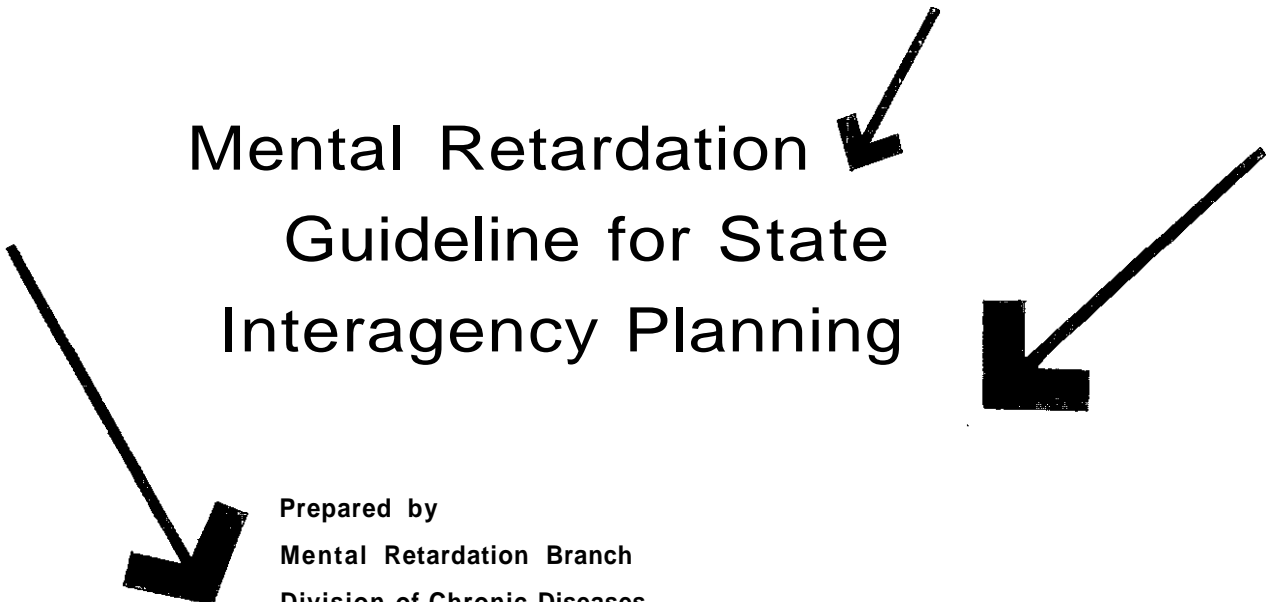


Mental Retardation Guidelines for State Interagency Planning

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service

Mental Retardation Guideline for State Interagency Planning



Prepared by
Mental Retardation Branch
Division of Chronic Diseases

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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FOREWORD

The provisions of Public Law 88-156 for mental retardation planning give the States and the Nation a unique opportunity--the opportunity to plan well for the complex array of services that need to be established, if they do not already exist, for the mentally retarded.

We have become increasingly aware of the dimensions of the challenge and responsibility inherent in this opportunity; for inter-agency, interdisciplinary planning is a relatively new experience for most States. Moreover, even when this kind of planning has been successfully accomplished in the States, the experience has only rarely been recorded in a form that lends itself to adequate communication of the experience to others. It is not an easy thing for the States to obtain a foreknowledge of important guiding principles and equally vital details on "how-to" ensure success in their interagency planning in mental retardation.

These general guidelines to mental retardation State planning were developed in response to numerous requests for information that would help to fill this gap in our knowledge. In their preparation, helpful advice and suggestions were sought from and freely given by representatives of all the agencies in the Department of Health, Education, and Welfare which have operating responsibilities in mental retardation.

It is our earnest hope that the guidelines will be helpful to those who have the opportunity and the responsibility to carry out the mental retardation planning in their respective States and, thus, to ensure a better future for the Nation's 5 1/2 million mentally retarded.

A handwritten signature in dark ink, appearing to read "Eugene H. Guthrie", followed by a long horizontal flourish that ends in a small loop.

Eugene H. Guthrie, M.D.
Chief, Division of Chronic Diseases

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GUIDELINES FOR PLANNING
COMPREHENSIVE ACTION TO COMBAT
MENTAL RETARDATION

I. BACKGROUND

Mental Retardation Planning Grants to the States were authorized in Section 5 of "Maternal and Child Health and Mental Retardation Planning Amendments of 1963" Public Law 88-156. An appropriation of \$2.2 million is available to be used by the States for planning comprehensive action to combat mental retardation.

These planning grants mark an important first step in implementing many of the recommendations of the President's Panel on Mental Retardation. They are particularly relevant to those recommendations that are directed to the planning, organization, and coordination of State and local services.

