



MENTAL RETARDATION ACTIVITIES

Office of the
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JANUARY 1968

**M
R**

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of the Secretary
Secretary's Committee on Mental Retardation
Washington, D.C. 20201

Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the mental retardation grants program, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

mental retardation activities

**of the U. S. Department of
Health, Education, and Welfare**

January 1968

U. S. Department of Health, Education, and Welfare

**John W. Gardner, Secretary
Lisle C. Carter, Jr., Asst. Secretary for
Individual and Family Services**

The Secretary's Committee on Mental Retardation

Washington, D. C., 20201

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 65 cents

THE SECRETARY'S COMMITTEE ON MENTAL RETARDATION

Mr. Wallace K. Babington
Chairman

Mr. William F. Baxter, Jr.
Staff Assistant

Office of Education

Dr. Harold Heller
Dr. James Moss

Public Health Service

Dr. Joseph H. Douglass
Dr. Gerald LaVeck
Dr. Richard Masland
Dr. Margaret Mercer

Food and Drug Administration

Dr. Jean Lockhart

Social Security Administration

Mrs. Ruth White

Social and Rehabilitation Service

Office of Research and Demonstrations

Dr. Morton Seidenfeld

Social and Rehabilitation Service

Rehabilitation Services Administration

Dr. Robert I. Jaslow
Mr. Thomas J. Skelley

Children's Bureau

Mr. Owen Franklin
Mr. Rudolf Hormuth
Dr. Arthur J. Lesser

Administration on Aging

Mr. Bernard Nash
Mr. Gerald Solomon

Medical Services Administration

Dr. Charles L. Tanner

Assistance Payments Administration

Mr. John White

Ex-Officio

Mr. Wayne Kimmel, Office of the Secretary
Dr. M. A. Taff, Jr., Public Health Service
Dr. James F. Garrett, Social and Rehabilitation Service
Mr. Charles E. Hawkins, Social and Rehabilitation Service
Mr. Joseph V. Hunt, Rehabilitation Services Administration



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

OFFICE OF THE SECRETARY

January 29, 1968

Dear Mr. Secretary:

I transmit herewith a report of the current mental retardation activities of the Department. I am pleased to report that significant progress has been made in extending and expanding programs which will help alleviate the problem of mental retardation. Highlights of the progress made during the past year follow:

To date 175 project applications for mental retardation community facilities have been approved. These facilities will provide day care, residential care and diagnostic and evaluation services for more than 12,000 mentally retarded persons who are not now receiving these services.

Completion of construction is scheduled for seven of the twelve approved Mental Retardation Research Centers in 1968.


During the previous year more than 18,000 mentally retarded persons were rehabilitated through the Rehabilitation Services Administration program of grants-in-aid to the States.

The Children's Bureau increased to 150 the number of mental retardation diagnostic and evaluation clinics it supports throughout the country. Last year approximately 43,000 children were served by these clinics.

During the first session of the 90th Congress several pieces of legislation were passed which will vitally affect the retarded. Of particular importance are the "Mental Retardation Amendments of 1967" (P.L. 90-170), which will extend and expand service programs for the retarded.

During the past year the President's Committee on Mental Retardation issued its first report on the current status of the Nation's mentally retarded. The recommendations contained in the Report present the Department with a challenge to expand and improve the mental retardation programs for which we are responsible.

Sincerely yours,


Lisle C. Carter, Jr.
Assistant Secretary
for Individual and
Family Services

Honorable John W. Gardner
Secretary of Health, Education,
and Welfare
Washington, D. C. 20201

Enclosure

MENTAL RETARDATION ACTIVITIES OF THE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, 1968

Table of Contents

	Page
Roster of the Secretary's Committee on Mental Retardation	ii
Letter of Transmittal.....	iii
Table of Contents	v
 Part One: Introduction	
Coordination of Mental Retardation Programs	3
1967 Mental Retardation Legislation	6
Summary of Mental Retardation Activities	9
 Part Two: Mental Retardation Activities of the Department	
Public Health Service	15
Office of Education	35
Social and Rehabilitation Service	46
Food and Drug Administration	82
Social Security Administration	83
Surplus Property Program	86
 Appendices:	
A. Tables of Organization of the Department of Health, Education, and Welfare, 1967	
1. Table of Organization of U.S. Department of HEW	90
2. Table of Organization of the Social and Rehabilitation Service, U.S. Department of HEW	91
B. Obligations for Mental Retardation Programs, Fiscal Years 1967-1968	
	93

	Page
C. Authorizations for Appropriations for Mental Retarda- tion Grants, 1964-1970	97
D. "Programs for the Handicapped", 1967	98
E. Department of Health, Education, and Welfare Regional Offices	100
F. Subcommittees of the Secretary's Committee on Mental Retardation.....	102
Index	104

A C T I V I T I E S - 1967



Child Development Specialist Assists in the Evaluation of Two Children at the D. C. Comprehensive Clinic Which is Supported in Part With Children's Bureau Funds



Public Health Nurse on Home Visit to Counsel Family of Retarded Child



Day Care Services - An Activity Which Offers Much Hope for the Retarded

ACTIVITIES (continued)



Nebraska Foster Grandparent
with Retarded Child



Boys from Warren City School District, Trumbull
County, Ohio in a former Youngstown Family
Housing Annex, which was declared surplus, and
conveyed to the Warren City School District and
turned into a Special Education Project



Proper Medical Management -
A Requisite with the Retarded



Teacher Assisting Retarded
Child in Developing Better
Motor Coordination

A C T I V I T I E S (continued)



President Johnson at the Acceptance Ceremonies of the President's Committee Report, "MR-67," August 1967



President Johnson Signing the Mental Retardation Amendments of 1967, December 4, 1967

COORDINATION OF MENTAL RETARDATION PROGRAMS

The mental retardation programs of the Department of Health, Education, and Welfare are a direct response to the Report of the President's Panel on Mental Retardation, issued in October 1962. This Panel, appointed by the late President Kennedy in 1961, set forth 95 recommendations that constitute a national plan to combat mental retardation.

President Johnson in May of 1966 issued an Executive Order establishing the President's Committee on Mental Retardation. The Committee was charged with providing such advice and assistance in the area of mental retardation as the President may from time to time request.

The President's Committee on Mental Retardation in "MR-67", its first report to the President, reviewed progress to date and offered recommendations for future action on unmet needs in the campaign to combat mental retardation.

The recommendations of both the President's Panel and the President's Committee are directed to all Federal, State and local agencies that have a part in the national mental retardation program. About one-half of the recommendations of the President's Panel designate the Department as one of the responsible agents. The recommendations of the President's Committee also significantly involve the Department. Thus it is obvious that the Department plays a major role in the formulation of a comprehensive mental retardation program that is responsive to the needs expressed by both the President's Panel and the President's Committee.

The administration of mental retardation programs cannot be confined to any one health, education, or welfare area or a single disciplinary group. Since the total program includes a wide range of activities designed to attack problems of mental retardation simultaneously from many vantage points, the responsibility for the various programs has been assigned to those units within the Department that can bring the best professional and technical knowledge and administrative experience to this important new undertaking.

The Department offers a variety of professional and technical services related to the improvement and extension of mental retardation programs. The services provided are offered to States, interested groups, and individuals. Coordination of these services in the Department is the responsibility of Assistant Secretary Lisle C. Carter, Jr. The Secretary's Committee on Mental Retardation operates under the general direction of the Assistant Secretary. Some of the areas in which the staff of the Secretary's Committee on Mental Retardation is involved in coordination are: the support of interdisciplinary training programs in mental retardation university-affiliated facilities; cooperation with the Department of Defense in the program which provides assistance to mentally retarded dependents of active duty members

of the uniformed services; serving as a focal point for contact with the newly established President's Committee on Mental Retardation.

Representatives serve on the Secretary's Committee from each unit of the Department that has a mental retardation program. Mental retardation activities are thus administered as a unified, whole program which has as its objective combating mental retardation with every resource at our disposal.

Among the duties of the Committee is the responsibility for keeping in close touch with groups outside of the Federal Government concerned with mental retardation programs. Examples of these groups are the Joseph P. Kennedy, Jr., Foundation, the National Association for Retarded Children, the Council for Exceptional Children, and the American Association on Mental Deficiency.

The staff of the Secretary's Committee on Mental Retardation serves as a focal point for information on all aspects of the Department's mental retardation program. It also acts as a center for the referral of requests for professional and technical consultation to the appropriate agencies. This activity is carried on in cooperation with the Department's Regional Offices and agency representatives in Washington. A list of the Regional Offices and Directors will be found in Appendix F.

Specifically, the Secretary's Committee is responsible for the following activities:

- a. Serving the Secretary in an advisory capacity in the consideration of Department-wide policies, programs, procedures, activities, and related matters.
- b. Serving in an advisory capacity for the Department as a whole with respect to inter-Departmental programs and activities, and related matters.
- c. Functions as a means for coordination and evaluation of the implementation of the recommendations made by the President's Panel on Mental Retardation and the President's Committee on Mental Retardation in the final reports to the President.

The Chairman of the Secretary's Committee on Mental Retardation has established the following subcommittees: Training, International Activities, Mental Retardation Abstracts and Staff Group on Research.

Each subcommittee is charged with activities related to its subject area and makes suggestions when indicated to the Chairman of the Secretary's Committee for consideration and implementation. A list of members are shown in the appendices.

During the year four official meetings of the Secretary's Committee on Mental Retardation were held. Among the topics discussed were:

Dissemination of Mental Retardation Information
by Departmental Agencies;

Reports of the Task Force on Handicapped Children
and Child Development, and the President's Committee
on Mental Retardation; and

The Mentally Retarded and the Law.

Also during the year there were several meetings conducted by the Chairman of the Secretary's Committee on Mental Retardation relating to specific problems needing attention. Topics covered in these meetings (which included guests from private nonprofit agencies, universities and colleges, and State agencies) included the Relationship of the Disadvantaged Population to the Problem of Mental Retardation; A Review of Current Legislation Affecting the Retarded; and Staffing Support for University-Affiliated Facilities. One meeting was devoted to reviewing recent films relating to mental retardation.

The Office of the Secretary's Committee is also used by private nonprofit agencies to secure specific information about mental retardation programs of the Department. Informal meetings are arranged with Departmental staff members for these agencies to discuss problems and programs.

The Office of the Secretary's Committee on Mental Retardation also renders assistance to members of Congress on problems and programs relating to mental retardation. During the year several hundred such inquiries are received and handled by the staff of the Secretary's Committee.

The Office of the Secretary's Committee also arranges for foreign visitors to visit various programs of services being rendered in this country for the mentally retarded.

The staff of the Secretary's Committee participates in a student field placement program for several colleges. During the year several students visited with the staff for an orientation to mental retardation programs of the Department. One student was assigned to the Secretary's Committee for one month in order to meet her college field experience requirement.

1967 MENTAL RETARDATION LEGISLATION

This has been a year of accomplishment in the national effort to develop and expand programs that help combat mental retardation and alleviate its effects. Six major pieces of legislation related to mental retardation were enacted in the 1st session of the 90th Congress. The highlights of this legislation are summarized below:

1. "Mental Health Amendments of 1967," Public Law 90-31.

This legislation extends the authorization for grants for construction and initial staffing of community mental health centers through fiscal year 1970. It also expands the program to include funds for acquisition of existing buildings; this provision is also applicable to the grant program for construction of community mental retardation facilities. The legislation further provides that Public Health Service grants for research, training or demonstration projects be available to Public Health Service Hospitals, Veteran's Administration, Bureau of Prisons and St. Elizabeth's Hospital on the same terms as non-federal institutions.

Today only three years after the passage of the initial legislation (P.L. 88-164), the National Institute for Mental Health has supported the development of 256 community mental health centers, serving areas containing over 40 million people. Construction grants have been made to 191 centers, and 132 have received staffing assistance; a total of 61 centers have received both types of grants. Many of the first centers to be funded will be in operation in 1967.

2. "Vocational Rehabilitation Amendments of 1967," Public Law 90-99.

The 1967 Amendments reflect a bold departure into new areas previously uncharted. Funds are provided for the establishment of a National Center for Deaf-Blind Youth and Adults. A special system of Federal project grants is authorized to State rehabilitation agencies to pay up to 90 percent of the cost of providing rehabilitation services to handicapped migratory agricultural workers. The 1967 amendments also extend the basic vocational rehabilitation formula grant program to the states through June 30, 1970. The new law also requires all states to agree to provide rehabilitation services to otherwise eligible handicapped persons without regard to residence.

3. "The Mental Retardation Amendments of 1967," Public Law 90-170.

The amendments broaden and extend the present program of services to the mentally retarded: (1) extends through June 30, 1970 the programs

under which matching grants are made for the construction of university-affiliated mental retardation facilities and community mental retardation facilities, (2) establishes a new grant program to pay a portion of the cost for compensation of professional and technical personnel in community facilities for the mentally retarded, (3) extends until June 30, 1970, the existing program of training in the education of handicapped children, and (4) establishes a new program for training and research in physical education and recreation for the mentally retarded and other handicapped children.

Since 1963 construction grants have included: eleven mental retardation research centers funded with an estimated Federal share of \$23 million; 14 mental retardation university-affiliated facilities funded with a Federal share of over \$30 million; and 167 mental retardation community facilities with a Federal share of over \$31 million.

More than 32,000 teachers and specialists in the field of education of the handicapped have received training. This training program and those programs in the fields of health, social services and vocational rehabilitation, all authorized under the above legislation, have encouraged thousands of students and has assisted in providing their academic and field training experience.

4. "The Partnership for Health Amendments of 1967," Public Law 90-174.

The 1967 Amendments retain all the innovative provisions of the "Partnership for Health Act," extends them for two years, through June 30, 1970, and authorizes larger expenditures. Many efforts have been made in recent years to assure all Americans access to health service. Under the 1967 law, these efforts will be supplemented by an intensive research program to find better ways of organizing, financing and delivering health services. The Amendments will help assure that the services of a clinical laboratory that operates in interstate commerce will be reliable, safe and accurate.

The focus of the national health effort is the individual and his family, living in their own community. To meet their health needs requires the cooperation of many agencies, institutions and experts--of Federal, State and local governments, of doctors, nurses and supportive personnel. The 1967 Amendments improve and expand this cooperative effort for the good of all Americans.

5. "Elementary and Secondary Education Amendments of 1967," Public Law 90-247

The 1967 Amendments broaden and extend the present program of services to the handicapped. A program of Regional Resource Centers is authorized which will assist teachers and other school personnel by providing educational evaluation and assistance in developing specific educational strategies.

The legislation also authorizes the establishment and operation of Centers for deaf-blind children. The Centers will provide comprehensive diagnostic and evaluation services; programs for education, orientation and adjustment; and consultative services for parents, teachers and others working with the deaf-blind.

The new law authorizes a program designed to improve recruiting of educational personnel and to improve dissemination of information concerning educational opportunities for the handicapped.

The existing Instructional Media Program which provides a loan service of captioned films for the deaf, is expanded to include research in the use of educational media for the handicapped. Included also is the production and distribution of educational media for the use of all types of handicapped persons, their parents, employers, and other persons involved in the work for the advancement of the handicapped and the training of persons in the use of instructional media for the handicapped.

Special earmarking of funds for the handicapped are also provided for in Title III beginning in fiscal year 1969.

The 1967 law also provides for increased support of educational activities for children in State-operated or supported institutions for the handicapped.

Title III, Part D of the new law amends and extends the research and demonstration provisions of Public Law 88-164 through June 30, 1970.

6. "The Social Security Amendments of 1967," Public Law 90-248.

The 1967 Amendments place special emphasis upon early casefinding services for children. The Amendments authorize an increased appropriation for child welfare services and consolidate the existing separate child health authorizations into a single authorization. The law allocates 50 percent of the total authorization for formula grants, 40 percent for project grants and 10 percent for training and research grants. The legislation amends Title XIX, Medical Assistance, to require early identification and treatment of physical and mental problems of children. The program of Special Projects for Maternity and Infant Care is increased and extended for the next four years.

The 1967 Amendments also broaden the present program to give emphasis to research projects in Maternal and Child Health and Crippled Children's Services concerned with the cost and effectiveness of health care programs; making use of personnel with varying levels of training and preparing health personnel for work in comprehensive health care program.

SUMMARY OF MENTAL RETARDATION ACTIVITIES

On December 4, 1967, President Johnson signed into law the "Mental Retardation Amendments of 1967" (P.L. 90-170). Funds authorized by these amendments for FY 1968 total \$95 million dollars. The 1968 Appropriations Act of The Department of Health, Education, and Welfare makes available over \$400 million for mental retardation program activities in the current fiscal year. Of this amount \$212,715,000 is to be used for income maintenance of persons who are mentally retarded.

The attached table indicates the amount of funds appropriated in prior fiscal years for the support of mental retardation programs. A description of of the mental retardation programs administered by each of the agencies of the Department is attached. Following is a brief summary of these activities:

Preventive Services

Preventive services are defined as those services rendered as a part of programs designed to reduce the incidence of mental retardation. The major programs in this area are administered by the Children's Bureau, Social and Rehabilitation Service. Maternity and Infant Care Projects support programs which provide necessary health care to prospective mothers in high risk populations. By December 1967, fifty-two such projects were in operation. Grants which support screening programs for phenylketonuria (PKU) and other metabolic diseases also are awarded by the Children's Bureau. As of December 1967 forty-one States had enacted laws related to PKU, most of them making screening for this disorder mandatory.

The Public Health Service carries on preventive services in relation to the health services provided beneficiaries of the Service.

Other Services

"Other services" are defined as those rendered to or for persons who are mentally retarded.

