seen as era one; moving from the co-mingling of mentally retarded with insane to era two; education and training.

The next major change in philosophy occurred in about 1917 and can best be described by quoting from an article in the Minneapolis Star. The Star singled out the new guardianship law, as recommended by a state study commission, as "the most important of the commission's recommendations because of the need for preventing the increase of mental deficiency and others presenting social problems". It did so well recognizing the cost of greatly increased institutional space, but felt "there should be no penny wise policy in dealing with this important problem".

In just 51 years Minnesota had moved from compassion at any cost to incarceration, at any cost.

Increasing numbers of mentally retarded were placed in state institutions until 1966 when there were 6,200 at six different locations and 7 00 on a waiting list for space. From 1966 until now the state institution population has decreased to 2,570.

This decrease in state institution occupancy has happened because we believed that persons, human beings, citizens of our society were entitled to learn, work, and live with us in the community. It has happened because communities developed workshops, day activity centers, and special classes. Some mentally retarded no longer had to leave their family home because now there were day time programs. Others could leave state institutions to live in community facilities.

What conclusions can be drawn from the above brief history of residential services? I think that there are several:

1. Provision of services for mentally retarded is influenced by leadership, our economy, and moral and religious values. This can mean our traditional work ethics, the value we place on individual production in our society and our slowly changing judgment of normalcy and deviancy.
2. Leadership is transient in this field and compassionate leadership even more transient.

The effect of good leadership can sometimes carry us over barren spots, however the barren periods are too long at times and we may stagnate or lose ground.

JUNE 1981

PATHWAYS HOME

The rapid development of community residential facilities should enable some mentally retarded children to return to their family homes after training. In fact few do and permanent residential placement occurs. These children grow up and move to adult facilities because of insufficient and ineffective attempts to return them to their own homes. Higher programming standards and expectations does result in problem solving and individual development.

Millions of dollars are spent for residential services; very few dollars are spent to plan for return to the family home or to prevent or delay initial placement. Too often the solution to family stress problems is the placement of the retarded child in a residential program, where he may remain for life even though the family problem is solved.

Placement of retarded children in residential facilities should not be seen as a permanent arrangement in all cases. There are no available figures to indicate the number who return home, however it is assumed to be a small number.

DECEMBER 1982

WHERE ARE WE AND WHERE ARE WE GOING?

"In 1879 the first Minnesota institution for feeble-minded was established at Faribault. In July of that year nine girls and five boys were transferred from St. Peter State Hospital and the number soon rose to twenty-five".

From this beginning, one hundred and three years ago we have passed from humane, training oriented residential facilities, to overcrowded and unprogrammed institutions to a very solid and extensive community services program.

Where we are going is now in question. In June 1982 the U. S. Supreme Court found in the case of Youngberg vs. Romeo that an involuntary admitted patient in an institution only has a constitutional right to safety, freedom from unnecessary restraint, and minimal training required to be able to take advantage of the aforementioned rights. The U. S. Justice Department has interpreted the court's decision to mean that training and treatment are permissible but lack thereof does not represent a constitutional violation.

Because of economic considerations countries seem to be seeking the least costly, not the most effective, residential placements. Funds in general are being cut for residential and day programs.

It is becoming increasingly difficult to maintain quality services much less expand services to meet unmet needs. Only through tremendous efforts by all concerned will we be able to avoid a serious breakdown of services.

President John Kennedy once said, "A society will be judged by the way it cares for its most needy members?" We are being put to the test. How will we be judged?

1983 was a year with much splash, floundering and confusion; something like wrestling in mud. U.S. Senate File 2053 bill was introduced by the Association for Retarded Citizens, USA. This legislation seems to redefine services, especially residential services by declaring that any residential facility for over fifteen, regardless of circumstances, is an institution. The NARC has also decided that no new residential facility should serve more than a number equal to three times the average household size in the area in which it is located.

Minnesota, which has long been a national leader, showing others what can be done to provide services to mentally retarded persons, suddenly is pointed to as having too many residential services of the wrong kind and size. How this could happen so quickly and with so little regard for people, facts, opinions or reliability is impossible to understand.

Steps toward understanding residential services should include an analysis of the present system, state by state, not an analysis of the entire 50 states at one glance; nor can any single state become a model for all others. Not Rhode Island or Michigan or even Minnesota.

The question raised by the Community and Family Living Amendments of 1983 can only be answered when more information becomes available to us.

In Minnesota, the Minnesota Department of Welfare, by direction of the legislature, has applied for Medicare funding for additional community based services. If the request is granted by the federal government and if services are implemented properly there should be a reduction of need for state operated institutions--People who are involved with larger residential facilities; parents, staff, board members and volunteers are being told that only very small facilities are good; that facilities for over 6 or 9 or 15 at the most are old fashioned.

There is a need, when considering changing Minnesota's residential services, to understand how philosophy is developed, refined and becomes practical reality. *It is wrong to use simple unrefined philosophical ideas as a basis for deep change.*

JANUARY 1985

CONCLUSION

When Mildred Thomson wrote her book Prologue she spent over a year researching available materials. She also drew upon her thirty-five years of experience with the program for mentally handicapped in Minnesota and the United States. Her story tells about early community group homes, consideration of various respite care methods, planning bodies, community programs, federal programs, and sheltered work.

Almost every program we have today or are considering was available or considered thirty or more years ago. An example is family financial aid. "Dr. J. M. Murdoch, Superintendent at Faribault State Hospital, wondered whether with financial assistance, more parents could care for children at home -a good point but not seriously considered in the massive overall relief program." This was in 1933, fifty-one years ago. Today such family aid is a part of the expanded services planned by the Minnesota Department of Human Services.

Social change and improvement is a slow process as these examples point out. Other examples of the fact that current ideas are not new but are renewed can be found in the report of the Minnesota Mental Retardation Planning Council, April 1966, eighteen years ago.

In this report in the section on residential services these recommendations were made:

"State institutions should provide comprehensive services to their regions, i.e., diagnostic evaluations, outpatient and inpatient services, work training stations, day care and night care centers and long and short term residential care etc."

The September 1968 Planning Study for Residential Care in Minnesota, done by the Stanford Research Institute, Menlo Park, California took twenty-one single spaced typed pages and recommended that Minnesota develop a system of community based residential facilities.

CAIR (Community Alternatives and Institutional Reform) a report by the Minnesota State Planning Agency, January 1975, only nine years ago had the following recommendations:

"Establish a comprehensive support program for parents who elect to raise a developmentally disabled individual in their home, providing all service options required to meet the program needs of the individual and his/her family."

The 19 84 Minnesota State Legislature has now commissioned and financed a new study which has a narrower focus and will look at residential care of mentally retarded from a new and different approach.

The legislature has appropriated \$250,000 to the State Planning Agency, the agency which did the 1975 study, mentioned above to study the impact of closing state institutions on communities and employees. After completion of the study a special advisory board will develop a plan which includes:

"specific proposals which protect general interests of employees in communities affected by deinstitutionalization."

I headed this last paper CONCLUSIONS, this however may not be a proper title. Perhaps "Reinventing the Wheel" would do better. Probably our greatest need is not more studies but the development of a method to implement the study findings.

Jerry Walsh