This document, whose purpose is to provide guidelines for the State agencies that will be engaged in planning comprehensive mental retardation activities, includes, first, a brief review of the events that preceded this legislation and, next, a discussion of coordination of State services and planning of State and local services.

President Kennedy appointed the Panel on Mental Retardation in October 1961, with the mandate to prepare a national plan to help meet the many ramifications of this complex problem. The Report of the Panel was published in October 1962.

The 200-page document includes over 90 recommendations. Mental retardation is shown to be a major national health, social, and economic problem affecting some 5.4 million children and adults and involving some 15 to 20 million family members in this country. It estimates the cost of care for those affected at approximately \$550 million a year from State and local tax funds alone, plus costs to families, and a loss to the Nation of several billion dollars of economic output.

The Panel's report reflects the deep conviction that services for the mentally retarded provided by State and local agencies must be coordinated in their administration and comprehensive in their scope. The Panel also devoted an entire section of the Report to a discussion of the need for an expanded program of information and education to stimulate public awareness of the problem of mental retardation. In order to be assured that these goals were met, the Panel specifically recommended that:

2.

"The Secretary of Health, Education, and Welfare should be authorized to make grants to States for comprehensive planning in mental retardation."

"The Governor of each State and his staff should review the array of major services outlined in this report; identify the branch of State government which is, or should be, discharging each responsibility noted; and assess the extent to which each function should be strengthened."

"Each State should make arrangements through such means as an interdepartmental committee, council or board, for the joint planning and coordination of State services for the mentally retarded."

The Panel recognized and emphasized throughout the Report the responsibilities of the States for the implementation of a truly effective national program to combat mental retardation and in his special message to the Congress, February 5, 1963, President Kennedy said, "...To stimulate public awareness and the development of comprehensive plans, I recommend legislation to establish a program of special project grants to the States for financing State reviews of the needs and programs in the field of mental retardation...."

Subsequent to the President's message, legislation was introduced in Congress authorizing an appropriation of \$2.2 million to be used by the States to "determine what action is needed to combat mental retardation in the State and the resources available for this purpose, to develop public awareness of the mental retardation problem and of the need for combating it, to coordinate State and local activities relating to the various aspects of mental retardation and its prevention, treatment, or amelioration, and to plan other activities leading to comprehensive State and community actions to combat mental retardation." The legislation was passed by the Congress on October 15, 1963, and was approved and signed by the President on October 24, 1963, as Public Law 88-156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963."

The grants authorized under Public Law 88-156 will enable the States to commence comprehensive planning in mental retardation. The purpose of this planning effort is to guarantee the maximum utilization of available resources in a coordinated attack on mental retardation.

II. COORDINATION OF STATE SERVICES

Whenever related services are administered by several different agencies within States or communities--and this is inevitable in the area of mental retardation due to its complexity and pervasiveness--a coordinated approach is essential. Yet, effective coordination among administrative agencies or their subdivisions is often difficult to achieve. This coordination is necessary to guarantee that the mentally retarded receive adequate services of all needed types, rather than only one kind of service and none of another kind equally needed. The mentally retarded only rarely have the capacity to understand their disability well enough to cooperate in their treatment, let alone obtain the needed services on their own initiative. A special effort must be made to accomplish this for them.

Planning carried out jointly by those divisions of State agencies which now have administrative responsibilities for providing services for the mentally retarded and those which can be expected to have such responsibilities in the future is the best single assurance that the needed network of services will be truly effective as it is developed and expanded. The planning process serves the valuable purposes of simultaneously laying the foundation for program development and of communication among those who later will often also be the administrators of the services.

At a Conference of the Northeastern States held in 1956, under the auspices of the Council of State Governments, a formal resolution was approved to recommend that the Council "consider methods of coordinating the activities of Federal, State and local agencies among themselves in program of research, training and treatment of mentally retarded persons." As a result a national conference on mental retardation was called by the Council of State Governments in 1958. After exhaustive discussion the Conference adopted a comprehensive set of recommendations, and a strong policy statement calling for interdepartmental cooperation in a coordinated attack on mental retardation through efficient use of resources to focus services in areas of greatest need. (See Appendix A.)

The recommendations adopted were considered of sufficient significance to be highlighted in the Book of the States, 1960-1961 (Vol. XIII, p. 350). Again, at the 1960 White House Conference on Children and Youth, the sixth of these decennial meetings, a recommendation was passed "that, in accordance with the recommendations of the Council of State Governments, each State establish a permanent structure to coordinate all public and private services for the mentally handicapped, to review legislation, and to carry out overall long-range planning in relation to other services."

4.

In the report, A Proposed Program for National Action to Combat Mental Retardation, which the President's Panel on Mental Retardation submitted in October 1962 to President Kennedy, the Panel concurred with the emphasis of the 1958 Conference of the Council of State Governments on the need for a coordinated mental retardation program. While recognizing that patterns of State administration differ, the Panel urged thoughtful consideration of all appropriate functions and services. (See Appendix B.)