State health departments, crippled children's agencies and State welfare agencies use funds administered by the Children's Bureau for programs designed to: increase the health and welfare services available to the retarded, enlarge existing mental retardation clinics by adding clinic staff, increase

the number of clinics, begin evaluations of children in institutions, extend screening programs, provide treatment services for physically handicapped retarded youngsters, increase inservice training opportunities, and provide homemaker and other care services for the mentally retarded.

The mentally retarded receive a variety of services through the vocational rehabilitation program supported by the Rehabilitation Services Administration: medical diagnosis, physical restoration, counseling and testing during the rehabilitation process, assistance in job placement and follow-up to insure successful rehabilitation. Public Law 90-99, "Vocational Rehabilitation Act Amendments of 1967," will assist in the rehabilitation of additional mentally retarded persons to productive life.

The Division of Mental Retardation, Rehabilitation Services Administration, gives high priority to the support of projects which demonstrate new techniques of providing services to the mentally retarded: e.g., establishment of effective methods of referral; activities which facilitate care and management of the retarded; and improved methods of care, treatment and rehabilitation of the retarded. Major emphasis is given to projects which will result in the provision of the array of services needed for a continuum of care.

Public Law 90-247 "Elementary and Secondary Education Act Amendments of 1967," expands the opportunity for school districts to develop creative educational programs for the mentally retarded.

Training of Personnel

Training programs form an integral part of most of the mental retardation programs of the Department. These programs include support of professional preparation in the following areas: research training in the basic and clinical biological, medical and behavioral sciences; training of professional personnel for the provision of health, social and rehabilitative services for the mentally retarded; inservice training of workers in institutions for the mentally retarded; teachers and other education personnel related to the education of mentally retarded children. Also, the Student Work Experience and Training Program provides grants to enable institutions to give qualified and interested students a chance to work with the retarded in the hope that the students will choose this area of work for their professional careers.

Finally the 1967 Amendments to the Mental Retardation Act authorizes funds for training professional personnel in physical education and recreation programs to enable them to work with the mentally retarded and other handicapped children.

Research

The Public Health Service estimates that more than \$25 million will be devoted in fiscal year 1968 to the support of research related

to mental retardation.

The Office of Education administers a program of grants for research and demonstration projects in the field of education of mentally retarded and other handicapped children, and projects related to the application and adaption of communications media to educational problems of the mentally retarded. Title V of Public Law 90-170 provides for grants for research or demonstration projects relating to physical education or recreation for mentally retarded and other handicapped children.

The Rehabilitation Services Administration supports selected demonstration projects that seek to coordinate community resources for the mentally retarded. Particular attention is given to coordination between special education and vocational rehabilitation agencies. Rehabilitation Research and Training Centers for the mentally retarded, supported by the Rehabilitation Services Administration, provide for the diagnosis, evaluation, treatment and training, vocational counseling and placement of the mentally retarded.

Research grants administered by the Children's Bureau support projects directed toward the evaluation of programs and improving the development, management and effectiveness of maternal and child health and crippled children's services.

Construction

Title I of Public Law 88-164, "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963," authorizes three construction programs for the mentally retarded. "The Mental Retardation Amendments of 1967" extended two of these programs until June 30, 1970.

University-affiliated facilities for the mentally retarded will provide for training of physicians and other professional personnel vitally needed to work with the mentally retarded. Fourteen applications have been approved and funded under this program.

To date 175 projects for the construction of community facilities for the mentally retarded have been approved. The facilities constructed under this legislation will include a variety of services: diagnosis, treatment, education, training or care of the mentally retarded, including sheltered workshops.

Both the university-affiliated facility and the community facility construction programs are administered by the Rehabilitation Services Administration.

State Coordination

Public Law 89-97 authorizes funds for the implementation of the State mental retardation comprehensive plans which were supported under grants

available in Public Law 88-156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963." This program has provided the States with an opportunity to plan for improved and expanded services for the mentally retarded.

Income Maintenance

The Social and Rehabilitation Service administers the five federally-supported public assistance programs. These programs assist children who are deprived of parental support or care, the needy aged, the medically indigent aged, the needy blind, and the permanently and totally disabled. Mental retardation itself is an eligibility factor only in the category of aid to the permanently and totally disabled.

The Social Security program, administered by the Social Security Administration, contributes to the maintenance of the mentally retarded through the payment of monthly benefits to eligible recipients.

PUBLIC HEALTH SERVICE

Introduction

The Public Health Service, as the principal health agency of the Federal Government, is responsible for the conduct or support of a broad spectrum of services, research, manpower development, facilities construction, and planning for the prevention, diagnosis, treatment, or amelioration of mental retardation as a health problem. In addition, mental retardation has significant ramifications for a host of activities of the Public Health Service which are focused on broader targets or are concerned with disease categories and health problems inextricably related to mental retardation. This report attempts to highlight the most relevant of these activities.

The Public Health Service program activities described on the following pages are arranged according to their nature (training; research; construction; etc.) and also according to their purposes and most important potential contribution (fundamental research; prevention of organically-based mental retardation; treatment and other amelioration for mental retardates; etc.). While difficulties exist in differentiating the causes of individual cases of mental retardation according to whether they are organic or functional, a concerted effort has been made to classify relevant program activities focusing on "organic" or "functional" mental retardation where such a distinction helps us all understand where we are now and what health actions we need to take in the future to prevent or treat mental retardation.

Overall program coordination and direction of mental retardation activities within the Public Health Services is the responsibility of the Associate Surgeon General.

I. Preventive Services

A. Prevention of organically-based mental retardation

The prevention of mental retardation caused by organic factors is best accomplished by continuous, comprehensive, and excellent medical care of pregnant women and their offspring in the prenatal and postnatal periods. The Public Health Service, through its efforts to provide exemplary medical care to its legal beneficiaries, is reducing the incidence of organically-based mental retardation as well as the wide variety of other diseases and conditions in mothers and infants which the state of the art in medicine now makes at least partially controllable.

In the two Public Health Service general hospitals which operate obstetrical services, comprehensive prenatal and neonatal care is given specifically to reduce the incidence of mental retardation. Phenylketonuria (PKU) tests are performed on all newborn infants, and infants with a depressed Apgar score or who are prematurely born are evaluated for PKU or other evidence of brain damage.

Both the Division of Direct Health Services and the Division of Indian Health provide comprehensive medical care during prenatal, perinatal, and postnatal periods. In the Division of Direct Health Services, patients are referred to other agencies for genetic counseling, specific genetic studies, etc.

The Division of Indian Health has increased the number and frequency of maternal clinics for Indian mothers during the prenatal period and has also expanded its measles immunization program for Indian and Alaska Native children, to help prevent the measles encephalitis which has a high residual of brain damage of which mental retardation can be one of several adverse consequences.

The Division of Indian Health continues to develop its PKU blood screening program concurrently with the development of laboratory facilities by States in which their facilities are located. Individual Indian Health Area Offices cooperate with State and local health departments and regional offices in planning mental retardation programs made possible through Grants-In-Aid Funds from the Children's Bureau. Also, the Division is working with the Children's Bureau to determine the best utilization of the professionally trained nurse-midwife in the prevention of mental retardation through improved care of expectant mothers and newborn infants.

B. Prevention of functionally-based mental retardation

As a part of the ongoing comprehensive health program on one Indian reservation, a mental health project includes work with prevention, detection, and treatment planning for functional mental retardation. The Division of Indian Health is cooperatively working with Head Start Program throughout all of its seven areas.

II. Other Services

A. The Division of Foreign Quarantine

This Division has been working with other Federal agencies and voluntary groups to make the best possible arrangements for the reception and treatment of the mentally retarded coming to this country as immigrants.

The detection and diagnosis of mental retardation in aliens desiring to come to this country is a specific function of the Division of Foreign Quarantine. Since mental retardation is an excludable condition except for those eligible for waiver Public Health Service psychiatrists and psychologists review all cases of mental retardation discovered in visa applicants around the world.

For those mentally retarded aliens admitted to the United States, the Service is responsible for complete reports and review of arrangements for treatment in this country. A record is then kept covering the first five years of the individual's treatment in this country, which must be provided in institutions or special facilities approved by the Public Health Service. Semi-annual reports showing kind of treatment and progress made are required and kept on file at the Quarantine Station in New York.

B. The Public Health Service's Hospitals

The Public Health Service's hospitals, through their social service units, refer any mentally retarded persons for whom they have medical care responsibilities to appropriate community resources for diagnostic studies, evaluation, rehabilitation, custodial care, etc.

III. Professional Preparation

A. Research Training (National Institutes of Child Health and Human Development)

The rapid growth of opportunities and facilities for the conduct of research in mental retardation has significantly increased the demand for trained research workers. There is currently a critical need for more research workers, from all research fields, whose primary interests lie in areas related to mental retardation.

Growth of the training programs during Fiscal Years 1965 and 1966 has not been matched during FY 1967 which has been characterized by slower growth but of greater breadth and diversity. Particular programming effort has gone into stimulation of training programs in professional fields of extremely short supply. Epidemiology, social work and sociology have been singled out as in particular need for training stimulation.

The current training program is evenly balanced between training programs in the biomedical and the behavioral sciences. Approximately 58 predoctoral and 11 postdoctoral trainees are currently enrolled in the training programs. These numbers are small in relation to anticipated research needs and continued strong efforts to develop training programs will be required.

Thirteen training grants are currently being supported, providing training for sixty-nine trainees. The training programs are concentrated

in the areas of pediatrics, psychology, biochemistry, metabolism, and genetics. A training award to prepare social workers for research careers in mental retardation was made in FY 67. This is the first training award made by the Institute in the field of social work research training. It marks a significant advance in strengthening research in this field so closely concerned with mental retardation.

Fourteen investigators have been awarded postdoctoral and special fellowships designed to aid them in developing skills for the conduct of research in problems of mental subnormality. Eight of these investigators will receive their training in resources provided by the mental retardation research centers constructed under authority provided by P.L. 88-164, Title I, Part D.

The Research Career Program is designed to increase the number of stable, full-time career opportunities for scientists of superior potential and capability. Four outstanding scientists have received Research Career Development awards and are pursuing investigations on learning, brain lipids, bilirubin toxicity, and metabolic defects in mental retardation.

In addition to the above training efforts, which focus specifically on mental retardation, the National Institute of Child Health and Human Development currently supports fellowships, research career awards and training grants in areas highly relevant to mental retardation.

B. Training of Neurologists for Services and Research
(National Institute of Neurological Diseases and Blindness)

While the training program of the National Institute of Neurological Diseases and Blindness is not specifically and exclusively directed towards mental retardation, it is directed toward the development of clinical neurologists and competent research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the training of pediatric neurologists, who are very often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute.

C. Education and Training Efforts by the Bureau of Health Services

Coping with mental retardation among its legal beneficiaries is only one of the many health responsibilities for which Bureau of Health Services personnel must be prepared; nevertheless, several aspects of the Bureau's training program are clearly relevant and important to the attack on mental retardation.

Post-graduate training programs in Public Health Service Hospitals include rotating internships, and residencies in internal medicine and obstetrics which involve maternal and pediatric clinical training and the diagnosis and treatment of mental retardation as it arises in the patient population. Research training is conducted in metabolism and endocrinology, disciplines basic to some forms of mental retardation.

The Division of Indian Health continues to provide both inservice and out-of-service training in maternal and child health nursing to ensure continuity of service from hospital to home and community. An average of 12 nurses are trained each year. Many of the Division's areas continue to develop and use coordinated teaching guides for hospital and public health nursing personnel, designed as aids in teaching good health practices to maternity patients and their families.

IV. Research and Development Activities

A. Research Related to Organically-Based Mental Retardation

1. National Institute of Child Health and Human Development

The greatest hope for mastery of the problem of mental retardation lies in its prevention, or when this is not possible, in the promotion of the individuals maximum skills through a wide range of habilitation and restorative procedures. The goals of the Mental Retardation Branch, NICHD then are the facilitation of research directed toward the identification, prevention, correction and amelioration of mental retardation.

The major thrust of biomedical research activity continues to be in the areas of inborn errors of metabolism and cytogenetics; however, new research efforts are being launched in the areas of human embryology and development and in psychopharmacology. Eleven additional fields of biomedical research are also represented in the total program.

Inborn Errors of Metabolism

Technological breakthroughs and innovations that permit mass screening programs for the detection of metabolic errors have expanded research interest and capability for the study of metabolic errors related to mental retardation. The promise of favorably altering the course of subnormal development in children with phenylketonuria and galactosemia and other metabolic disorders through dietary treatment has added impetus to this effort. This interest is evidenced by the fact that over 33% of the Institute's biomedical sciences research grant holdings are in the area of metabolic defects.

Studies are being supported to evaluate dietary treatment of such metabolic defects as maple syrup urine disease, hypervalinemia, homocystinuria and hyperglycinemia. Other types of inborn errors of metabolism appear on the threshold of discovery.

The discovery, by a grantee in Japan of a disturbance of folic acid metabolism associated with mental and physical retardation has opened up a promising and previously inadequately investigated avenue of research. This has resulted in the establishment of a program to screen mentally retarded infants for abnormalities in folic acid metabolism in order to gain more information regarding the frequency of such abnormalities, further definition of specific enzymatic defects, and attempted designation of heterozygous states, assuming that these abnormalities are genetically determined.

Cytogenetics

The Institute is supporting a number of research projects on the cytogenetics of mongolism and other chromosomal defects. These studies are attempting to correlate biochemical deviations with chromosomal anomalies and associated clinical manifestations. Through this so-called "mapping" of human chromosomes, scientists hope eventually to be able to determine which chromosomes are responsible for specific aspects of human development. Such knowledge would be a first step in the prevention of these abnormalities.

Evidence has been accumulating recently that chromosome defects do not occur by chance but may be due to specific environmental factors. Rubella or german measles, infectious hepatitis, irradiation, and endocrine aberrations in particular are suspected of causing chromosome aberrations. One group of NICHD-supported investigators examined 7,000 newborns in Denver, Colorado, and found that babies with abnormal numbers of sex chromosomes tended to appear in seasonal clusters. Instead of being distributed throughout the year, all the abnormal births occurred during a five month period in the spring and summer. In the first two years of the survey, they found an incidence of sex chromosome aberrations of 0.6 percent during one five-month period. No aberrations occurred in similar populations for a specified time either before or after this period. There was also an elevated incidence of Down's syndrome during this same five month period.

During the past two years, these investigators found another cluster of sex chromosome aberrations in a five month period. Similar clusterings have been reported by other groups of investigators in other cities. Their findings suggest that X chromosomes--the sex chromosomes--and autosome No. 21--the chromosome involved in mongolism--may both be susceptible to production of abnormalities due to some external factors. What this particular factor is remains a mystery. Researchers are currently looking into the possibility that a latent viral infection in the mother around the time of conception may be one factor involved.

The first case of an individual with complete monosomy for autosomal chromosome 21-22 was discovered by researchers working in the program of direct research conducted by NICHD's Diagnostic and Evaluation Clinic. Autosomal monosomy had previously been thought to be incompatible with extrauterine life. This condition was identified in a 4½ year old mentally retarded girl during developmental evaluation.

The investigators believe that the monosomy observed in this girl, in the presence of normal chromosome complements in her parents, was due to nondisjunction, asynapsis, or chromosome lag during gametogenesis in one of the parents, leading to a gamete with 21 autosomes and a sex chromosome but lacking one of the two small acrocentric chromosomes (21-22).

The NICHD scientists conclude that chromosome deletion is not always lethal but must depend on the particular aspect of development that the chromosome controls. In the case under study, they have not been able to link specific abnormalities with the missing chromosome. Further studies are underway to determine the role of the missing chromosome.

Nutrition

There is a good deal of presumptive evidence (based mostly on animal studies) that protein-calorie deprivation may have an inhibiting effect on mental and social development. A major NICHD project in Guatemala, operated through the Institution for Nutrition in Central America and Panama, a unit of the Pan American Health Organization for Nutrition in Central America and Panama, a unit of the Pan American Health Organization, is testing this hypothesis. Guatemala is an area in which protein calorie deprivation is endemic, providing a natural test area for the relationships between such deprivation and intellectual and social development.

The core of the study involves matching a series of rural, isolated villages on a number of factors, and then providing a protein rich food supplement to half the villages. Careful biomedical, physiological, psychological and social examinations will be made of all children from birth through the age of six, of all pregnant women, and of various other sub-populations. While the major comparison will be between those populations who do and who do not receive adequate amounts of protein (through the supplementation program), careful design permits study of the relationships between a variety of other factors as well. These will include the effects of social status on intellectual and the relationship between certain types of intellectual and social development.

The study is now in its third year, and is just entering the major supplementation program. It is expected that it will continue until at least six years of continuous data on one cohort series have been gathered and analyzed, although major re-examinations will be made at periodic intervals. While the study does not relate to severe degrees of mental retardation, it should help provide information on the relationship between the malnourishing diet of half the children of the world and their resulting intellectual, social and physical development.

2. National Institute of Neurological Diseases and Blindness

The National Institute of Neurological Diseases and Blindness has a variety of research projects directed at the many facets of the neurological

disorders of infancy and childhood. Many of these projects deal with mental retardation where it appears as a symptom, complication, or sequela of a disorder of the central nervous system.

The National Institute of Neurological Diseases and Blindness is engaged in a collaborative project with fourteen cooperating institutions, investigating the prenatal, perinatal, and postnatal factors relating to the development of children. The "Collaborative Study in Cerebral Palsy and Other Neurological and Sensory Disorders in Infancy and Childhood" is following the offspring of more than 50,000 mothers from early pregnancy through labor and delivery until the children are at least through the first year of school. The final baby has been born to this project and the first stages of analysis may now be completed. This project should yield an enormous amount of valuable information related to mental retardation.

The Institute is also supporting many other individual projects related to these areas, which will yield important insight into the normal development and functioning of the central nervous system as well as the factors leading to mental retardation during gestation, infancy, and childhood.

a. Prenatal Studies

Epidemiological and genetic studies are being carried out in an attempt to establish possible patterns of inheritance or other causative factors leading to neurological disease and mental retardation. These include inborn errors, chromosomal abnormalities, and congenital malformations.

Inherited diseases are among the leading causes of mental retardation and represent the "inborn errors of metabolism." These may be abnormalities of carbohydrate, protein, or lipid metabolism. The Institute has initiated a program of study of these diseases in order to understand their basic nature as well as their role in the resulting mental retardation.

Chromosomal abnormalities and congenital malformations continue to receive Institute-supported attention. Efforts are directed at establishing the causes of these abnormalities and, hopefully, developing methods of prevention. The possible role of physical agents as drugs and poisons is also receiving direct attention.

Intrauterine infections are important factors leading to severe destruction of the brain and major mental impairments. Special interest is directed at the role of viruses, including Rubella (German Measles) and Cytomegalic Inclusion Disease, and at the role of the fungus Toxoplasma gondii in producing neurological damage. Particularly important are efforts to produce a vaccine for Rubella (German Measles), which may cause congenital abnormalities in the offspring when the mother is infected during the first trimester of pregnancy. At the Laboratory of Perinatal Physiology in Puerto Rico, studies of pregnant monkeys are being carried out to see if this disease has the same effect in primates, and if so, whether this laboratory model can be used for a variety of tests.

b. Perinatal Factors

As noted above, the Collaborative Study has completed its pre-and perinatal phases. Data analysis will soon provide information relevant to the events of labor and delivery.

Regarding inborn metabolic errors, many States are now requiring tests in infancy for phenylketonuria, an example of this kind of disease. Many children will be examined in infancy and followed through childhood in order to relate early diagnosis to the effectiveness of therapy. Through research of this kind, it is hoped to discover how early these diseases do appear and when to begin treatment. There are more than 200 known metabolic abnormalities, of which no more than 6 may be amenable to present therapeutic approaches. Continued study is necessary to enlarge these treatment programs. The biochemistry of these diseases and the relationship of the biochemical activities to brain function are being studied. This may elucidate their role in the development of mental retardation.

c. Postnatal Studies

The examination of the brain-injured child is becoming more important. From a wide variety of causes, many children have minor degrees of brain injury which can markedly affect their development. Studies are under way linking the pathological patterns of brain damage to functional development. Again the Collaborative Study will be increasingly valuable in providing both normative data and incidence statistics relative to mental retardation.

Mental retardation is a potential sequela of meningitis or meningo-encephalitis. Institute programs are investigating the mechanisms involved as well as proper preventive and therapeutic approaches.

The early diagnosis of mental retardation is at times fraught with difficulties. The Institute continues support programs for the refinement of diagnostic techniques. The problem of minimal brain dysfunction is undergoing re-evaluation to assess the current status of and to apply advanced techniques to this difficult area.

Mental retardation is often a sequela of hydrocephalus and brain tumors in childhood. The development of appropriate surgical or pharmacological therapy remains an objective of the Institute.

The National Institute of Neurological Diseases and Blindness is directing its efforts at a number of other disease problems not specifically or necessarily involving mental retardation. However, the results of these studies may provide clues or answers to the various facets of mental retardation.

d. Epilepsy and related paroxysmal disorders

Epilepsy and the related paroxysmal disorders comprise a large disease category associated in many instances with mental retardation. The National Institute of Neurological Diseases and Blindness is planning a large-scale effort relating to epilepsy, including cooperative efforts with several clinics studying methods of diagnosis and treatment as well as basic research into the mechanisms of seizures.

e. Sclerosing disorders

Sclerosing disorders of the nervous system occur both in infancy and adulthood. Some of these diseases are lengthy and progressive, leaving the patient incapacitated and unable to care for himself. When these occur in infancy, mental retardation can result. Here, studies on the etiological relationship of viral, immunological, chemical, or genetic factors are being carried out.

f. Basic studies of the neurological and sensory systems

Mental retardation involves malfunction of the nervous system. Therefore, the basic research relating to the structure and function of the central nervous system which is being carried out by the grantees of the National Institute of Neurological Diseases and Blindness may ultimately be important in understanding the processes involved in mental retardation, its prevention and therapy. Studies in a wide variety of disciplines are included: electro-physiology, neuroanatomy, neurochemistry, general physiology, cerebral blood flow, and neurocontrol mechanisms, and studies on vision, hearing, and integrative activities of the nervous system relating to learning, memory, and behavior.

g. Disorders of communication

In addition to the basic studies mentioned above, many investigations are being carried out which relate to the integration of speech, hearing, and language. The Institute program is very large, embracing all facets of this wide field.

3. National Institute of Mental Health

The Institute's extramural grants program emphasizes basic and applied research in three major aspects of mental retardation: processes of learning, sociocultural influences, and psychiatric, or behavioral implications.

a. Processes of learning

Knowledge on processes of learning in retardation is sought to provide improved diagnostic understanding and to help chart the way toward more

effective remedial techniques. Basic researches in learning include a variety of experiments dealing with the retardate's patterns of attentiveness, the effects of reward on learning, conditioned responses to meaningful events, learning by association, and differential abilities in dealing with varying materials.

Research is underway in the study of methods of increasing the attentive ability of retardates by varying the quality and timing of reward for attention. Other study is concerned with the effectiveness of social, verbal, visual, and other forms of rewarding reinforcement on behaviors in learning situations. The use of machines to dispense rewards for self-help skills such as toileting, dressing, and communication is being studied. Conditioning of responses holds promise as one approach to helping the retardate cope more effectively with everyday stresses. By a series of experiences in successful adaptation of a type of encounter, the retardate may be prepared to respond to subsequent natural encounters of the same type, even without having to stop and weigh the situation, so that conditioning may be carried out with more predictable results. Experiments are underway to clarify the characteristics of basic, classical conditioning with very young retarded and normal children. An approach applying programmed learning to reading skills being tested by one investigator. In comparing experimental classes of retardates using the programmed reading method with classes using current school methods, the investigator has found so far that the children receiving programmed instruction not only developed greater reading skills but gained also in attention span, frustration tolerance, social skills, and general vocabulary. Another project is extending the programmed teaching methods beyond reading to writing and arithmetic.

4. Bureau of Health Services

A pilot study by the Division of Indian Health in cooperation with the Bureau of Indian Affairs is in process which utilizes an interdisciplinary approach to identify both organically and functionally retarded children. The medical, psychological, and sociological screening of these children provides a diagnostic basis for determination of required medical treatment and specialized curriculum to meet individual learning needs. Other activities of the Bureau of Health Services include:

A study in process in the Phoenix Area designed to determine the cause and methods of prevention of prematurity among Indian infants (there being a high correlation between prematurity and mental retardation).

Research conducted in the Public Health Service hospitals on metabolism and the endocrine systems, disorders of which may lead to mental retardation.

A special five-year study in conjunction with the National Institute of Dental Research, concerned with congenital malformations among Indian infants born in Division of Indian Health hospitals.

A five-year study on Alaska infant mortality and morbidity, completed in 1964, but extended through calendar year 1966 for the purpose of continued study and follow-up.

B. Research concerning Functional mental retardation

1. National Institute of Mental Health

a. Sociocultural influences

Several projects deal with the environmental circumstances of retardates. The concern is with the impact of the environment on the retardate's mental ability and extends to his ability to adapt to environmental circumstances in his normal community.

One demonstration aims to find out the extent to which diagnosed educable mentally retarded children can be helped to participate in group activities for normal children. Other observations are directed toward learning those characteristics which a child must have in order to interact successfully with his normal peers, the social group work leadership skills which are required, the kind of satisfactions or frustrations he and his parents experience, and the administrative rearrangements an agency must make to accommodate such children.

In a State which recently opened a new institution for the retarded, study is being made of the opportunity to assess the consequences of remaining within the natural cultural milieu compared with those of entering an institution. Comparisons are being made between cohort groups that are admitted against cohorts that are not on demographic, psychological, and medical indices. The results should help clarify the influence of natural cultural experiences as related to the influence of the institutional culture on the adaption skills of the retarded person.

A number of investigators are making experimental explorations into the impact of cultural deprivation on subsequent emotional and intellectual development. Deprivations associated with social problems such as poverty, inadequate schooling, and community disorganization are found to be major factors in the development or exacerbation of mental retardation. Some investigators, for example, are attempting to determine whether foster home care will overcome the retarded behavior of children reared in institutions from infancy, while others are contrasting the effects on intellectual development of various types of home and community environments.

b. Psychiatric implications

The behavioral skills of retarded children are receiving increasing attention. Preoccupation with intellectual deficit has often occluded the

lectual potential of the normal child but also on how to aid the mentally handicapped child. Basic study of the cognitive processes in children provides information essential to investigators developing methods for more effectively teaching the mentally retarded. A study on language disorders in aphasia has led to ideas for identifying and assisting the child who may be labeled "retarded" but is in fact suffering from a learning problem.

2. National Institute of Child Health and Human Development

Prevention of Functional Retardation

A major thrust of the Institutes program in functional retardation is related to prevention and treatment through environmental enrichment for pre-school-age children. Many studies have demonstrated that preschool education can improve I. Q. scores of children but that these gains are not sustained as the child grows older. One investigator was able to overcome some of this slippage by giving instruction and lesson kits to mothers of retarded children. The mothers were especially guided toward reinforcing the child's progress through praise and encouragement. Some success was achieved through this technique, but it was found that while the incidence of praise increased, most mothers could not resist nagging their own offspring. This year, the mothers are teaching children other than their own and the incidence of nagging has almost literally disappeared. Now the children choose the mother to teach the lesson they select and appear to enjoy learning more.

The researchers involved in this program are confident that parent-child teaching and training may be one answer to breaking the self-perpetuating cycle of cultural deprivation. They feel that the application of the findings in this study will not only help remediate current learning deficits of these children but prevent further deficits from occurring through the improved mother-child interactions.

One of the chief difficulties encountered in work with deprived children is their lack of motivation. Much of the research in remedial instruction programs is therefore directed toward improving motivation and incentive techniques.

In one such study, children attending remedial instruction courses are given incentive points for doing homework and for grades earned in regular school classes. These points can then be traded in for such things as daily snacks, field trips, picnics, toys or clothing when enough are accumulated. During the first year of this program, the pupils from a sixth grade remedial classroom showed significant academic progress with the grade average for the entire group being raised from D to C.

Utilizing a similar incentive program, these same researchers ran a remedial classroom for junior high school drop-outs who were members of the local Neighborhood Youth Corps. These students were motivated to achieve by

fact that the ability of the retardate to handle life situations is influenced markedly by his behavioral characteristics. Researches are being conducted to determine the optimum manner of relating to a retardate, to discover the role of reinforcement in bringing about more effective reactions, and to discover how to identify unnoticed personality assets and to predict behavior characteristics later in life.

Other projects are designed to test methods of helping the retardate acquire effective behavioral adjustment to life. These involve multidisciplinary assistance in non-residential settings, special techniques for children whose retardation is complicated by blindness, reduction of the untoward effects of custodial experiences, the use of volunteers in modifying behavior patterns, and the application learning theory principles in the development of increased self-sufficiency.

c. Other research relevant to functional mental retardation

Intramural studies being carried out principally by psychologists in the National Institute of Mental Health include: investigation of the ways in which pre-school children develop the concepts which make possible an understanding of the world around them and the learning of complex relationships; study of the impact on culturally deprived infants of intellectual stimulation during the period of early verbal development; and the development of methods of observing and analyzing the behavior of three- and four-day old babies with the objective, among others, of learning to identify early and mild mental retardation.

The Institute also provides grant support for a number of areas of research which, although not directly focused on mental retardation, provide research findings which stimulate the development of new methods of diagnosis, care, and treatment applicable to the retarded. Research on closely related disorders in childhood contributes to understanding the environmental causes of mental retardation. The developmental research program provides data on the physiological, psychological, and social growth of the normal child, against which deviations in the mentally retarded child can be better understood and measured.

Studies of the diagnosis and treatment of childhood autism and other childhood behavior disorders contribute knowledge which helps to discriminate between those children with intellectual deficits and those suffering from emotional difficulties. Because certain psychopathological states as childhood autism result in a gross intellectual deficit, research being conducted on this problem is helping to provide the means to differentiate accurately between retardation and emotional illness.

The National Institute of Mental Health also supports a number of studies on basic problems of learning, perception, cognition, emotion, motivation, personality, and language, all of which have relevance to understanding and treating mental retardation. For example, studies of the child's intellectual function in school yield information not only on how to enhance the intel-

being paid for each problem worked correctly in class. Pre- and post-achievement tests in this group showed considerably higher grade achievement levels than those obtained by Neighborhood Youth Corps children working at regular jobs and not attending classes.

Intrafamily relationships are of paramount importance in the socialization of children and in the acquisition of communication and language skills. Studies supported by this Institute indicate that in deprived families there is limited verbal interaction between parent and child. The style of communication in such homes is poor preparation for the school setting or for daily problem-solving which the child will have to face. Some language development and communication is indispensable to learning. Some researchers are therefore studying the processes involved in learning and communication in order to be able to modify and advance the retarded child's skills.

Studies of intersensory integration

Since learning depends greatly on sensory and motor input, these systems must be sound to assure an effective learning experience. In school, many children are slow learners because of sensory and motor deficits. For example, children with cerebral palsy, having poor motor coordination, may not do well in school, and some of the mental retardation associated with cerebral palsy may actually be impaired learning ability due to poor motor coordination.

While completely deaf, blind or mute children have their handicaps recognized and, hopefully, compensated for in the school environment, those with partial or subtle impairments of sight, hearing and speech are not always recognized. Often their learning difficulties are simply attributed to limited intellectual ability or to a lack of effort. With better diagnostic and remedial instruction techniques, these children can be saved a lot of misery and be helped to achieve their full intellectual potential.

Investigators in New York City have developed a series of tests aimed at helping to recognize partial impairments affecting learning. These tests check the child's auditory-visual, visual-touch, and visual-motor activities and their ability to integrate these important sensory-motor activities.

Through these tests, the group of investigators have shown that reading disabilities often reflect an interference with auditory-visual interaction, although this may not be the sole factor in their disability. They note that this type of sensory integration in its more complex and general form may be one process underlying adaptive behavior and thus I.Q. They found that individuals who can perceive and integrate many sensations, such as touch, vision, and hearing, are very likely to be the more "intelligent" ones.

This continuing research is based on the principle that each sensory system in the body interacts with and is modified by other sensory systems and that even the simplest sensory functions are continuously modified by activity in the other senses. The researchers believe that, in humans, integration of sensory systems is a developmental process which follows a definite age and growth curve.

d. Other Public Health Service mental retardation research activities

Two Branches and one Laboratory have been organized to carry out direct research activities in mental retardation. These include a Children's Diagnostic and Study Branch, a Laboratory of Biomedical Sciences, and a Behavioral Biology Branch.

The Children's Diagnostic and Study Branch is operational and is located at the National Naval Medical Center. The purpose of this Outpatient Clinic is to provide a program of clinical research and a source of case material for basic research in the biomedical and behavioral aspects of mental retardation. Currently, two new patients are being evaluated each week by a multidisciplinary team. The Clinic team is interested in studies on learning. A small nursery school is associated with the Clinic and will provide an ideal setting for studies of learning, motivation, and teaching procedures. Specific studies are being carried out on improving attending behavior in preschool retardates; behavioral assessment in a free-play situation; and operant conditioning audiometric techniques.

A Laboratory of Biomedical Sciences has been collaborating with other Institutes on specific projects. Construction is proceeding to renovate space for biomedical and behavioral research laboratories at the National Naval Medical Center, adjacent to the Children's Diagnostic and Study Branch to facilitate collaboration between clinicians and laboratory investigators. This facility will be ready for occupancy early in 1967. The Biomedical Sciences Laboratory will combine the disciplines of genetics, developmental enzymology, and intermediary metabolism in studies centering around an investigation of the inborn errors of metabolism.

V. Construction

A. Mental Retardation Research Centers

Research and research training in mental retardation and related aspects of human development present unique demands in terms of facilities and resources. Recognition of these needs led, in 1963, to legislation authorizing construction grants for facilities in which biological, medical, social, and behavioral research relating to human development could be conducted to assist in finding the causes and means of prevention of mental retardation and, for finding means of ameliorating its effects.

Acceptance of applications for construction grant awards under the Act authorizing the Mental Retardation Research Centers closed on July 1, 1967. During the authorized four years of the Mental Retardation Research Center Construction Grant Award Program a total of twelve centers were awarded to outstanding scientific institutions.

The facilities constructed through the Mental Retardation Research Center Program will provide research facilities in particular environments where a cohesive program of research and research training can be accomplished. Most of the centers are large complex facilities in settings where a broad spectrum of research on mental retardation can best be carried out. A small number of specialized centers which have a concentrated scientific focus on a particular aspect of mental retardation are also supported by the program.