Although there have been these repeated calls for coordination of State services for the mentally retarded, various obstacles to coordination have presented themselves so that only a few States have been able to take effective steps in that direction. If these obstacles are to be surmounted, it is important to examine the reasons for their existence.

One stumbling block may be that services to the retarded by and large have been identified with services of the large State institutions, so that the contributions of other departments and services are not adequately acknowledged. This applies particularly to services rendered to the retarded by the local schools and by the local public welfare departments, in both cases with considerable State participation.

Another reason is that appropriations for institutional programs and construction have great "visibility" and hence tend to mark the department involved as "the" mental retardation resource agency for the State, as far as the Legislature and the Chief Executive Officer are concerned.

Even the establishment of an interagency coordinating body may not assure participation of all programs with major mental retardation responsibility. Program areas such as vocational rehabilitation, maternal and child health, mental health, and crippled children's services which have a vital contribution to make in coordinated services are often the responsibilities of subdivisions within broader State agencies, and may not be effectively represented on interagency bodies.

Possibly more important than any of the foregoing factors is a deep-seated inclination in administration to plan and program independently without recourse to committees, boards, and commissions concerned with coordination.

Scholars concerned with the administrative process have not as yet pointed the way to successful solution of the problem of coordination among State departments, nor have they presented an operational formula.

However, certain ingredients are known to be essential to effective coordination. They are communication, cooperation, and the use of authority. At the bottom of the pyramid is communication. Communication is particularly a problem in mental retardation where there is not even agreement on terminology. This is a major problem in interdisciplinary discussions. For example, in a planning group the discussion centers about the needs of the severely retarded; one man takes this to mean all but the mildly retarded; another thinks of the lowest group in a tripartite classification of mild, moderate, and severe; and yet another proceeds from the new four-level classification introduced in 1959 by the American Association on Mental Deficiency (AAMD), differentiating between mild, moderate, severe, and profound mental retardation. (See Appendix C for definitions.) Obviously, this planning group has no basis for effective discussion. Widespread adoption and use of the AAMD classification would facilitate communications, at all levels of administration in the various program areas of mental retardation.

If there is effective communication, then the foundation for cooperation and coordination will have been laid. For the basis of cooperation is, first, the establishment of common needs and objectives and, next, the determination of each contribution to the total effort. Cooperation is more than the sum of individual actions if each individual puts as much effort or more in the cooperative endeavor as he would if he were working alone. The Report of the Task Force on Coordination aptly captures the essence of cooperation with these words, "...To achieve this true cooperation, as opposed to simply dividing the workload, requires that those who are participating learn the principles and techniques which have evolved through experience. The mere wish to cooperate is not sufficient. Individuals--even institutions, agencies, States and nations--must learn to cooperate.

Another ingredient essential to effective coordination, but insufficient by itself, is the use of authority. Authority may exist in a variety of forms; implied, legally invested, or authority otherwise given in a democratic process. How the authority is used is most important. In order to achieve coordination, authority must be used with cooperation and communication.

Coordination is best achieved by erecting "bridges," built to connect one phase or type of service with another. Examples of such cooperative arrangements or "bridges" which exist in a number of States include the operation of rehabilitation facilities by State vocational rehabilitation agencies in State residential institutions for the mentally retarded; and cooperative arrangements between State vocational rehabilitation agencies and local school systems and special education to develop programs of services to bridge the gap between school and work

6.

Here, then, is clearly a challenge to the States, to develop and test new answers to these new administrative problems. As has been pointed out in the Report of the Task Force on Coordination (Chapter VII) of the President's Panel on Mental Retardation, quite a number of States in recent years have established instruments for Statewide planning and coordination in mental retardation. However, most of their reports deal with the results rather than with the process of coordination itself. Thus, the recommendations of the 1958 Conference on Mental Retardation of the Council of State Governments (given in Appendix A) and the Report of the Task Force on Coordination together constitute the best available blueprint for an approach to coordination on the State level.

III. PLANNING FOR STATE AND LOCAL SERVICES

The Planning Process

The need for planning in any area of endeavor has been well documented in the literature; it is essential for effectiveness and efficiency. The background and passage of the legislation establishing the mental retardation planning grants in themselves, fully affirm the importance of planning. Planning has been defined as "...the selection, from among alternatives, of enterprise objectives, policies, procedures, and programs...."¹ In order for any planning to be successful, the planning process must encompass several fundamental factors. First, all parts of the plan should be based on the same goals and assumptions for the future. For example, those planning for vocational rehabilitation cannot be operating from a different set of long-range goals than the day-care center planners. Second, it is important to plan events in the proper sequence. The need to consider the timing of utilization of new facilities with their construction is an obvious example of an important, but often forgotten, consideration. Adequate communications are essential to effective planning, as was pointed out earlier. Finally, the planner must have access to complete information about his area of concern and should be aware of overall goals, policies, and other plans which affect his planning.²

Thus, proper planning is necessary to the effective development of any effort. Although planning of local mental retardation services is important, the key at the moment is the more effective coordination of local planning within the totality of State services, and it is for this reason that priority must now go to the development of effective coordinated planning on the State level.