Centers awarded under the Mental Retardation Research Center Program and expected date for completion of construction are given below:

Institution	Estimated Construction Completion Date
University of Chicago, Chicago, Ill.	March 1967
University of Washington, Seattle, Wash.	
Unit Ia	Feb. 1968
Ib	Nov. 1968
Ic	Feb. 1969
George Peabody College for Teachers Nashville, Tenn.	March 1968
Children's Hospital, Cincinnati, Ohio	April 1968
University of Colorado Medical Center Denver, Colo.	April 1968
Albert Einstein College of Medicine, New York, N. Y.	June 1968
University of Kansas, Lawrence, Kansas	
Lawrence, Kansas unit	Dec. 1968
Kansas City unit	June 1969
Parsons unit	Aug. 1969
University of California at Los Angeles Los Angeles, Calif.	May 1969
University of North Carolina, Chapel Hill, N.C.	Sept. 1969
Fernald State School, Waltham, Mass.	Dec. 1969
Children's Hospital Medical Center, Boston, Mass.	March 1970
University of Wisconsin, Madison, Wisconsin	Jan. 1971

B. Community Mental Health Centers

Public Law 88-164 authorized in 1963 appropriations to the NIMH to finance up to two-thirds of the cost of construction of Community Mental Health Centers. These centers in which the mentally retarded are eligible to receive treatment and services, serve as the nucleus of the national mental

health program. Working in unison with other facets of the national programs in mental retardation and mental health, the NIMH assists States and communities achieve comprehensive treatment in the community for all who need it.

Institute data reveal, for example, that nationally, an estimated 4 million children under the age of 14 are in need of some kind of psychiatric help because of emotional difficulties. Other estimates are that from 10 to 20 percent of school children show symptoms indicative of pathology which require at least preventive mental health services.

Since the passage of the Community Mental Health Centers Act, the NIMH has supported the development of hundreds of Community Mental Health Centers throughout the Nation. The services and programs of many of these centers extend to and include mentally retarded persons. Thirty percent of the centers funded so far are located in cities of a half million or more persons; 35 percent are in cities of 50,000 to 500,000; and 35 percent are cities of 50,000 or less, including 28 percent of the total that will serve geographic areas covering some 351 predominantly rural counties.

VI. Other Activities

A. Partnership for Health

The amendments of 1967 extend and expand the present program which includes the provision of health services for the mentally retarded.

The "Partnership for Health Act of 1966" removed almost all of the categorical limitations, giving the States much more flexibility in the use of Federal health grant funds. Project grants, which support targeted attacks on new or special health problems and stimulate development of new health services, were made available for the whole range of health activity.

The 1967 Amendments continue the concept of a statutory framework for the revitalization and expansion of Federal-State-local cooperative efforts to make maximum use of national health resources. The amendments also strengthen State and local capacity and initiative modifying existing patterns of Federal financial assistance to States. This revision of the Federal health grant structure will make Federal grant funds available to States, and through them to local communities on a flexible basis, thus enabling these groups to focus on the needs of individuals and on families in their area. Communities will be better able to provide services for maintenance of good health as well as for rehabilitation following disease. Through the support of training and the interchange of Federal and State health personnel, competency and strength necessary for planning and administration of comprehensive health services can be improved.

The 1967 Amendments retain all the innovative provisions of the "1966 Partnership for Health Act," extends them for two years, through June 30, 1970, and authorizes larger expenditures. In addition, new and expanded authorities were provided for health services research and development and for improvement of clinical laboratories.

B. Collection and Dissemination of Information

Since 1964 a mental retardation information activity has been operated as part of the National Clearinghouse for Mental Health Information. Because knowledge about mental retardation comes from many scientific disciplines and professions, this service will improve both research and practice and thus have a decided effect on the prevention and treatment of mental retardation.

To maintain this service, the National Clearinghouse for Mental Health Information, under contract with the American Association on Mental Deficiency, collects current literature on mental retardation, writes informative abstracts, indexes the literature in depth, compiles annotated bibliographies on special topics, and prepares critical reviews. Since 1964, a total of 4,900 current articles, books, and monographs have been collected, abstracted, and indexed. To provide a more extensive coverage of information for retrieval purposes, an additional 3,500 indexed abstracts of documents published from 1957 through 1963 were recently added to this system.

Special annotated bibliographies have been prepared on: (1) Programmed Instruction with the Retarded; (2) Literature for Parents; (3) Application on the Stanford-Binet and Wechsler Intelligence Scales with the Mentally Retarded; (4) Nursing and Mental Retardation; (5) Family Care and Adoption of Retarded Children; (6) Psychotherapy with the Mentally Retarded; (7) Recreation for the Retarded; (8) Counseling Parents of the Mentally Retarded; (9) Sheltered Workshops for the Mentally Retarded; (10) Films on Mental Retardation; (11) Psychopharmacological Therapy with the Mentally Retarded; (12) Electroencephalographic Studies Relating to Mental Retardation; (13) Hydrocephalus; (14) Mental Retardation and Religion.

Review articles and critiques have been prepared on: (1) Mental Retardation; Definition, Classification, and Prevalence; (2) Research on Linguistic Problems of the Mentally Retarded; (3) Attendant Personnel: Their Selection, Training, and Role; (4) Research on Personality Disorders and Characteristics of the Mentally Retarded; (5) Effects of Severely Mentally Retarded Children on Family Relationships; (6) Factor Analysis and Structure of Intellect Applied to Mental Retardation; (7) Counseling Parents of the Mentally Retarded; (8) Genetic Aspects of Mental Retardation; (9) Instrumental Learning in Mental Retardates; (10) Vocational Rehabilitation of the Mentally Retarded: The Sheltered Workshop; (11) Relationships Between Educational Programs for the Mentally Retarded and the Culturally Deprived; (12) A Decade of Research on the Education of the Mentally Retarded.

The abstracts, annotated bibliographies, and reviews appear in the quarterly journal Mental Retardation Abstracts, which is distributed gratis to approximately 5,500 individuals engaged in research and practice in mental retardation and is also for sale by the Superintendent of Documents.

C. Institutional and Case Statistics

1. Inpatient Facilities: Information is obtained from all inpatient mental retardation facilities, both publicly and privately owned, on the numbers of patients in various movement categories, as well as such patient characteristics as age, sex, medical classification, measured intelligence level for first admissions, and for resident patients. Also, from the public institutions for the mentally retarded, information is obtained on the personnel employed, by occupation, and the amount of maintenance expenditures for patients.

2. Outpatient Psychiatric Clinics: Information is obtained on the number of terminated patients diagnosed with mental retardation, by age, sex, and degree of deficiency (mild, moderate, severe), whether treated or not treated. Administrative and staff information (man-hours of professional staff by discipline) is also secured for clinics restricted to patients with mental retardation.

3. Annual administrative data, man-hours, type of services provided, estimated caseload, and weekly census are reported for day-night units and those with a consultant psychiatrist primarily serving mental deficient.

4. Maryland Psychiatric Case Register: Data are routinely collected on demographic patient characteristics, type of service, referral service, and disposition of all patients diagnosed as mentally retarded in all psychiatric clinics and public and private institutions for the mentally retarded.

OFFICE OF EDUCATION

Introduction

As a result of programs authorized during the past few years, there is a promise of a richer future for mentally retarded children and new hope for their parents and teachers. The 90th Congress added new dimensions to the efforts to help the mentally retarded and provided valuable tools to carry out the objectives of the Office of Education.

One of the most important steps taken by the Office of Education was to streamline the activities of educating the handicapped by establishing on January 12, 1967, the Bureau of Education for the Handicapped. The Bureau is responsible for programs and projects relating to the education, training, and research of handicapped children and youth. These children are the mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or otherwise health impaired and require special education. The Bureau of Education for the Handicapped is composed of the Office of the Associate Commissioner, the Division of Educational Services, the Division of Training Programs, and the Division of Research.

The Office of the Associate Commissioner is responsible for program planning, administration, evaluation, and also provides an informational service on the handicapped for the Nation's educational community. The Associate Commissioner and his staff work in cooperation with the National Advisory Committee on Handicapped Children, State Educational Agencies, higher educational institutions, public and non-profit organizations, and professional associations, to develop and stimulate innovative educational programs for handicapped children and youth.

This Bureau is directly concerned with helping handicapped children become independent and self-sufficient through programs designed to (1) increase the number of qualified professional personnel; (2) improve educational services in preschool and school programs; (3) stimulate acquisition and utilization of modern educational equipment and teaching materials; (4) encourage research and the use of successfully tested research and advanced educational techniques.

Each of the divisions provides an important element in the functions rendered by the Bureau in making up a total program of service for the mentally retarded. The following pages describe these services for mentally retarded children on a divisional basis.

I. Division of Educational Services

1. Purpose

The purpose of the Division of Educational Services is to bring direct support to handicapped children through services at the classroom and intermediate levels. The Division's activities are designed to provide support to State, regional, and local programs to assist in developing and maintaining leadership in the education of handicapped children.

2. Historical Development

Public Law 85-905 was passed by Congress in 1958 to provide entertainment films for the deaf. This Captioned Films for the Deaf Law has subsequently been amended by P.L. 87-715 in 1962 and P.L. 89-258 in 1965 to allow for training, research, production and distribution of educational material for use of deaf children. In December 1967, this authority was again expanded to include educational services to all kinds of handicapped children through the 1967 amendments to the Elementary and Secondary Education Act.

Public Law 89-313 was passed by Congress in November 1965 extending the benefits of the Elementary and Secondary Education Act to handicapped children in State-supported programs.

During recent years as local facilities for the handicapped have increased, State schools have found the composition of their resident populations changing from the mildly handicapped to large percentages of children who are severely mentally retarded and those who have serious handicaps in addition to mental retardation. Model and pilot programs for these types of children have been conducted under P.L. 89-313 in many States.

These moneys have enabled programs to develop for children that have not previously been considered capable of responding to educational or rehabilitative services. The results in many instances have been encouraging and special educators and staff in residential institutions have raised their levels of expectations for such children.

The 1966 amendments to the Elementary and Secondary Education Act provided under Title VI a program of support to local education agencies through a Federal-State program. This law authorized \$50.0 million for fiscal year 1968. The appropriations for 1967 were \$2.5 million, and for fiscal year 1968, \$14.25 million. Moneys allotted under P.L. 89-313 for handicapped children were \$15.917 million, fiscal year 1966, \$15.065 million, fiscal year 1967, and \$24.747 million, fiscal year 1968. In fiscal year 1967, 46,645 mentally retarded youngsters were assisted under this program at an expenditure of \$8,473,118.

3. Impact on Mental Retardation

Programs will have a significant and far reaching impact upon education and rehabilitation of mentally retarded individuals. Through such direct support programs Title VI (aid to local programs) P.L. 89-313 (aid to State programs), more extensive and comprehensive programs will develop which will include the utilization of the latest teaching techniques and educational technology. Media Services and Captioned Films for the Deaf with expanded responsibility should provide for an opportunity for State and local programs to take advantage of educational materials, media, and equipment especially designed to meet the needs of the handicapped.

4. Future Goals

The goals of the Division of Educational Services are to:

- a. Provide significant support moneys to both State-supported and local educational programs to assure quality education for all handicapped children.
- b. Provide intermediate services such as comprehensive educational diagnostic resource centers on a regional base to provide services for handicapped children and their families. In addition to direct service to children, these centers will provide consultative services to State and local educational agencies to assure the latest available information from research with respect to the learning process.
- c. Provide wherever needed comprehensive regional programs for severely multiply handicapped children such as deaf-blind children.
- d. Provide through media services the research, production, and distribution of specially designed materials and programs for educational technology for handicapped children. To provide training in the use of media for teachers of the handicapped.
- e. Provide through Instructional Material Centers educational management and information systems.

5. Current Activities

It is anticipated that during fiscal year 1968 the combined resources of Title VI and the P.L. 89-313 amendment to Title I will enable State and local school systems to employ more than 3,000 new staff members to help them meet the special educational and related needs of mentally retarded children. Project activities involving mentally retarded children of preschool, elementary, and secondary school age under these programs will include: curriculum enrichment, expansion, and improvement; summer school programs; preschool and school readiness programs; physical education and recreation; prevocational and vocational training; inservice training of teachers; and improved diagnostic services.

A series of regional meetings are planned to help orient State and local officials to Federal programs administered by the Division. Leaders in the field of education of the handicapped will discuss ways in which the new and expanded Federal resources can be utilized to implement exemplary administrative and program practices and the latest findings of research. Efforts will be made also to increase the level of coordination and cooperation among State and local agencies serving mentally retarded children.

II. Division of Training

1. Purpose

The purpose of the Division of Training Programs is to initiate, maintain, and improve programs for the preparation of professional leadership and teaching personnel to educate handicapped children. Divisional programs which are designed to implement this purpose are two-fold in their attack, in that they must provide: (1) classroom and administrative personnel for State and local special education programs; and (2) personnel for higher education institutions responsible for preparing administrative and classroom personnel.

2. Need

As more States legislate mandatory education for handicapped children the major problem faced in implementing such legislation is an acute shortage of qualified personnel. Current estimates indicate a need for approximately 300,000 teachers to meet the educational needs of handicapped children. However, only 70,000 teachers are now available, with the prospect of an additional 21,000 to be trained by 1969. Of the 70,000 teachers available now, approximately one-fourth are not fully qualified. If general turnover rates applicable to the profession are applied, approximately 10% of the special education teachers will leave the field each year. At current rates of preparing professional personnel, sixteen years would be needed to close the gap between supply and demand.

As a result of the teacher shortage, approximately three-fourths of the more than five million handicapped children of school age are not receiving the special educational services they require. Too, many of the programs established are actually of minimal quality, because they have been started with less than fully qualified personnel. Needless to say, this current deficit, as in the past, not only retards the systematic growth of special education, but simultaneously requires the majority of our nation's handicapped children to accept an educational program inappropriate to their needs.

3. History

In 1958, Public Law 85-926 was passed by Congress authorizing an appropriation of \$1 million per year for the preparation of professional

personnel in the education of the mentally retarded. This initial piece of legislation was directed at preparing college and university personnel to staff the then existing programs, and much needed new programs for preparing personnel to work with the handicapped in State and local school systems. Between academic years 1959-60 and 1963-64, 692 graduate fellowships were granted to 484 individuals. The majority of these individuals did become college and university professors while others became State and local special education leadership personnel.

On October 31, 1963, P.L. 88-164 was signed into law. Section 301 of this act amended P.L. 85-926 to: (1) expand the program to include not just the area of mental retardation, but also the areas of the visually handicapped, deaf, crippled and other health impaired, speech and hearing impaired, and the emotionally disturbed; (2) allow for the preparation of teachers and other specialists in addition to leadership personnel at the graduate level; (3) extension downward into the senior year undergraduate levels; and (4) increase the monies authorized for these purposes. Since P.L. 85-926 was passed in 1958, approximately 12,453 fellowships and traineeships have been awarded to individuals preparing to work with mentally handicapped children.

An informal study, conducted in February of 1964, of 245 former P.L. 85-926 fellowship recipients revealed that over 90 percent of them were engaged in the field of special education, including the mentally retarded, and about 70 percent were engaged primarily in the field of mental retardation. Sixty-eight of the 245 former fellows indicated that they were currently employed by a college or university, 80 were employed in an administrative or supervisory capacity (19 of these were employed by State educational agencies), and 54 returned to the classroom as teachers of the mentally retarded.

On August 4, 1965, P.L. 85-926 was further amended with the passage of P.L. 89-105 which expanded and extended the program until June 1969. This amendment authorized appropriations of \$29.5 million for fiscal year 1967; \$34 million for fiscal year 1968; and \$37.5 million for fiscal year 1969. These funds are, and will be, used as stipends for students and to support colleges, universities, and State education agencies with the cost of instruction. Table I graphically depicts the expansion of the fellowship and traineeship program under P.L. 85-926.

Table I - Awards made in the area of mental retardation since the passage of P.L. 85-926 (Fiscal Years 1960 through 1967)

Fiscal Year	No. of Trainee. & Fellowships	No. of Hi. Edu. Inst. Partici.	No. of State Edu. Age. Par.	TOT. Amt. obligated
1960	177	16	23	\$ 985,222
1961	164	18	41	993,433
1962	160	20	46	997,000
1963	163	19	48	996,433
1964	2,357	108	50	6,419,332
1965	2,506	153	50	6,569,815
1966	3,110	162	52	7,658,002
1967	3,816	177	53	8,891,072
1968**				

**Appropriations will be approximately equivalent to FY '67 (awards not available at time of this report)

To be sure, the number of individuals being trained in mental retardation under this grant program is, in and of itself, very significant. It is felt by many, however, that the improvement and expansion of the many teacher-training programs in mental retardation throughout the Nation -- resulting directly and indirectly from the grant program -- will, in the long-run, be of even greater significance. Evidence suggests that the support grants which accompany traineeships and fellowships have enabled a great many of the currently participating colleges and universities to add staff, expand the course offerings, and better supervise the observation and student teaching experiences of the students. The total number of students benefitting from these program improvements at the various colleges and universities will, in most instances, far exceed the number of students who are on a fellowship or traineeship.

It is readily apparent that the "old" P.L. 85-926 program, and its amendment, P.L. 88-164, has, without question, enabled a great number of colleges and universities to develop and/or expand their teacher-training programs in mental retardation. A current analysis of the more than 220 institutions requesting funds in the area of mental retardation indicates that more than 150 of them have on their faculties former Public Law 85-926 fellows.

To be sure, it will be a number of years before there will be a great reduction in the gap between the number of trained teachers and "leadership personnel" in the area of mental retardation who are needed and the number who are available; however, Public Law 85-926 -- prior to and since the amendments by Section 301 of Public Law 88-164 -- has provided the necessary beginnings in our efforts to close this gap.

4. Regional Conferences

During fiscal year 1967, the Unit on Education of the Mentally Retarded, Division of Training Programs, held four regional conferences to discuss various aspects of the U.S. Office of Education program in mental retardation under Public Law 85-926, as amended. The four regional conferences were co-sponsored by the Southern Regional Education Board, University of Connecticut, Northern Illinois University and the University of Utah. National coverage was provided and all institutions of higher learning that had submitted applications in mental retardation since the initiation of the traineeship and fellowship program were invited to participate. Two hundred and twenty-five persons participated in these conferences, representing a total of one hundred and fifty-five different college and university programs.

The content of each conference was very similar and primarily focused on the following major elements:

- a. Changes in the Manual for the Preparation of Professional Personnel in the Education of Handicapped Children for Fiscal Year 1968 (Award Year 1968-69).
- b. The rationale for, and format of, the new application forms to be used in requesting funds for support of teacher education programs in mental retardation under Public Law 85-926, as amended.
- c. The evaluation criteria used by past panels of consultants in mental retardation to review requests in mental retardation. Specific criteria discussed related to staff requirements and qualifications, course content, practicum opportunities, geographic need, and administrative commitment.

The favorable results of the above meetings have indicated their great value in precipitating both greater understanding and cooperation between the Division of Training Programs, BEH, and professionals in the field. Every effort will be made to continue them.

5. Special Study Institutes

One of the most unique forms of funding in the area of mental retardation under Public Law 85-926, as amended, is the Special Study Institute. Five of these institutes were funded for the 1967-68 academic year to up-date professional personnel in mental retardation. These self-contained institutes are short term, concentrated educational events. They are separate from the regular program of the sponsoring institution of higher learning and specifically directed towards improving college professional personnel active in educating teachers of the mentally retarded. In effect, the institutes are in-service education programs for teacher educators in mental retardation.

The institutes were scattered geographically, so that a national effort could be made in working with college teacher educators in mental retardation. As a result, the following five universities were each awarded an institute to provide a continuing education program for those seeking professional improvement:

The University of Oregon
The University of Texas

The University of Minnesota
Yeshiva University

The University of Illinois

The need for these institutes arose because of the rapid expansion of special classes for the mentally retarded, and the collateral expansion of college teacher education programs to cope with the large demand. As a result, teacher preparation programs in mental retardation proliferated, due to the impetus of increased public interest and the funding made available by national and State agencies. Further, there were more programs and positions in special education than there were experienced and qualified persons to staff them. As a result of this pressure, colleges employed staff members who had less than adequate preparation to conduct specialized teacher education programs in mental retardation. These problems will increase as student enrollments and the demand for teachers continue.

Many educators working in the field of special education have had little opportunity for extensive observation of other programs. Few have had the chance to consult with their peers in other institutions on problems and possible solutions in their disciplines. The institutes provided the avenue for interaction by college faculty involved in the preparation of teachers of the mentally retarded. It is a superior mechanism which affords an opportunity for intensive consideration of the common problems confronting teacher educators in mental retardation. It also offers a study and evaluation of programs which are designed to meet these problems, and serves as a stimulus for creative thinking.

The institute also provides enrichment for professors new to the field of special education as well as for those who lack recent graduate study, or who are isolated from major research programs in the field of the handicapped. Specifically, it offers the following opportunities:

- for an intensive up-dating experience in the field of mental retardation for teachers of professional education courses.
- for an interaction with a mutual group focusing on promising new techniques, trends, and resources in teaching "methods and curriculum" courses in the field.
- for a critique of issues related to teacher training.

The long range goal of these institutes will be to effect changes in teacher training programs in mental retardation that will increase the effectiveness of the efforts put forth by special educators, and lead to a more proficient classroom teacher of the mentally retarded.

6. Program Development Grant Conference

A two-day conference was sponsored during the month of May by the Division of Training Programs for professional personnel from institutions of higher education which had been awarded new program development grants for Fiscal Year 1967 (academic year 1967-68). Nine new institutions with programs in the area of mental retardation participated, in addition to ten institutions which had received program development grants in the area during the preceding Fiscal Year. The major foci of the conference were discussions relating to procedures for the initiation of programs and the evolution of guidelines for action at specific stages of program development.

A similar conference is planned for the spring of 1968 for recipients of program development grants for Fiscal Year 1968.

7. New Program to be Supported

The Bureau of Education for the Handicapped, through the Division of Training Programs, will provide funds for the support of "core" special education personnel in five university-affiliated facilities for the mentally retarded. These special educators will be responsible for instructing medical students, physicians, and other related medical personnel as well as students majoring in special education. They will also be responsible for effectively integrating the special education component into the over-all training program of the university-affiliated facility.

8. Significant Changes in the Fellowship and Traineeship Program - FY 1968

For the academic year 1968-69 the following major changes will occur in the grant program under Public Law 85-926, as amended:

- a. Junior year traineeships (\$300 each) to allow for the recruitment of outstanding sophomore students into the field of education of the handicapped.
- b. A reduction in the amount of stipend for senior year traineeships to \$800 in order to more adequately reflect the needs of senior year students and to allow for a greater number of awards.
- c. An increase in the stipend for master's level fellowships to \$2,200 and an increase in the post-master's level fellowship stipend to \$3,200.

III. Division of Research

1. Purpose

The purpose of the Division of Research is to promote and support research and demonstration activities which show promise of leading to improved educational programs for handicapped children.

2. History

The research and demonstration program for handicapped children was initiated during Fiscal Year 1964 with an appropriation of \$1,000,000 authorized under Title III, Section 302 of Public Law 88-164. Two million dollars were appropriated for the second fiscal year of operation. During that time the enabling legislation was amended by P.L. 89-105 which authorized increased funds and the use of funds for the construction of a comprehensive research and demonstration center for handicapped children. Funds increased to \$6 million in Fiscal Year 1966, \$8.1 million in Fiscal Year 1967, and \$11.1 million for Fiscal Year 1968. The enactment of Public Law 90-247 extended the authority through 1970 -- \$14 million for FY 1969 and \$18 million for FY 1970. Amendments in P.L. 90-247 also provide authority to support the training of research specialists, to make contracts as well as grants, and to engage in intramural research activities.

3. Impact on the Problem of Mental Retardation

It is always difficult to assess the direct impact of research activities since the lag between the discovery of new knowledge and the change in educational practice obscures the picture. In this particular instance, it is too early to expect significant results. The initial level of funding was too low to permit work of much significance. Activities initiated during the first year of adequate funding, 1966, have not yet been completed. One observable measure of impact, however, can be noted. During the first two fiscal years of operation, considerable difficulty was encountered in finding enough good projects to make use of the limited funds which were available. At the present time, even with \$11.1 million, applications far exceed the amount of funds available.

4. Future goals

The history of research on handicapped children suggests that minimal gains are obtained by spreading research monies too thinly. Many of the most important problems in education require a massive effort if solutions are to be found in time to help today's children. The Division of Research proposes to support the establishment of R&D Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. Through the combined efforts of R&D Centers and programmatic research on specific major educational problems it can be expected that new models of instruction will be available within a few years.

At the same time, systems of dissemination will be evolved which will facilitate the acceptance of these new models by local school administrators. The new systems of dissemination will be built upon the foundation of instructional materials centers already developed.

As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

5. Current Activities

The Division currently supports a wide range of activities relating to the education of mentally retarded children. One of the most visible of these is the network of instructional materials centers for handicapped children. Although serving teachers of all the handicapped, these centers have a major commitment to mental retardation. The instructional materials centers, 14 in all, are scattered across the country to serve specified regions. The primary objective of each center is to keep teachers of handicapped children aware of new developments in educational materials. The centers are evaluating existing materials as to their relevance to the handicapped and assisting in the development of new materials. Since the 14 centers are connected as a network any information located at any center is immediately relayed to all other centers.

The Comprehensive Research and Demonstration Center for Handicapped Children, now under construction at Teachers College, Columbia University, similarly has a major emphasis on the problems of the retarded although at the same time relating to the educational problems of many categories of handicapped children. This center represents a major investment of research funds, both for construction and operation, in an attempt to develop an intense effort in this area of education.

Other research activities now under way are attacking the problems of teaching and learning with the mentally retarded. One such project has suggested that time spent in learning to learn can make a significant difference in the learning performance of retarded children. Other projects are developing and testing new curricula for the retarded.

SOCIAL AND REHABILITATION SERVICE

Introduction

The Social and Rehabilitation Service (SRS) was established August 15, 1967, by the Secretary of Health, Education, and Welfare to join under a single leadership the Department's income support programs for needy Americans and the social and rehabilitation programs that many families and individuals need.

The reorganization is designed to provide a stronger emphasis on rehabilitation in social and welfare programs.

Key features of the new organization are:

- The uniting in a single agency of the various HEW services that deal with special groups -- the aged, the handicapped, and families, especially children.
- The separation of the administration of income-maintenance programs for needy persons from rehabilitation and social service programs.
- Decentralization of certain authority to the Department's nine Regional Offices and the appointment of a single Social and Rehabilitation Service Regional Commissioner in each region to make it easier for States and communities to do business with the Federal Government.

SRS includes the programs formerly administered by four separate units of the Department: the Administration on Aging; Vocational Rehabilitation Administration; Welfare Administration; and the Division of Mental Retardation of the Public Health Service.

The five major components of the new agency are: the Administration on Aging; Assistance Payments Administration; Children's Bureau; Medical Services Administration; and the Rehabilitation Services Administration.

All of these component agencies have major responsibilities in the area of mental retardation except for the Assistance Payments Administration. The reorganization has placed new responsibilities for the mentally retarded on the Administration on Aging, the Children's Bureau, and the Rehabilitation Services Administration, which are now concerned with the provision of social and rehabilitative services to various categories of public assistance recipients. The Rehabilitation Services Administration also includes the Division of Mental Retardation, transferred from the Public Health Service.

Also located in SRS is the newly established Office of Research and Demonstrations. This office administers a program of grants to States and to public and private, nonprofit agencies to pay part of the cost for research, demonstrations, and the establishment of special facilities and services contributing to the field of rehabilitation.

New legislation has reaffirmed and expanded the Nation's commitment to programs on behalf of the mentally retarded. This includes the Mental Retardation Amendments of 1967, the Vocational Rehabilitation Amendments of 1967, and various aspects of the Social Security Amendments of 1967.

The reports which follow describe in detail the responsibilities and activities of the component agencies of the Social and Rehabilitation Service and the provisions of the new legislation with respect to programs for the mentally retarded.

The Administration on Aging

1. Title III Programs

Title III of the Older Americans Act of 1965 provides for the Administration on Aging to stimulate the establishment of a single agency in each State to be responsible for the coordination of all State activities and programs in aging. Once the governor has designated such an agency and the State plan has been approved, allotments are made to the State. The State, in turn, makes grants to public and nonprofit private agencies for (1) community planning and demonstration of programs in aging; (2) for demonstration of new programs or activities beneficial to older people; (3) training special personnel for such programs; and (4) establishment of new or expansion of existing programs, including senior centers.

Under a title III grant, the Boulder River Junior Chamber of Commerce, in Boulder, Montana, is operating a project called "Senior Citizens Conducting Programs for the Mentally Retarded Aged." Six older people are being trained to provide services to over 100 mentally retarded aged at the Montana State Training School and Hospital. The project was initiated because existing services and programs at the Training School were focused on younger residents and the older population was being neglected. The project will provide personal attention and interaction with other adults who have experience with older people. It is hoped that this will increase the social adjustment of mentally retarded older persons and perhaps lead to an ability for them to care for younger patients.

2. The Foster Grandparent Program

The Administration on Aging also administers the Foster Grandparent Program under contract with the Office of Economic Opportunity. The

program recruits, trains and employs low-income men and women over 60 years of age to serve as foster grandparents to children in institutional and community settings. "Grandparents" provide two hours of individual attention to each of two children daily, and usually work five days a week.

In December 1967, there were 63 projects in 38 States and Puerto Rico. About 8,000 children -- 5,500 of whom are mentally retarded -- in 155 institutional and community settings are served by 3,927 foster grandparents. Over 120 communities are affected by the program and many more have expressed interest in developing a project.

Foster Grandparents are not intended to relieve institutional staff of routine care tasks. Rather, their work is entirely child-related, on a one to one basis, and aimed at providing personal attention to deprived and neglected children.

Evaluation by a private firm of ten projects across the nation 6 months after initiation of the projects indicated that 70 percent of the children receiving such services (including children not retarded) had improved socially and emotionally or in physical condition.

In one project for retarded children, seven children achieved the level of functioning that enabled them to enter Head Start classes; four were admitted to special education classes; one boy thought to be retarded was enrolled in summer Head Start and then registered for a regular classroom program. In another project, "Grandparents" are working within a public school, enabling retarded children to attend regular classes.

Grandparents are forming a link between the community and the institution, bringing the outside in to the children and bringing to the community a new attitude on the subject of mental retardation.

Further information may be obtained from the Commissioner on Aging, Administration on Aging, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Children's Bureau

1. Introduction

The concern of the Children's Bureau for mentally retarded children and their families stems initially from its responsibility under the Basic Act of 1912 to "investigate and report on all matters pertaining to the welfare of children and child life." In the first 6 years of its existence, three of the major studies produced by the Bureau dealt with mental retardation.

The passage of the Social Security Act in 1935 and the assignment to the Bureau of the added responsibility of administering Federal grants for maternal and child health, crippled children, and child welfare services, emphasized the principle that all of the people, through the Federal Government, share with the State and local governments responsibility for helping to provide community services that children need to have for a good start in life. The Social Security Act also afforded the Bureau an opportunity to help the States develop demonstrations and special programs in areas where there were gaps in services.

As recently as 1954, maternal and child health activities in the Children's Bureau on behalf of mentally retarded children and their families were extremely limited. Many local public health nurses were reporting suspected mentally retarded children in their caseloads, but for the most part, they had few or no resources for establishing a diagnosis. By age groups, the greatest gap in available services was in relation to infants and preschool children. It appeared that many of the services that were lacking could best be provided through program emphasis within the framework of the maternal and child health program. The basic interests of this program--that is, preventive health services, child health supervision, growth and development and the fostering of good parent-child relationships--are also the basic interests of a program for mentally retarded children.

It was on this basis and to achieve these goals that the Congress, for fiscal year 1957, increased the Children's Bureau's annual maternal and child health appropriation and earmarked \$1 million specifically for special projects serving this group of children. The Appropriations Committee also expressed the hope that an additional million dollars of the increase, which was to be distributed to the States on a regular formula basis, would be used to implement services for the mentally retarded. The enactment of P.L. 88-156 in 1963 increased the authorization and has resulted in increased appropriations both for special projects for mentally retarded children and in the amount of regular formula funds designated for this purpose. P.L. 89-97, "Social Security Amendments of 1965," made further improvements, including the provision of grants for the training of professional health personnel to work with crippled children, particularly the mentally retarded and those with multiple handicaps.

P.L. 89-97 also made available project grants to provide comprehensive health care and services for children and youth of preschool or school age, particularly in areas with concentration of low-income families. The appropriation for the fiscal year 1966 for this program was \$15 million, for fiscal year 1967, \$35 million, and for fiscal year 1968, \$37 million.

Mentally retarded children are also aided by the Children's Bureau's program of child welfare services whose objective is to assure that each child with this problem receives the care, protection, and services that

can enable him to realize his full potential. Grant-in-aid child welfare funds authorized by the Social Security Act were used early in scattered instances in behalf of retarded children, for child welfare services, including foster care, and for child welfare workers who gave some service to this special group of children. In 1957, special child welfare staff was employed in the Federal program. The years since, as part of the Bureau's overall effort to reach out to special groups of children, have seen substantially increased child welfare services extended to the mentally retarded. Although programs for the mentally retarded have developed markedly, a considerable need for service to this group remains.

A further impetus to improving care of retarded children was provided by the Child Welfare Research and Demonstration Grants Program authorized by the Social Security Amendments of 1960 and by the Maternal and Child Health and Crippled Children's Services Research Projects authorized by the 1963 amendments. Some of the program research conducted under both of these programs pertains to mentally retarded children.

The Child Health Act of 1967, which is included in P.L. 90-248, the "Social Security Amendments of 1967," makes provision for the following: (1) Increased authorizations for child health under Title V; (2) services for reducing infant mortality and otherwise promoting the health of mothers and children; (3) family planning services; (4) continuation of the programs of maternity and infant care project grants and of comprehensive grants for the health of preschool and school-age children; (5) new dental health service projects; (6) emphasis on early identification of health defects of children; and (7) broadening the scope of research and training authorizations. Reducing the incidence of mental retardation and improving care to mentally retarded children are among the objectives of these provisions.

2. Preventive Services

a. Maternity and Infant Care Projects

The report of the President's Panel on Mental Retardation emphasized the interrelationships of lack of prenatal care, prematurity, and mental retardation. A recent major emphasis in Children's Bureau programs has been the Maternity and Infant Care Projects, authorized by P.L. 88-156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963." This law provides for a new authorization for project grants to meet up to 75 percent of the cost of projects for the provision of necessary health care to prospective mothers who have, or who are likely to have, conditions associated with childbearing which increase the hazards to the health of the mothers or their infants, and whom the State or local health department determines will not receive necessary health care because they are from low-income families or for other reasons beyond their control. In addition, the legislation provides for medical and hospital care for premature infants and other infants at risk. Late in fiscal year 1964, \$5 million was appropriated for this program, and eight projects were approved. For fiscal year

1965, \$15 million was appropriated; for fiscal year 1966, \$30 million; for fiscal year 1967, \$30 million; and for fiscal year 1968, \$30 million. By the end of December 1967, 52 projects were in operation.