1. Harold Koontz: "The Planning and Controlling of Organizational Activities," in Current Issues and Emerging Concepts in Management Paul M. Dauten, Jr., Editor. Houghton-Mifflin, Boston, 1962, p. 119.
2. Ibid., pp. 120-126.

Suggested Steps in Comprehensive Planning for Services

Although these grants were authorized for comprehensive planning of mental retardation services, and the terms and conditions require the inclusion of specific planning activities, these requirements do not mean that a State must repeat any planning activities that had already been successfully accomplished prior to the receipt of this grant. Rather, a State should commence its planning at whatever stage it has now reached. Therefore, some States may not want to begin with the suggested first step in planning that is described below, but may wish to start their planning activities with a later step. These steps correspond to the requirements stated in the terms and conditions for the project proposal for planning.

First, an executive-level policy group, composed of the top personnel in the agencies concerned with the mentally retarded, should be established. Generally speaking, the following types of agencies should be represented: education, health, labor, law, mental health, rehabilitation, and welfare. It would seem important that the membership of this policy group should be limited to those individuals who are responsible for establishing broad policy and administering the total program of their own agencies, in order to achieve future implementation and coordination of the plans developed under these grants. The responsibilities of this group would be to initiate the planning and then to make policy decisions regarding the overall goals and assumptions for the future and the implementation of programs, based on the recommendations of the advisory committee, described below, and the planning staff.

Second, a broadly representative advisory committee composed of State and local public and voluntary agency personnel concerned with the mentally retarded should be organized. It will help in the development of policies, programs, and priorities, and will assure that the planning will be comprehensive. The members of the advisory committee can also assist in the assessment of local needs and facilities by providing information about their own communities and can help to coordinate the programs set out in the plans.

Next, the staff developing the planning grant, who must be responsive to the policies and goals set by the policy group and to the guidance of the advisory committee, should evaluate the mental retardation picture in the State. This does not mean elaborate prevalence and incidence studies should be undertaken but, rather, a rough estimate should be made by utilizing available local data and applying national statistics. Existing services and programs as well as resources for research and professional training should be assessed.

10.

This assessment should cover all the fields mentioned above as needing representation on the planning group. A determination of what additional services, programs, personnel, facilities and resources are needed should be made. It is important that this comprehensive planning should dovetail with any planning done for the development of facilities for the mentally retarded. Also, specific goals of the mental retardation services to be developed should be formulated. It is important that all those involved in planning are aware of these goals.

After these steps are taken, the plan can then be developed. The following items should be included in the plan:

1. Establishment of administrative and other mechanisms necessary for effective coordination of State and local activities with respect to financial participation; consultative services; training; research; application of standards of care; and services for the diagnosis, prevention, treatment, and amelioration of mental retardation.
2. Development of procedures to identify those individuals in need of service (case-finding).
3. Outline of a program of coordinated services, including diagnostic, therapeutic, home care, counseling, schooling, and vocational preparation, and day and residential care available to all mentally retarded persons in the State.
4. Development of procedures for continuing reevaluation of services for mentally retarded individuals of all ages.
5. Provision for a regional approach to technical, professional, and patient education and training.
6. Stimulation and development of greater public awareness of the mental retardation problem and the need for combating it.
7. Identification of the need, and development of proposals, for State legislative action required to assure inclusion of the items listed above and to fully protect the rights of the mentally retarded.

Additional aids in planning are the four task force reports prepared by the President's Panel on Mental Retardation, which may be obtained from the Department of Health, Education, and Welfare Regional Offices. The Report of the Task Force on Coordination offers some of the best counsel available on this important problem as well as examples of the beginnings of coordinated mental retardation programs. The separate task force reports on Education and Rehabilitation, Law and Prevention, and Clinical Services and Residential Care, all provide excellent guidelines to the effective development of programs for the mentally retarded in these areas. The Welfare Administration is preparing information and recommendations about welfare services for the mentally retarded, which will also be available in the Department of Health, Education, and Welfare Regional Offices.

Thus, the methods of coordination and suggested considerations and steps in planning as set forth in these pages, supported by a broad command of the recent substantial advances in our knowledge and practice, should enable the States to develop effective programs in this important area of human welfare.

APPENDIX A

Recommendations of 1958 National Conference
on Mental Retardation

"The problems of the mentally retarded are not and cannot be the sole responsibility of any one department of the state government. They are important concerns of several departments and require a multiple, but coordinated attack.