P.L. 90-248 extends the program of maternity and infant care projects until June 30, 1972, after which they become a special part of each State health services plan. The new legislation continues the intent to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing, and in addition calls for services for helping to reduce infant and maternal mortality. It also adds authority for projects for intensive care of infants and for family planning services.

b. Phenylketonuria and Other Metabolic Diseases

A second major emphasis in prevention within the past few years has been in relation to phenylketonuria (PKU). This inborn error of metabolism has in the past been responsible for one percent of the population in our State institutions for the mentally retarded. By detecting families with the condition and by placing young infants with the condition on a special diet, mental retardation can usually be prevented. The Children's Bureau had been working with State health departments in developing and trying out various screening and detection programs, developing the necessary laboratory facilities, and assisting States in providing the special diet and follow-up programs for these families. When the Guthrie inhibition assay method for screening newborn babies was developed, the Children's Bureau supported field trials of this test. More than 400,000 newborn babies in 29 States were screened, and 39 cases of PKU were found, an incidence of almost one in 10,000.

The Children's Bureau is now urging that all States have a program for screening infants for PKU. Although such a program may be initiated without a legislative requirement, in many States laws have been enacted on this subject. As of the end of December 1967, 41 States had such laws, most of them making screening for PKU mandatory. The 41 States are:

Alabama	Illinois	Minnesota	Ohio
Alaska	Indiana	Missouri	Oregon
Arkansas	Iowa	Montana	Pennsylvania
California	Kansas	Nebraska	Rhode Island
Colorado	Kentucky	Nevada	South Carolina
Connecticut	Louisiana	New Hampshire	Texas
Florida	Maine	New Jersey	Utah
Georgia	Maryland	New Mexico	Virginia
Hawaii	Massachusetts	New York	Washington
Idaho	Michigan	Oklahoma	West Virginia
			Wisconsin

As more children with PKU are found, the problems relating to treatment services are receiving increased attention. Funds have been granted for planning a 5-year collaborative study of treated phenylketonuric children, for purposes of increasing knowledge of methods of treatment of children with this disease. A grant has also been made to develop a reference and standard service for phenylalanine determinations needed in screening and treatment. In April 1966, an important meeting was funded by the Children's Bureau to discuss PKU screening and treatment problems, pathogenesis of the disease, and other relevant topics. The proceedings of this Conference have been published under the title, "Phenylketonuria and Allied Metabolic Diseases." "Recommended Guidelines for PKU Programs" have also been prepared to make known the Children's Bureau recommendations for a comprehensive PKU program.

Interest is also increasing in metabolic diseases other than PKU that lead to mental retardation. The Children's Bureau is currently supporting a study of the clinical application of screening tests to detect galactosemia, maple syrup urine disease, and histidinemia. Also, support is being given to studies of new approaches to broader screening methods; for example, support is being given to a study which would make available a battery of automated tests for screening metabolic diseases. In addition, field trials are being conducted of a simple method to determine elevations of 10 different amino acids, for detection of metabolic disorders.

The concept of regional centers for treatment of PKU and other metabolic diseases has been developed, and during 1966, a grant for one such center was approved.

c. Lead Poisoning

In the area of prevention, increasing attention was paid to lead poisoning. Despite present-day manufacture and use of lead-free paint, many children become mentally retarded or suffer other damage from ingestion of chips of lead-containing paint from walls and woodwork in old, dilapidated housing. A publication "Lead Poisoning in Children," addressed to public health workers, was prepared, suggesting a program of prevention, casefinding, follow-up of cases, and other measures to cope with this problem.

3. Other Services

a. Casefinding and Screening

The Children's Bureau has, from the beginning of its work in funding programs for retarded children, emphasized the importance of early detection and casefinding. Preference to young children as new cases has been encouraged in the clinics supported by Children's Bureau funds. In recent years training, particularly for nurses, has emphasized the skills necessary for early detection. "A Developmental Approach to Casefinding with Special Reference to Cerebral Palsy, Mental Retardation, and Related

Disorders," written by a nurse, was published in 1967 to provide a tool for developing such competency.

b. Clinical Services

Support of clinical services for mentally retarded children is one of the most important uses for Children's Bureau mental retardation funds. The services provided include diagnosis, evaluation of a child's capacity for growth, the development of a treatment and management plan, interpretation of findings to parents and follow-up care and supervision. As of the end of November 1966, of the almost 200 mental retardation clinics in the country, the staff and services of 135 were supported in whole or in part by Children's Bureau funds. The Children's Bureau-supported clinics served approximately 40,000 children in fiscal year 1966. Somewhat over one-third of the children new to the program were under 5 years of age. During fiscal year 1967, the number of Children's Bureau-supported clinics increased to 150, serving approximately 43,000 children. The total number of mental retardation clinics in the United States rose to over 200.

The Children and Youth projects authorized by P.L. 89-97 offer an opportunity for providing increased services to mentally retarded children in the areas served by the projects. As of the end of December 1967, 54 Children and Youth projects were in operation. These projects provide comprehensive health services for children especially those living in areas with concentrations of low income families.

c. Crippled Children's Services

Since enactment of the Social Security Act in 1935, the Federal Government, through the Children's Bureau, has assisted the States in providing services to crippled children. Although exact data are not available, it is known that relatively few mentally retarded children were cared for in these programs prior to 1963. The enactment of P.L. 88-156, providing for increased funds for the crippled children's program and for the earmarking of some of the funds specifically for mentally retarded children, has resulted in more attention being paid to physically handicapped retarded children. In some States, the definition of crippling conditions is being broadened to include conditions for which services had not hitherto been given. Some children who would formerly have been turned away are now being given service.

An important use of the expanded funds available for mentally retarded crippled children is in providing services for institutionalized children; for example, orthopedic services not hitherto available to these children. In addition, the Children's Bureau staff itself has provided some consultation to the institutions, particularly in the fields of nutrition and physical therapy and to some extent in nursing.

tre
gra
nu
me
a
in
fu
pr
pr
"F
fo
Bu

A recent development has been a broadening of the scope of services to give more attention to children who are both physically handicapped and mentally retarded, children who have several physical handicaps, and children with serious learning disorders. Some mental retardation clinics are showing increased interest in serving these children and a number of special clinics, financed by Children's Bureau funds, have been set up.

In 1966, over 20,000 children with diagnoses of various forms of mental retardation received medical services in the Crippled Children's program. The 1967 amendments to the Social Security Act require that State plans for Crippled Children's services provide for more vigorous efforts to screen and treat children with disabling conditions. This provision should result in an increase in the number of mentally retarded children identified and treated.

d. Cytogenetic and Biochemical Laboratory Programs

t
i
t
b
e
t
t

A new use to which some of the Children's Bureau funds earmarked for mental retardation are being put is in the area of cytogenetic and biochemical laboratory services. Project grants have been approved which establish such programs as extensions of clinical services at hospitals or medical schools. Projects include chromosome analysis and diagnosis of various medical conditions which may be genetic and result in mental retardation. On the basis of these analyses, counseling may also be given to parents seeking advice on genetic questions. The biochemical laboratories may also do continuing monitoring of patients with metabolic diseases. Training in medical genetics is also an important aspect of many of these projects. By the end of December 1967, 20 such projects had been approved. In March 1966 a group of experts in this field was called in to discuss and make recommendations on present and future Bureau programs in this area.

e. Dental Programs

Programs for the dental care of handicapped children, including the mentally retarded, have been encouraged in the past; but dental care will be given new support as a result of the 1967 Social Security Amendments. These amendments authorize support of up to 75 percent of the cost of projects to provide comprehensive dental health services for children from low-income families.

f. Child Welfare Services

The Children's Bureau administers child welfare services funds authorized by the Social Security Act as amended, for the purpose of cooperating with State public welfare agencies in establishing, extending and strengthening child welfare services. These funds are allocated to States on a formula basis. Child welfare services which can benefit the mentally retarded include

parent counseling, homemaker services, day care services, foster family care, small group care, adoption services, services to unmarried mothers, protective services, and certain institutional pre-admission and aftercare services.

At the present time, all State public welfare programs provide some child welfare services for mentally retarded children. By conservative provisional estimates of the Children's Bureau, 42,500 mentally retarded children receive services from public child welfare agencies.

Following are examples of developments related to the extension and improvement of child welfare services for mentally retarded children and their families:

Two State public welfare agencies have authorized mental retardation specialist positions for the purpose of strengthening the agencies' services for the retarded.

One State, on the basis of its experience in providing the range of child welfare services through a special unit for the retarded in one locality, is now extending increased child welfare services to the retarded and their families in other areas of the State. Another State, similarly, has initiated a project for the purpose of providing comprehensive child welfare services to the retarded and their families.

Several States report that with the support of a child welfare worker and assistance provided through this service in utilizing other community resources, parents often are able to keep their retarded children at home and keep their families intact.

Homemaker services are increasingly provided through State child welfare services programs for families of retarded children. As a result of expansion in both the number and size of homemaker services programs operated by public welfare agencies, these programs are meeting a wider variety of need. Approximately 400 public welfare agencies now--as compared to around 95 in 1964--operate their own homemaker services programs. The majority of these provide services which are an integral part of the child welfare services program. Through homemaker services, an overburdened mother can be relieved of the constant and full responsibility for the day-to-day care of her retarded child. Frequently, she acquires new skills which help her in better home management and in her special problems with child care.

Several State public welfare agencies are developing day care services for mentally retarded children. In one State, the number of licensed daytime-activity centers has more than tripled in about a three-year period, from 21 to 70. The State child welfare agency

licenses these centers. Another State child welfare agency administers a program of special State grants to assist in the development of local day care centers for the retarded. With concern for quality in their programs of day care for the retarded, some States have given special attention to the development of standards and to training of day care personnel. Day care programs offer both constructive experiences for some retarded children and necessary relief for their parents. This service often may be the key factor in determining whether a child can remain with his family.

Most States provide some foster family care for retarded children. In all, it is estimated provisionally that 13,200 of the retarded children receiving public child welfare services are in foster family care.

Some children who must be cared for outside their own homes can profit from close interpersonal relationships and respond to the stimulation of foster family life. Short-term foster care at intervals or during periods of crisis may enable a retarded child's family to provide adequately for him at home for the most part. For other retarded children, foster family care permits long-term benefits of family life and community living. Foster family care would be the plan of choice for many children who have been placed inappropriately in large residential facilities. In fact, some States are giving attention to the "exchange" of children between institutional and child welfare services programs to assure more appropriate services for particular children.

The experience of several States illustrates that retarded children can profit from adoption and that adoptive placement is feasible for many of these children. Adding impetus to the development of this service was a two-day conference of 30 representatives of public and voluntary child welfare agencies from 7 southeastern States which was convened by Children's Bureau staff of Region IV on adoption of retarded children.

Child welfare services also may have preventive aspects in relation to mental retardation. For example, day care or foster care for children from certain deprived homes may be preventive services.

Homemaker service may be preventive in nature when brought into play with some expectant mothers who need relief from the physical demands of caring for other children. Protective services can reduce child abuse as a cause of mental retardation. Services to unmarried expectant mothers can assure utilization of proper prenatal services.

Child welfare workers also are in a key position with regard to early casefinding, assistance with obtaining proper diagnosis, and providing continuity of planning and services consistent with the individual retarded child's need.

In spite of the efforts and potential of child welfare services which have been cited, numbers of retarded children and their families need and could profit from child welfare services not now available. Professionally skilled staff, new programs, and extension of those in existence are needed. The growing emphasis on community services as a means of combating mental retardation will place increasing demands on child welfare agencies. Many States, however, have been unable to finance these special programs because of other pressing priorities which are also consistent with implementing the 1962 Public Welfare Amendments on use of State and Federal child welfare services funds.

The emphasis of the 'Social Security Amendments of 1967' upon provision of child welfare services to AFDC families constitutes still an additional priority for child welfare services agencies and will require further mustering of resources. At the same time it perhaps will bring increased attention to the special needs of the estimated 114,000 AFDC children who are already mentally retarded and to the depriving family conditions in which mental retardation is often rooted. (The estimate was reached by applying data from a late 1961 study to the current case-load of AFDC children.)

g. Program Aids

The Children's Bureau has assisted in the production and circulation of films on mental retardation and has also operated an exchange of educational materials as a service to the mental retardation clinics. Since November of 1961, through this exchange, more than 400 items have been distributed to each of the mental retardation clinics in the country. Special publications have been developed which have been in great demand. In addition, pertinent articles appearing in various professional journals have been reprinted and distributed. During the calendar year 1967, more than 24,000 individual copies of publications were distributed in response to requests.

4. Training of Personnel

a. Training for Health Services

Training activities for health services in the field of mental retardation, assisted by Children's Bureau funds, have encompassed many approaches: Grants for fellowships; support of and participation in institutes, conferences, and other short-term training sessions; consultation on course curriculums; arrangements for clinical experience in mental retardation clinics; distribution of informational materials to professional workers; and recently, support of the university-affiliated centers being constructed under authority of P.L. 88-164, Title I, Part B.

The following points up the wide range of disciplines involved in training activities and illustrates the variety of training approaches.

During fiscal year 1965, the Children's Bureau funded 27 pediatric fellowships in mental retardation; in fiscal year 1966, 39; and in fiscal year 1967, 26 such fellowships were funded. In nursing, assistance was given in fiscal year 1967 to 10 university schools of nursing for their graduate programs in maternal and child nursing, including mental retardation; in these programs special attention is given to the nursing role in casefinding, prevention and intervention. In addition, 4 university schools of nursing were given grants for continuing education courses for nurses in mental retardation. State agencies also sponsored short-term, intensive educational programs in mental retardation for staff nurses. The Fourth National Workshop for Nurses in Mental Retardation sponsored by the Children's Bureau, held in Miami in 1967, was attended by 60 nurses.

During 1966, 35 nutritionists attended a one-week workshop on nutritional services in mental retardation, sponsored by the Washington State Health Department, the University of Washington, and the Children's Bureau. The Children's Bureau also funded an Institute on Nutrition and the Inherited Diseases of Man held in May 1966 at the University of Minnesota Continuing Education Center.

In the 1966-67 academic year, 45 pre-masters social work students received their training in 19 Children's Bureau-supported mental retardation clinics from 20 graduate schools of social work; some of these students received stipends through training projects supported by the Children's Bureau. Additional students were placed in Children's Bureau-supported programs where they could have experience with Mental Retardation cases. A small number of post-masters social work students, who are receiving stipends through Children's Bureau projects, received exposure to mental retardation in their field placements.

Training of dentists to work with mentally retarded children was stimulated, as was the training of psychologists. During 1966, three symposia for professional physical therapists on the Child with Central Nervous System Deficit were supported by Children's Bureau funds at the University of Pennsylvania, Western Reserve, and Stanford Universities. A new development beginning in 1966 has been the initiation of projects for the training of occupational therapists. Two special project grants were made, to the University of Florida and to Boston University's Sargent College, to enhance the professional education of occupational therapists to work with handicapped children. Also, two one-week seminars on perceptual-motor dysfunction were attended by nearly 500 occupational therapists involved in the evaluation and training of children with learning and motor disabilities; the proceedings of the seminars were published and widely distributed.

Children's Bureau special project funds support academic training in speech pathology and audiology in 5 universities, both for faculty and for stipends to 31 students seeking an M.A. or Ph.D. degree. Another university training program in communicative disorders supports faculty in pediatrics and otolaryngology as well as in audiology and speech pathology. A clinical fellowship program in pediatric-audiology has been expanded from 1 to 3 universities. All these training programs include a mental retardation component.

Medical genetics represents a new field of training which was begun in fiscal year 1965 and extended in subsequent fiscal years. Training programs, as part of the cytogenetic and biochemical laboratories, were set up for physicians and biochemists to specialize in aspects of medical genetics, particularly in cytogenetics, metabolic disease, and endocrinology.

The 1965 amendments to the Social Security Act made additional provision for grants for training purposes to be administered by the Children's Bureau. The amendments authorized appropriations for grants to be made to public or other nonprofit institutions of higher learning "for training professional personnel for health and related care of crippled children, particularly mentally retarded children and children with multiple handicaps." The amounts appropriated for this program, \$4 million in fiscal year 1967 and \$7 million in fiscal year 1968, were used primarily to support training in the university-affiliated centers for diagnosis and treatment of the mentally retarded.

The new Section 511 of the Social Security Act as amended in 1967 replaces and expands the training authority to include all personnel involved in providing health care and related services to mothers and children, with special attention to undergraduate training.

b. Training for Child Welfare Services

States are urged to use Children's Bureau child welfare services funds for tuition and maintenance grants for child welfare staff educational leave. All States have structures for a staff development program, including orientation, inservice training, and educational leave. These programs contribute to the overall increase of child welfare staff which is better able to serve the mentally retarded.

The 1962 Public Welfare Amendments provided a new avenue for augmenting the supply of trained child welfare workers by establishing grants for child welfare training projects. This program provides grants to public and other nonprofit institutions of higher learning for special projects for training personnel in the field of child welfare, including traineeships to students.

Training for child welfare services to the mentally retarded is included in this program. For example, five projects currently have approval under this program for providing social work field instruction units in mental retardation settings.

While complete facts from schools of social work are not compiled on the current school year, during the 1966-67 school year, 14 students receiving child welfare traineeships through this program were in mental retardation settings for their field instruction. For that year also, schools of social work reported that at least 74 child welfare-related mental

the State and the medical personnel in the local community.

The Retarded Infants Service of New York has completed its report entitled "Feasibility of Training and Using Unskilled Personnel as Aides to Professional Personnel in Caring for Retarded Children." This study is a pioneering effort in using aides in a variety of service programs concerned with mentally retarded children and has wide applicability.

During fiscal year 1968, the Maternal and Child Health and Crippled Children's Services Research Grants Program will be supporting 22 projects with mental retardation elements or components. One new study will examine intensively the sequelae of infants and toddlers with congenital rubella and another study will follow up low birth-weight infants.

The "Social Security Amendments of 1967" provide that after June 30, 1968, special emphasis shall be given to research projects which will study need for, feasibility, costs and effectiveness of use of health personnel with varying levels of training.