"1) The conference, therefore, recommended that each state establish an interdepartmental agency, such as an interdepartmental committee, council or board for the joint planning and coordination of state services for the mentally retarded. This interdepartmental agency may be established by the Governor or the legislature, depending upon conditions prevailing in the state.

"2) Such departments as education, mental health, health, welfare, labor, corrections, and institutions of higher education offer programs and services for the mentally retarded. Within a given state there may be other departments concerned with the mentally retarded. Within each of these departments there should be a division or bureau for services to the mentally retarded or a special consultant with specific responsibility for the development and administration of these services.

"3) In order to implement these recommendations, the conference recommended that:

- a) Each department head or his deputy should report to the interdepartmental agency on the responsibility of his department for services to the mentally retarded and on the extent to which these services were provided.
- b) The interdepartmental agency should submit reports periodically, with recommendations for legislative and administrative action, to improve services for the mentally retarded.

"4) A comprehensive program for the mentally retarded should include intensive efforts to prevent mental retardation in the first place. This means: services to prevent birth defects; prenatal care; pediatric care; child health supervision and safety provisions. The state program also should include diagnostic services for development evaluation, an extensive research effort, provisions for the professional personnel, and intensive programs for the care, training and welfare of the mentally retarded.

14.

"5) To increase the efficient use of personnel and facilities in research, training and treatment, the states should explore the potential of pooling resources within regions for cooperative, interstate efforts.

"6) Wherever possible, services for the mentally retarded should be provided at the community level, with state assistance where needed. State provision should complement services provided at the community level.

"7) Any program providing a comprehensive approach to the problems of the mentally retarded must include provision for joint planning between state agencies and local government agencies.

"8) Particular attention should be given to the problem of providing appropriate services to the mentally retarded in the rural areas of the states.

"9) An effective program for the mentally retarded will give emphasis to services for very young children.

"10) Lay groups concerned with the problems of mental retardation should participate in an advisory capacity to those agencies established by the state to deal with the problem."

SOURCE: Report and Recommendations of the Conference on Mental Retardation. Interstate Clearing House on Mental Health. The Council of State Governments, Chicago, Ill., 1959. Mimeographed.

APPENDIX B

ORGANIZATION OF STATE SERVICES TO THE MENTALLY RETARDED
(Recommended by the President's Panel on Mental Retardation)

"State responsibility, as outlined in 1958 by a conference of the Council of State Governments, must include 'intensive efforts to prevent birth defects; other services, such as prenatal care, pediatric care, child health supervision, and safety provisions. The State program also includes diagnostic service for developmental evaluation, and extensive research effort, provision for the training of professional personnel, and intensive programs for the care, training, and welfare of the mentally retarded.'

"The 1958 conference also agreed that 'the problems of the mentally retarded are not and cannot be the responsibility of any one department of State government. They are important concerns of several departments and require a multiple, but coordinated attack.' The Panel concurs.

"Such a listing points up the need for an appropriate definitive assignment of functional responsibilities among the traditional departments of State governments.

"The Governor of each State and his staff should review the array of major services outlined in this report; identify the branch of State government which is, or should be, discharging each responsibility noted; and assess the extent to which each function should be strengthened."

"No single pattern will be equally applicable to all States. The Governors of the respective States are urged to note, however, that there are functions and services which should properly be the concern of every State government, but to which adequate attention is not now being given. In most States, at least 3, and perhaps as many as 5 major divisions of State government have, or should have, a responsibility for some significant segment of the program for the mentally retarded. The support for staff and program analysis to implement this recommendation and the following one may well come from the grants to States for comprehensive planning.

"Each State should make arrangements through such means as an inter-departmental committee, council, or board, for the joint planning and coordination of State services for the mentally retarded."

16.

"Any State program providing a comprehensive approach to the problems of the mentally retarded must also include provision for joint planning between State agencies and local government agencies.

"The interagency body should be created or continued by the Governor, who should receive and act on its major recommendations from time to time. This pattern is already being followed to good effect in several States. For example, one Governor, having established a Governor's interagency committee on health, education, and welfare programs, set up within it an interagency subcommittee on mental retardation, composed of representatives from the department of public instruction, the department of institutions, the department of employment security, the department of health, and the department of public assistance. The division of vocational rehabilitation (in that State a division of the department of public instruction) was also represented because of its exceptional importance in this context.

"In general, State agencies responsible for education, mental health, health, welfare, labor, employment services, and corrections, and State institutions of higher education, offer programs and services for the mentally retarded. Within a given State there may be other departments concerned.

"In addition to interagency committees, public advisory committees broadly representative of interested lay and professional groups have proved valuable in helping to develop and advise on how to carry out comprehensive programs...."

SOURCE: The President's Panel on Mental Retardation, Report to the President, A Proposed Program for National Action to Combat Mental Retardation. U. S. Department of Health, Education, and Welfare, Washington, D. C., 1962, pp. 165-167.

DEVELOPMENTAL CHARACTERISTICS, POTENTIAL FOR EDUCATION
AND TRAINING, AND SOCIAL AND VOCATIONAL ADEQUACY
ACCORDING TO THE FOUR LEVELS OF MENTAL RETARDATION

(Classification Developed by the American Association on Mental Deficiency)

LEVEL	PRE-SCHOOL AGE 0-5 MATURATION & DEVELOPMENT	SCHOOL AGE 6-21 TRAINING & EDUCATION	ADULT 21 & OVER SOCIAL & VOCATIONAL ADEQUACY
PROFOUND	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Obvious delays in all areas of development; shows basic emotional responses; may respond to skillful training in use of legs, hands and jaws; needs close supervision.	May walk, need nursing care, have primitive speech; usually benefits from regular physical activity; incapable of self maintenance.
SEVERE	Marked delay in motor development; little or no communication skill; may respond to training in elementary self-help, e.g., self-feeding.	Usually walks barring specific disability; has some understanding of speech and some response; can profit from systematic habit training.	Can conform to daily routines and repetitive activities; needs continuing direction and supervision in protective environment.
MODERATE	Noticeable delays in motor development, especially in speech; responds to training in various self-help activities.	Can learn simple communication, elementary health and safety habits, and simple manual skills; does not progress in functional reading or arithmetic.	Can perform simple tasks under sheltered conditions; participates in simple recreation; travels alone in familiar places; usually incapable of self maintenance.
MILD	Often not noticed as retarded by casual observer, but is slower to walk, feed self and talk than most children.	Can acquire practical skills and useful reading and arithmetic to a 3rd to 6th grade level with special education. Can be guided toward social conformity.	Can usually achieve social and vocational skills adequate to self maintenance; may need occasional guidance and support when under unusual social or economic stress.

Source: The President's Panel on Mental Retardation, Mental Retardation, A National Plan for a National Problem: Chart Book. U.S. Department of Health, Education, and Welfare, Washington, D. C., 1963, p. 15.

18.

APPENDIX D

MENTAL RETARDATION STATE PLANNING: SELECTED REFERENCES
SOURCES (AND ABBREVIATIONS) OF PUBLICATIONS

AAMD	American Association on Mental Deficiency Central Office, P. O. Box 96 Willimantic, Connecticut
CB	Children's Bureau, Welfare Administration U.S. Department of Health, Education, and Welfare Washington, D. C. 20201
GPO	Superintendent of Documents U.S. Government Printing Office Washington, D. C. 20402
MRB	Mental Retardation Branch Division of Chronic Diseases, Public Health Service U.S. Department of Health, Education, and Welfare Washington, D. C. 20201
NARC	Publications National Association for Retarded Children, Inc. 386 Park Avenue, South New York 16, New York
NIMH	National Institute of Mental Health Public Health Service U.S. Department of Health, Education, and Welfare Bethesda, Maryland
OE	Office of Education U.S. Department of Health, Education, and Welfare Washington, D. C. 20201
PA	Public Affairs Pamphlets 22 E. 38th Street New York 10, New York
SCMR	Secretary's Committee on Mental Retardation U.S. Department of Health, Education, and Welfare Washington, D. C. 20201
VRA	Vocational Rehabilitation Administration U.S. Department of Health, Education, and Welfare Washington, D. C. 20201

MENTAL RETARDATION STATE PLANNING: SELECTED REFERENCES

DIRECTORIES

Clinical Programs for Mentally Retarded Children. Children's Bureau
U.S. Department of Health, Education and Welfare
Washington, D. C. 20201. Courtesy copy.

A current listing of special clinical facilities.

Directory for Exceptional Children: Education and Training Facilities
3rd edition, Porter Sargent, Boston, 1958. 320 pp. Price: \$6.00.

Identifies over 2,000 schools, homes, clinics, hospitals,
special services for retarded, disturbed, orthopedic,
handicapped, brain-injured, cerebral palsied, deaf, epileptic, etc.

Mentally Retarded Child, The: A Guide to Services of Social Agencies
By Michael J. Begab. Children's Bureau Publication No. 404.
U. S. Department of Health, Education, and Welfare, Washington, D.C.
Price: 45 cents (from GPO).

State and Private Training Schools and Homes for the Retarded.
Appendix A. American Association on Mental Deficiency,
Willimantic, Connecticut. Annual Directory. Price: \$1.00.

Lists education and residential facilities in the U.S. and Canada
as reported to AAMD. Also includes check-list for evaluation of
facilities.

PUBLIC INFORMATION

Community Organization for the Mentally Retarded. By Gunnar Dybwad.
National Association for Retarded Children, New York.
14 pp. Price: 20 cents.

Education of the Severely Retarded Child, Classroom Programs.
OE-35022. U.S. Department of Health, Education, and Welfare.
Bulletin, 1961, No. 20. 82 pp. GPO. Price: 45 cents.