Medical Services Administration

As the responsible agency for the general oversight and setting of standards for the provision of medical assistance services under Title XIX, the Medical Services Administration provides guidance to State agencies in the administration of Federal-State programs and evaluations of health and medical care programs.

The Mental Health Workgroup, Program Planning and Development Division, has responsibility for the mental retardation activities in conjunction with the Medical Assistance Program.

The mentally retarded who meet a State's eligibility requirements for the Medical Assistance Program, may receive the same benefits in terms of medical care, as any other recipient. The amount and scope of medical services depend on the individual State plan.

Rehabilitation Services Administration

1. Introduction

The Rehabilitation Services Administration is responsible for a broad range of programs designed both for the provision of diagnostic, treatment, and rehabilitation services for the mentally retarded and for the support of special facilities and activities to expand and improve national resources for serving the mentally retarded. These programs include the State-Federal vocational rehabilitation program, as well as special project grants for the expansion and innovation of vocational rehabilitation services; the improvement of State residential institutions and sheltered workshops for the

mentally retarded; the planning and construction of rehabilitation facilities, sheltered workshops, special comprehensive community facilities and university-affiliated facilities for the mentally retarded; and training for professional, supportive and technical personnel already engaged or preparing to engage in occupations in the care and rehabilitation of the mentally retarded.

These diverse activities are unified by the common goal and objective of assisting mentally retarded individuals to achieve and maintain the maximum personal, social, and economic competence of which they are capable.

2. Services

a. Vocational Rehabilitation Services

Under the public rehabilitation program, grants are made to State vocational rehabilitation agencies to assist them in providing rehabilitation services to mentally and physically disabled individuals who have substantial employment handicaps and who can reasonably be expected to be rehabilitated into gainful employment. Among the services provided by State vocational rehabilitation agencies are comprehensive medical, psychosocial and vocational evaluation; physical restoration; counseling; adjustment, pre-vocational and vocational training; maintenance and transportation during the rehabilitation process; placement in suitable employment; and follow-up to ensure successful rehabilitation.

Of the 173,594 disabled people rehabilitated through the State-Federal program in fiscal year 1967, approximately 18,000 were characterized by the primary disability of mental retardation. This group comprised 10.3 percent of the total number of rehabilitants in all disability categories, a significant rise from the comparable figure of 9.3 percent for fiscal year 1966. Looking ahead, it is projected that about 24,000 retardates will be rehabilitated through the public program in fiscal year 1968, and 27,000 mentally retarded in fiscal year 1969.

There are many ways in which State vocational rehabilitation agencies have been organizing and developing their services for the mentally retarded. Basic to the vocational rehabilitation effort has been the growing reliance on counselors and other vocational rehabilitation staff who work only with retarded clients. This specialized staff may be assigned to local vocational rehabilitation offices, schools, institutions, sheltered workshops, or other facilities serving the mentally retarded. By concentrating their attention on the mentally retarded clients, these counselors are successfully developing rehabilitation plans based on the special problems of the retarded and are able to be broadly responsive to the needs of both the client and his family.

As special vocational rehabilitation programs and facilities for the retarded continue to be developed and expanded, the number of specialized counselors within State vocational rehabilitation agencies continues to increase.

The specialized vocational rehabilitation staff working with the mentally retarded has been particularly effective in the development of cooperative vocational rehabilitation-school programs designed to assist the retarded young person to make a satisfying transition from school to work. These cooperative school programs are found in many communities throughout the country and have greatly strengthened both special education and vocational rehabilitation efforts with the mentally retarded. The cooperative program structure varies from State to State. In Texas, for example, a Statewide program ensures that an in-school progression from elementary to high school special education experience is available in most school districts within the State with the rehabilitation agency assuming prime responsibility for the vocational aspects of the secondary school programming. In California, a similar program has been developed by the vocational rehabilitation agency and twenty-eight independent school districts in the State. In South Carolina, special in-school rehabilitation facilities have been established to provide a full range of vocational rehabilitation services on the school campus. In Wisconsin, community resources such as sheltered workshops are used for vocational evaluation and occupational training. Still other patterns are found in other States.

Most cooperative arrangements have brought about the development of vocationally oriented curricula within the schools. All of them, however, provide for a comprehensive evaluation of the retarded young person's vocational rehabilitation potential; the provision of personal adjustment and pre-vocational training; counseling; on-the-job training and work experience; job placement, follow-up and related vocational rehabilitation case services.

The number of retarded young people enrolled in cooperative vocational rehabilitation work-study programs is increasing steadily as new programs are developed. An estimated 6,000 are enrolled in Florida; 3,800 in Texas; 3,600 in Georgia; and 3,000 in California. These cooperative programs have proven themselves effective in reducing the school drop-out rate of retarded youngsters and have provided a technique for continuous service to youngsters during the school years when they are best able to benefit from them.

Another emphasis of State vocational rehabilitation agencies has been the establishment of rehabilitation facilities, such as comprehensive rehabilitation centers, evaluation centers, occupational training centers, workshops, half-way houses, and other specialized facilities serving the mentally retarded. Some of these rehabilitation centers are located in State vocational rehabilitation agencies, by the State agency in cooperation with other public agencies, or by other public or private agencies.

State vocational rehabilitation agencies may assist in the establishment of rehabilitation facilities in a variety of ways. They may alter, expand or renovate existing buildings; purchase necessary equipment; and for certain types of facilities, provide initial staffing support for a period of one year. In some cases, State agencies provide direct grants to the facilities from State appropriated funds. In other cases, local facilities and workshops are supported by means of private contributions which may be used for Federal matching.

During fiscal year 1967, sheltered workshops primarily serving the mentally retarded were established in California, Florida, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland and Texas. School campus rehabilitation units were established in Alabama, California, Florida, Michigan, South Carolina and Tennessee, and comprehensive rehabilitation facilities were established at residential institutions for the mentally retarded in Arkansas, Maine and Pennsylvania.

b. Vocational Rehabilitation Service Project Grants

Special project grants for the innovation and expansion of vocational rehabilitation services have also been utilized to extend and improve State rehabilitation agency efforts with the mentally retarded. Innovation grants provide the means for State agencies to develop new programs and techniques in order to adapt to changing needs while expansion grants are designed specifically to increase the number of people rehabilitated by the State agency.

Under the innovation program in Maine, for example, a project is enabling the vocational rehabilitation agency to develop employment opportunities for the mentally retarded in both the Federal and State governments. A project in Minnesota has developed a series of audio-visual aids for use in work preparation of retarded clients and a project in Pennsylvania is providing for the application of a closed circuit relay television system within the rehabilitation facility at a residential institution. In Montana, a rehabilitation facility for both residents and non-residents of the State training school has been supported.

The expansion grant program has supported the growth of sheltered workshop and facility resources for the mentally retarded in Alaska, Indiana, Louisiana, Pennsylvania, and Wisconsin. An expansion project in North Carolina has brought special services to the mentally retarded public offender incarcerated within the State prison system and a project in Washington has enabled a sheltered workshop to expand its operation into a box manufacturing plant.

Within an extensive program of workshop improvement, the Rehabilitation Services Administration administers Workshop Improvement grants designed to upgrade the services of sheltered workshops by supporting such activities as the employment of additional staff, technical consultation, staff development, and the purchase or rental of equipment.

During fiscal year 1967, 15 Workshop Improvement grants totaling \$400,215 were awarded to sheltered workshops affiliated with local associations for retarded children. In addition, Workshop Improvement grants have been awarded to two residential institutions for the mentally retarded to improve their sheltered workshop programs. As a result of the workshop improvement program, the number of State vocational rehabilitation agency clients at workshops receiving grants has increased by 106 percent.

Other workshop improvement activities are: (1) a program of technical assistance consultation by means of which contracts may be made with State vocational rehabilitation agencies or with other expert consultants to provide workshops with special consultation services; and (2) projects to share in the cost of providing training services for handicapped individuals in public or other nonprofit workshops and rehabilitation facilities. Federal financial participation in the Training Services grant program may assist in the cost of such services as training in occupational skills, work evaluation, work testing, provision of occupational tools and equipment necessary for training purposes and job tryouts.

During fiscal year 1967, Training Services grants totaling \$2,000,000 were awarded to 13 workshops serving the mentally retarded as well as other disabled persons.

c. Other State Agency Activities

State vocational rehabilitation agencies have also been actively participating in other special projects and programs for the training and job placement of the mentally retarded.

Under a jointly sponsored Rehabilitation Services Administration-U.S. Civil Service Commission program for Federal employment of the mentally retarded, State vocational rehabilitation agencies have been certifying retardates as qualified for existing vacancies in Federal installations. With more than 30 Federal departments cooperating in the program, State rehabilitation agencies have succeeded in placing approximately 3,800 retardates in over 45 different types of jobs at Federal installations across the country since the beginning of the program.

Another significant step toward increasing the number of mentally retarded in competitive employment was taken in the fall of 1965 when a project was launched by the Institute of Industrial Launderers under a contract with the Bureau of Apprenticeship and Training, U.S. Department of Labor. Known as Project Manpower, it is providing 800 retardates with on-the-job training for employment in the industrial laundry industry. State vocational rehabilitation agencies are collaborating in this program by evaluating, screening and referring mentally retarded clients for the training opportunities established under Project Manpower.

In a second effort of this kind, begun in February 1966, by the National Association for Retarded Children, 1,500 mentally retarded persons are scheduled to be placed in on-the-job training leading to competitive employment. This Promotional Contract, and a subsequent one providing an additional 2,000 slots, is opening a broad spectrum of jobs in private industry. Woolworth Company, Sky Chef, Federal Mart, Howard Johnson, Sears Roebuck, Montgomery Ward, Marriott Corporation, and the Hotel Corporation of America are some of the industries participating in the program.

Recent legislation has provided rehabilitation agencies with additional resources and techniques for serving the retarded.

Special provisions in the 1965 Vocational Rehabilitation Amendments (P.L. 89-333), for example, assisted States in meeting the cost of providing vocational rehabilitation services to handicapped individuals in order to determine whether they can reasonably be expected to engage in gainful employment. In the case of the mentally retarded, such services may be extended over a period of 18 months. Previously, State rehabilitation agencies were expected to determine after an initial diagnostic evaluation, but prior to the rendering of any services, whether a handicapped person could reasonably be expected to become employable after his rehabilitation program had been completed. This provision permits State rehabilitation agencies to work with an increased number of more severely retarded clients, and provide them with extended evaluative services in order to determine their real potential for ultimate employment.

Partially as a result of this new opportunity, State rehabilitation agencies are better able to give special attention to developing services for retarded persons with multiple disabilities. Special programs for the mentally retarded blind, for example, are currently being explored in a number of States.

An additional resource for aiding in the rehabilitation of the retarded is the "Social Security Amendments of 1965" (P.L. 89-97) which permit payment from Social Security Trust Funds for rehabilitation services to selected categories of disability beneficiaries. These supplemental funds will be especially helpful to State vocational rehabilitation agencies in serving the Disabled Children Over Age 18 group, which contains many of the more severely retarded with no past record of employment.

Under the "Military Medical Benefits Amendments of 1966" (P.L. 89-614) State rehabilitation agencies are cooperating in the provision of rehabilitation services to moderately or severely mentally retarded dependents of military personnel on active duty.

The 1967 Vocational Rehabilitation Amendments (P.L. 90-99) provide that State plans for vocational rehabilitation must be amended by July 1, 1969, to ensure that no residence requirement will be imposed on eligible

clients. This means that any mentally retarded individual present in a State may be evaluated for vocational rehabilitation without regard to how long he may have resided in that State.

The rehabilitation of the mentally retarded is a major concern of the State agencies and this concern is evidenced both in programs directed specifically at serving the retarded and in programs in which the retarded are served in addition to other special groups of individuals. Projects for groups, such as selective service rejectees, welfare clients, public offenders and the economically disadvantaged have demonstrated a high incidence of mental retardation and have resulted in considerable service to the mentally retarded. By participating in multi-service centers, concerted services projects, pilot neighborhood activities and similar efforts, State rehabilitation agencies are extending their services in order to reach and rehabilitate greater numbers of retarded persons living in both rural and urban poverty.

d. Social Services within Public Welfare Agencies

The Rehabilitation Services Administration is also responsible for the promotion and maintenance of standards for social services provided by State and local public welfare agencies on behalf of disabled public assistance recipients. Such services are directed toward strengthening individual and family life and helping needy individuals attain the maximum economic and personal independence of which they are capable. Among the disabled clients within the Aid to the Blind and Aid to the Permanently and Totally Disabled categories are an estimated 115,000 mentally retarded adults.

While there are many special problems and conditions which are of concern to the public assistance programs, mental retardation has particular significance as a frequent cause of economic dependency. Many of these retarded persons cannot live in the community unless special protective services are provided in their behalf. These social services are particularly essential when family members through incapacity or death can no longer provide a protective environment.

Homemaker services, group work services, foster family care, group and volunteer services, and use of additional specialists, such as teachers, psychologists, and counselors, can make special contributions towards meeting the needs of the mentally retarded. Public welfare agencies are responsible for participating with the total community in developing diagnostic, treatment, training and employment services, for the mentally retarded, and for developing basic social services to support, encourage, and sustain the mentally retarded in areas of family and social functioning.

The various State public welfare agencies may elect to provide as a minimum the following services: (a) those providing protection for the individual, (b) those which help the client remain in or return to the

community, and (c) those services appropriate for self-support. Other services--to persons with potentials for self-care, to those estranged from family, and to those who are former and potential public assistance applicants and recipients--may be provided in addition. Special programs providing homemakers, volunteers and group services may also be furnished in addition to the minimum services. When the States elect to provide these services, Federal matching in the amount of 75 percent is available to meet such costs. About two-thirds of the States have elected to provide at least the minimum services and a further expansion of social service is being encouraged.

e. Mental Retardation Hospital Improvement

The Mental Retardation Hospital Improvement grant program is designed to assist State institutions for the mentally retarded to improve their care, treatment, and rehabilitation service. The program is specifically focused on the demonstration of improved methods of service and care, as opposed to research exploration or the development of new knowledge.

Each State institution for the mentally retarded is eligible to apply for a maximum of \$100,000 per year for a period of up to ten years. While an individual project grant application is required, an institution may apply for concurrent grants, or a series of consecutive grants, so that a programmatic approach to use of the program in improvement of services is both possible and encouraged. Projects are planned in response to the high priority needs of the institution and are directed toward the ultimate improvement of resident care throughout the entire institution.

An analysis of the current Hospital Improvement projects shows that a majority of the projects is focused on specialized services for residents who will require long-term care and treatment. A number of these projects involve retardates functioning at the severe and profound levels of retardation; some involve multiply handicapped residents; and a few are concerned with aged residents. Demonstration projects for these more severely retarded and dependent residents are emphasizing personal development by means of self-care training, socialization experiences, intensive medical diagnosis and treatment, and opportunity for improved speech.

A number of projects have focused on special program areas, such as prevocational training for adolescents, and programs of treatment, training, and social habilitation. Other projects provide a diversified range of improved services, such as placement preparation, speech therapy, medical-physical diagnosis and treatment, recreation services, social-vocational habilitation, diagnostic study with improved records and program planning, and use of the unit system, all of which enhance the development of an institution-community continuum of services.

The Mental Retardation Hospital Improvement project grant program was initiated in 1964 as an extension of the Mental Health project grant

program. By the end of 1967 approximately 100 State institutions for the mentally retarded had received awards. This means that approximately 68 percent of the eligible institutions are included in the program. All but five States had at least one grant for an institution for the retarded.

Although the program has been in operation for less than four years, it is already clear that many of the severely and profoundly retarded residents are benefiting. Some are able to participate in more advanced developmental programs of the institution, and others are returning to their families and communities. There is evidence that the success of the patients is changing staff attitudes and "de-institutionalizing" staff attitudes and behavior. For many institutions the projects are stimulating improved institution-community program coordination, and making possible a more effective use of nearby community, university and college resources.

Major emphasis in this program during the next year will be placed both on the extension of coverage to those institutions not yet involved in the program and on the development of long-term collaborative efforts by the staffs of the institutions receiving grants, their State mental retardation agencies, and the Rehabilitation Services Administration. Such collaboration is being developed so that project experience in solving problems of mental retardation institutional care may be assessed and shared in order to ensure that improved methods and techniques can be widely disseminated.

The coordination of institutional programs with community service programs and State-wide comprehensive planning activities remains an important objective of the Mental Retardation Hospital Improvement program.

f. Community Services

Although Community Service projects are administered in the Office of Comprehensive Health Planning of the Public Health Service, the Division of Mental Retardation within the Rehabilitation Services Administration actively stimulates such projects and encourages their submission for competitive evaluation and support.

High priority is given to project proposals which will result in expanded or improved services for the retarded at either the community or the regional level. Grants are available for projects devoted to: (1) the establishment of effective methods of referral; (2) the coordination of existing agency programs with other activities facilitating the care and management of the retarded; (3) programs of patient care services; and (4) the demonstration of new techniques of providing services. In addition, major emphasis is given to projects which, by supplementing the existing services of community agencies, will make possible the community services necessary for a full continuum of care. An example of this type of project is the development of outpatient services by a residential institution to serve the community in collaboration with other health agencies.

Examples of community service projects are numerous and varied. One type of demonstration project, currently being supported in several States, is organizing and initiating a county-wide system of Daytime Development Centers, where an extensive program of care, training, and/or education is provided for the mentally retarded persons whose needs are not otherwise being met. The activities of the Centers are assisting the retardates in becoming more self-sufficient, and are providing some relief during the daytime hours for their families. Family counseling is also part of the program.