Health Services for Mentally Retarded Children.
Children's Bureau, 1962. GPO. Price: 30 cents.

Reports on goals of the special clinical services offered
through State programs.

20.

How Retarded Children Can Be Helped. By Evelyn Hart.

Public Affairs Pamphlet No. 288. 1959. 28 pp.

PA. Price: 25 cents.

Mental Retardation as a Public Health Problem. by Joseph Wortis, M.D.

American Journal of Public Health, Vol. 45, No. 5., May 1955.

Report to the President. A Proposed Program for National Action

to Combat Mental Retardation. The Report of the President's
Panel on Mental Retardation. Washington, D. C., October 1962.

GPO. Price: 65 Cents.

Preparation of Mentally Retarded Youth for Gainful Employment.

Bulletin No. 28, 1959. U.S. Department of Health, Education,
and Welfare, Washington, D. C. GPO. Price: 35 cents.

TECHNICAL INFORMATION

Challenges in Mental Retardation. By Gunnar Dybwad.

Columbia University Press, New York. c1964. 287 pp. Price: \$6.00

Current Problems of Maternity Care. By Arthur J. Lesser, M.D., M.P.H.

First Jessie M. Bierman Annual Lecture, School of Public Health,
University of California, Berkeley, May 10, 1963.

CB. Courtesy copy.

Manual on Program Development in Mental Retardation. By William Gardner

and Herschel Nisonger. American Association on Mental Deficiency,
Willimantic, Conn., 1961. Price: \$3.00.

Mental Deficiency: The Changing Outlook. By Ann M. Clarke and

A.D.B. Clarke. Free Press, Glencoe, Illinois, 1958. Price: \$10.00

Mental Retardation. Activities of the U.S. Department of Health,

Education, and Welfare. The Department, Washington, D. C, 1963.

119 pp. GPO. Price: 75 cents.

Mental Retardation, A National Plan for a National Problem: Chart Book.

Published for the President's Panel on Mental Retardation by the
U.S. Department of Health, Education, and Welfare, Washington, D.C.
69 pp. GPO. Price: 45 cents.

Mental Retardation. Fiscal Year 1965 Program of the U.S. Department of

Health, Education, and Welfare. The Department, Washington, D.C.,
1964. 51 pp. Courtesy copy (from SCMR).

Mental Retardation: Readings and Resources. By Jerome Rothstein.
Holt, Rinehart and Winston, Inc., New York, 1961. Price: \$6.75.

Mentally Retarded and Their Vocational Rehabilitation, The:
A Resource Handbook. By William A. Fraenkel. Prepared by the
National Association for Retarded Children, at the request of
the Vocational Rehabilitation Administration, U.S. Department
of Health, Education, and Welfare. NARC. Price: 50 cents.

Mentally Retarded in Society, The. By Stanley P. Davies in
collaboration with Katharine G. Ecob. Columbia University
Press, New York. 352 pp., illus. Price: \$5.50.

This 1958 revision of a standard text notes recent significant
advances in this field.

National Association for Retarded Children, Inc. (Principal national
voluntary, educational organization in the field of mental
retardation.)

1. A Basic Library of Mental Retardation.
8 pp. Price: 10 cents.

NARC's listing of books, pamphlets, and
periodicals of interest to those in the
field of mental retardation.

2. Audio-Visual Material on Mental Retardation.
42 pp. Price: 25 cents.

NARC's listing of films, filmstrips, records,
and tape recordings reviewed by the NARC
Audio-Visual Committee.

3. NARC Publications List. Courtesy copy.

Describes 34 different publications of
general and specialized interest.

Outlook for the Adult Retarded. Proceedings of the 35th Spring
Conference of the Woods Schools. The Woods Schools, Langhorne,
Pa., 1960.

Patients in Mental Institutions. Part I-Public Institutions for the
Mentally Retarded, 1962; Part IV-Private Institutions for the
Mentally Retarded, 1962. U.S. Department of Health, Education,
and Welfare, Washington, D. C. Courtesy copy (from NIMH).

22.

Series of detailed statistical reports published annually by the National Institute of Mental Health, and based on data reported in the NIMH Census of Patients.

President's Panel on Mental Retardation. Reports of the Task Forces.

Published for the Panel by the U.S. Department of Health, Education, and Welfare, Public Health Service:

*Report of the Task Force on Coordination. GPO. Price: 35 cents.

Report of the Task Force on Behavioral and Social Research.
GPO. In press. Available by June 1, 1964.

*Report of the Task Force on Education and Rehabilitation.
GPO. Price: 45 cents.

*Report of the Task Force on Law. GPO. Price: 20 cents.

*Report of the Task Force on Prevention, Clinical Services, and Residential Care. GPO. Price: 40 cents.

State Planning on Mental Retardation. By Herschel Nisonger.

Reprint from Mental Retardation, published by the American Association on Mental Deficiency. MRB. Courtesy copy.

Vocational Rehabilitation of the Mentally Retarded. Office of Vocational Rehabilitation (now VRA), Rehabilitation Service Series No. 123, 1950. GPO. Price: 65 cents.

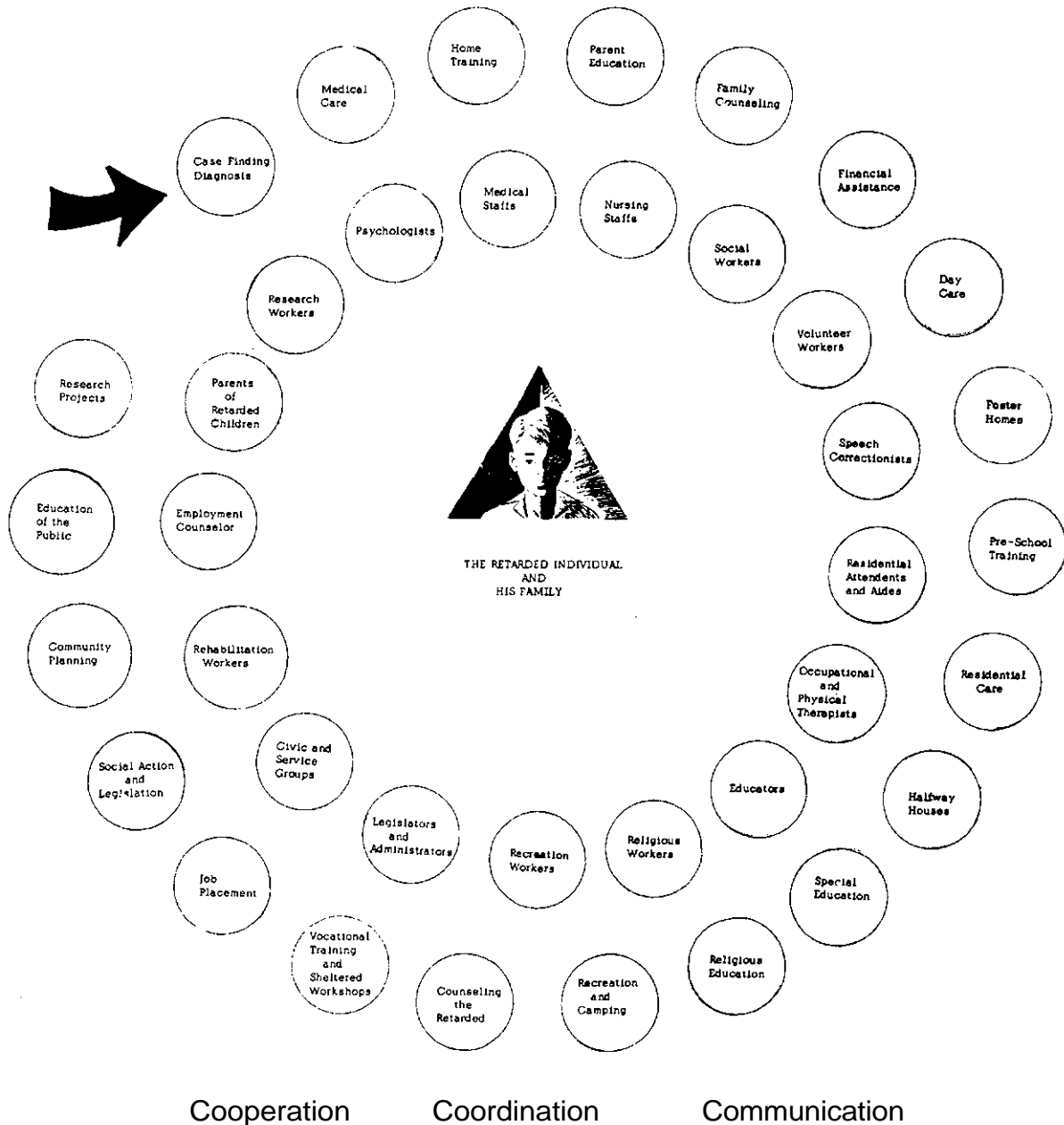
Designed to assist rehabilitation counselors in serving clients with a primary or secondary disability of mental retardation; also useful to physicians, psychologists, social workers, educators, and others concerned with rehabilitative aspects of retardation.

White House Conference on Mental Retardation, The. Proceedings.

Published by the U.S. Department of Health, Education, and Welfare, for the Office of the Special Assistant to the President for Mental Retardation. Washington, D. C. 1963. GPO. Price: 70 cents.

*Copies of these reports will be made available to the States by the Mental Retardation Branch, Division of Chronic Diseases, Public Health Service.

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