Another type of project is demonstrating new techniques of providing services in a diagnostic and evaluation clinic which meets one day per month for the examination of 8 to 10 children and a second day each month for staff discussion. Continuity and follow-up is provided by one full-time social worker and one full-time clerical person. The cost for this type of diagnosis is approximately one-fifth of that of conventional diagnostic and evaluation clinics.

Another demonstration project is applying laboratory-derived principles in modifying the personal, social, educational, and occupational behavior of moderately and severely retarded, institutionalized girls. The primary technique in this project is the systematic, controlled rewarding of desired behavior.

A project with national implication is one in which the narrative standards for residential facilities, as promulgated by the American Association on Mental Deficiency in 1961, are being updated and converted to a rating device which could be used for establishing a "base line" for the assessment of institutions. Also being supported is the planning for a national accreditation body to be concerned with the accreditation of residential facilities for the retarded.

3. Training of Personnel

a. Training Grant Programs

The Rehabilitation Services Administration also supports a variety of training grant programs designed to increase both the supply and competence of professional and subprofessional personnel qualified to provide rehabilitative, health and other services to the mentally retarded. Included within the training activity are: (1) grants to educational institutions to employ faculty or otherwise expand or improve their instructional resources (teaching grants); (2) grants to educational institutions for traineeships (stipends) to students; (3) grants to State residential institutions for the mentally retarded and State vocational rehabilitation agencies for inservice staff training; (4) contracts with educational institutions and other agencies to support short-term training programs; and (5) grants to public and private nonprofit agencies and organizations for a program of student work experience and training in mental retardation.

Under the Vocational Rehabilitation Act during fiscal year 1967 there were 36 long-term teaching grants supported at 33 different institutions or organizations, including 31 universities. There were also 6 short-term training grants during this same period. The long-term grants supported the professional education of specialists in social work, speech pathology and audiology, rehabilitation counseling and physical therapy with 283 traineeships awarded in these areas including 4 traineeships awarded by the Research and Training Center at the University of Oregon. The short-term grants, with an emphasis on vocational rehabilitation aspects of mental retardation, are basically offered to meet the additional in-service training needs of professionals in the field. Vocational rehabilitation training grants in mental retardation for fiscal year 1967 totaled \$1,930,706. It is estimated that in fiscal year 1968 approximately the same amount as in 1967 will be utilized in financial support for long-term training and traineeships in mental retardation.

Rehabilitation Services Administration activities in fiscal year 1968 in the field of professional preparation include:

---Increase in numbers of students in graduate training programs in psychology, social work, rehabilitation counseling, physical therapy, speech pathology and audiology receiving specialized training in the rehabilitation of the mentally retarded through supervised field work in mental retardation settings;

---Improvement in curriculum content and teaching methods in training projects through support of field teachers, the development of case material and other teaching aids, the encouragement of research in the rehabilitation of the mentally retarded, and training courses dealing with the scope, nature and place of content on mental retardation in the curriculum. The Parsons State Hospital and Training center, for example, is producing teaching films to be used in training rehabilitation personnel to serve mentally retarded persons and an institute on "Mental Retardation: A New Dimension in the Curriculum" was held for representatives of all Schools of Social Work in the Spring of 1967;

---Upgrading of personnel now serving the mentally retarded through short-term training courses of great variety in length, subject matter, intensity, depth and frequency. Included will be professional personnel in all relevant fields, sheltered workshop executives, floor supervisors and others in positions with management responsibilities;

---Encouragement of a comprehensive, inter-disciplinary approach to providing care and rehabilitation of the mentally retarded through training courses focused on inter-disciplinary program planning and operation of rehabilitation services;

---Stimulation of training programs for assistant or aide positions in such fields as physical therapy, occupational therapy, social work and of educational objectives, curriculum development and preparation of teaching materials;

---Support of training programs for volunteers in rehabilitation of the mentally retarded, not only for assistance to professional personnel engaged in services to individuals or groups, but also for lay leadership in community planning and program development;

---Development of training programs to prepare executives and other management personnel in rehabilitation facility administration, including workshops offering sheltered employment, vocational evaluation or occupational adjustment services;

---Extension and development of training in rehabilitative medicine to include orientation to mental retardation at the undergraduate level and at the residency level in physical medicine and rehabilitation.

Based upon 1967 obligations, long-term training grants in mental retardation supported by the Rehabilitation Services Administration will include:

Multi-Disciplinary Programs

California Department of Mental Hygiene, California State College, Columbia University, Devereaux Foundation, University of Colorado Medical Center, New York Academy of Sciences, University of Oregon, University of Wisconsin, University of Washington.

Field Instruction Units

Rehabilitation Counseling

California State College, University of Florida, Michigan State University, New York Medical College, University of Oregon, Southern Illinois University, State University of New York at Buffalo, West Virginia University, University of Wisconsin.

Social Work

Boston College--Simmons College, University of California (Berkeley), University of California (Los Angeles), University of Connecticut, University of Denver, Florida State University, University of Georgia, University of Hawaii, Howard University, Louisiana State University, University of Louisville, University of Michigan, Our Lady of the Lake College, University of Puerto Rico, New York University, University of Pittsburgh, Rutgers State University, State University of New York Research Foundation,

Syracuse University, University of Texas, Tulane University, University of Utah, University of Washington, University of Wisconsin (Madison), University of Wisconsin (Milwaukee).

Speech Pathology and Audiology

University of Georgia, Michigan State University

Physical Therapy

Ithaca College, University of Oklahoma

Medicine

University of Mississippi, University of Rochester

Medical Genetics

University of California

Dentistry

Long Island Jewish Hospital, Montana State Board of Health

Medical Technology

St. Mary's Junior College, University of Wisconsin

Psychology

University of Alabama, Memphis State University, University of Mississippi, University of South Carolina

Nursing

California Board of Nursing Education, University of Tennessee

Program Management

Florida State University

Short term training in mental retardation is being conducted by University of Alabama, Boston College, California State College, Columbia University, Denver Board for the Mentally Retarded and Seriously Handicapped, Inc., University of Indiana, National Recreation and Park Association, University of Minnesota, New York Academy of Science, University of North Carolina, University of Southern California, University of Wisconsin.

The long-term multi-disciplinary training programs at the University of Wisconsin and the University of Oregon are now operating within Social Rehabilitation Service Research and Training Centers. Long-term traineeships at these Centers are supported by Rehabilitation Services Administration funds and 4 such traineeships were awarded by the Research and Training Center at the University of Oregon in Fiscal year 1967. Although the underlying content and intent of the multi-disciplinary courses supported under the Vocational Rehabilitation Act are geared to vocational rehabilitation, the programs will serve many other professional disciplines either in their own professional grouping or in courses serving several professional disciplines.

The grant to the New York Academy of Science is for support of a series of two-day courses to train specialists in different fields in the concept and techniques of the interdisciplinary "workshop" conference. Such conferences are designed to provide an exchange of ideas and discussion in depth by scientists with different backgrounds and training but a common interest in mental retardation.

Individual traineeship grants have also been awarded to 65 post-resident, graduate, and post-graduate nursing students to pursue professional careers in mental retardation in such fields as medicine, dentistry, psychology, social work, nursing recreational therapy, speech therapy, and music therapy.

b. Hospital Inservice Training

The Rehabilitation Services Administration is especially concerned with improving the quality of service within institutions for the mentally retarded. Hospital Inservice Training grants have been designed to provide a continuing means for increasing the effectiveness of employees in State training schools and other State residential institutions for the mentally retarded.

One hundred and five of the eligible State residential facilities in 45 States and 2 territories are receiving a total of \$2,182,000 through the Hospital Inservice Training program and are translating the rapidly expanding body of knowledge about practices in the care of the mentally retarded into more effective services.

Hospital inservice training has been broadly defined to include: pre-service training, job-related training, inservice training, continuing education, special training and technical training needed to introduce new methods, and training to make better employees.

Because personnel such as attendants, houseparents, psychiatric aides, and others in the personnel category comprise over 84 percent of those rendering direct care to institutionalized retardates, the first major area

and workshops; the construction of rehabilitation facilities and sheltered workshops; and initial staffing support for newly constructed rehabilitation facilities and workshops. Special provisions are made to permit the inclusion of residential facilities within projects for the construction of workshops for the mentally retarded.

State Planning grants for workshops and rehabilitation facilities encompass: (1) the development of a State Workshop and Rehabilitation Facilities Plan, and (2) a continuing program for assessing needs and evaluating activities for establishment, construction, utilization, development, and improvement of workshops and rehabilitation facilities.

Project Development grants pay part of the cost of organized, identifiable activities necessary for the planning and development of specific local construction projects for rehabilitation facilities or workshops. These projects are oriented particularly towards assisting local citizens groups with limited financial resources to engage consultants and secure other types of help to develop a sound project proposal.

During fiscal year 1967, thirteen Project Development Grants, having a national average of \$7,300, were made to applicants planning a specific construction project providing services to the mentally retarded.

Construction grants assist in the costs of the new construction of rehabilitation facilities and workshops; the acquisition, expansion and alteration of existing facility and workshop buildings; initial equipment for the completed project.

Twenty-two construction grants totaling \$3,000,000 were awarded during fiscal year 1967. Seventeen projects were for the construction of workshops, four were for the construction of comprehensive rehabilitation centers, and one was for the construction of a comprehensive speech and hearing rehabilitation center. Most of these projects are multi-disability in nature and serve the mentally retarded as well as other disability groups. A workshop serving only the retarded was constructed, however, at the Travis State School in Texas under this program.

c. University-Affiliated Facilities for the Mentally Retarded

The University-Affiliated Facilities for the Mentally Retarded program assists universities or affiliated facilities for the mentally retarded in the construction of special clinical facilities capable of demonstrating exemplary care, treatment, education and habilitation of the mentally retarded. In University-Affiliated clinical facilities comprehensive services are provided; specialized personnel are trained; or new techniques of specialized service are demonstrated.

The primary purpose of this program is to provide facilities for the clinical training of physicians and other professional and technical personnel in the field of mental retardation. Among the professional disciplines represented in these facilities are medical personnel, dentists, nurses, speech and hearing therapists, nutritionists, physical therapists, occupational therapists, rehabilitation specialists, special educators, psychologists,

social workers, recreational specialists and chaplains. Each facility is encouraged to conduct a comprehensive multidisciplinary training program so that each discipline involved in the care and rehabilitation of the mentally retarded may be fully familiar with the contributions of the other disciplines.

The Mental Retardation Amendments of 1967 (P.L. 90-170) extended the university-affiliated construction program until June 1970. The present law was also amended to provide grants for the construction of university-affiliated facilities which include programs for persons with other neurological handicapping conditions related to mental retardation.

Because of the complexity of the university-affiliated program, individual planning grants are available. Such individual grants may not exceed \$25,000 nor more than 75 percent of the planning costs.

Examples of approved projects for the construction of university-affiliated for the mentally retarded are: Children's Rehabilitation Institute, Reisterstown, Maryland; University of Colorado, Denver Colorado; Walter E. Fernald State School, Waltham, Massachusetts; Children's Hospital Medical Center, Boston, Massachusetts; Georgetown University, Washington, D. C.; University of California Neuropsychiatric Institute, Los Angeles, California; University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama; Indiana University Medical Center, Indianapolis and Bloomington, Indiana; University of N. C., Chapel Hill, North Carolina; University of Tennessee, Memphis, Tennessee; New York Medical College, New York, New York; Georgia Department of Public Health, Atlanta and Athens, Georgia; University of Oregon, Portland and Eugene, Oregon; and University of Miami, Miami, Florida.

5. Planning

a. Mental Retardation Planning and Coordination

State planning for comprehensive coordinated services to the mentally retarded was begun in 1964 under P.L. 88-156 and is now supported under P.L. 89-97 in the form of continued planning, the development of mechanisms for the coordination of programs of State agencies dealing with the mentally retarded, and the mobilization of community support.

Under the current planning and implementation program, \$2.75 million was authorized for each of 2 years. By the end of the year, approximately \$4.25 million of the \$5.5 million appropriated had been awarded to 53 of the 54 eligible States. Although the implementation programs vary greatly from State to State, progress is evident in all areas. For example, stress has been placed on community planning in Colorado, North Carolina, Florida and Nebraska. The division of a State into regions for better assessment

Syracuse University, University of Texas, Tulane University,
University of Utah, University of Washington, University of
Wisconsin (Madison), University of Wisconsin (Milwaukee).

Speech Pathology and Audiology

University of Georgia, Michigan State University

Physical Therapy

Ithaca College, University of Oklahoma

Medicine

University of Mississippi, University of Rochester

Medical Genetics

University of California

Dentistry

Long Island Jewish Hospital, Montana State Board of Health

Medical Technology

St. Mary's Junior College, University of Wisconsin

Psychology

University of Alabama, Memphis State University, University
of Mississippi, University of South Carolina

Nursing

California Board of Nursing Education, University of Tennessee

Program Management

Florida State University

Short term training in mental retardation is being conducted by
University of Alabama, Boston College, California State College, Columbia
University, Denver Board for the Mentally Retarded and Seriously Handi-
capped, Inc., University of Indiana, National Recreation and Park Associa-
tion, University of Minnesota, New York Academy of Science, University
of North Carolina, University of Southern California, University of Wisconsin.

The long-term multi-disciplinary training programs at the University of Wisconsin and the University of Oregon are now operating within Social Rehabilitation Service Research and Training Centers. Long-term traineeships at these Centers are supported by Rehabilitation Services Administration funds and 4 such traineeships were awarded by the Research and Training Center at the University of Oregon in Fiscal year 1967. Although the underlying content and intent of the multi-disciplinary courses supported under the Vocational Rehabilitation Act are geared to vocational rehabilitation, the programs will serve many other professional disciplines either in their own professional grouping or in courses serving several professional disciplines.

The grant to the New York Academy of Science is for support of a series of two-day courses to train specialists in different fields in the concept and techniques of the interdisciplinary "workshop" conference. Such conferences are designed to provide an exchange of ideas and discussion in depth by scientists with different backgrounds and training but a common interest in mental retardation.

Individual traineeship grants have also been awarded to 65 post-resident, graduate, and post-graduate nursing students to pursue professional careers in mental retardation in such fields as medicine, dentistry, psychology, social work, nursing recreational therapy, speech therapy, and music therapy.

b. Hospital Inservice Training

The Rehabilitation Services Administration is especially concerned with improving the quality of service within institutions for the mentally retarded. Hospital Inservice Training grants have been designed to provide a continuing means for increasing the effectiveness of employees in State training schools and other State residential institutions for the mentally retarded.

One hundred and five of the eligible State residential facilities in 45 States and 2 territories are receiving a total of \$2,182,000 through the Hospital Inservice Training program and are translating the rapidly expanding body of knowledge about practices in the care of the mentally retarded into more effective services.

Hospital inservice training has been broadly defined to include: pre-service training, job-related training, inservice training, continuing education, special training and technical training needed to introduce new methods, and training to make better employees.

Because personnel such as attendants, houseparents, psychiatric aides, and others in the personnel category comprise over 84 percent of those rendering direct care to institutionalized retardates, the first major area

o and projection of programming is being emphasized in Illinois, Indiana,
a Connecticut, and Wisconsin. Special projects with primary attention to
t implementation objectives have been undertaken in Texas, New York, Michigan
a and Montana.

b. Vocational Rehabilitation Planning

t The Vocational Rehabilitation Amendments of 1965 authorized a program
m of grants to States to plan for the orderly development of comprehensive
p vocational rehabilitation services, including services provided by private,
non-profit agencies. These plans, which will involve careful consideration
g of the rehabilitation needs of the mentally retarded, have the objectives
i of making vocational rehabilitation services available by 1975 to all handi-
o capped individuals who need them. Fifty-two comprehensive Statewide planning
t projects are now being undertaken by State vocational rehabilitation agencies
t and other designated agencies throughout the country.

a State Planning Grants for Workshops and Rehabilitation Facilities provide
s for the coordination orderly development of the total State-Federal facilities
t effort. Initial State Workshop and Rehabilitation Facility Plans have been
completed in the 49 States receiving grants. These States received con-
i tinuation grants for a second year during which the plans are being updated
v and refined. Upon completion of the continuation grants in June of 1968,
this program will become a part of the State vocational rehabilitation agency
operation, thus assuring a permanent program in each State agency for
t assessing needs and evaluating activities for establishment, construction,
s utilization, development, and improvement of workshops and rehabilitation
s facilities.

6. Films and Publications

a The Rehabilitation Services Administration continues to distribute a
i documentary film, "Handle with Care," stressing the value of a fixed
S community point of referral upon which the families of the mentally retarded
q can depend for continuing lifetime guidance and assistance in obtaining
S appropriate services. The film has been placed in State health departments
and medical school film libraries for wider distribution.

v A second film, "Teaching the Mentally Retarded--A Postive Approach,"
o a documentary dealing with behavior shaping, was placed in circulation
a during 1967. It is aimed at child-care workers and attendants as well as
students who are preparing to work with the mentally retarded.

a Numerous publications have been prepared and placed in circulation.
w One in particular, "A Modern Plan for Modern Services," states the basic
philosophy of the Division of Mental Retardation in 6 major points. Briefly
stated, these points emphasize: (1) utilization of generic community agencies
in lieu of establishing specialized services, (2) provision of basic training
a in mental retardation for every category of service personnel, (3) definition
o for utilization of specialized services and agencies, (4) placement of a

mental retardation specialist in every generic agency, (5) development of standards for service and training and (6) coordination within the community.

Under consideration and in various stages of production are several other publications and another film.

FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration is concerned with the prevention of mental retardation which might result from drugs or hazardous substances. This concern extends to consumers in all age groups, but especially the reproductive age and the vulnerable periods of embryonic, fetal and infant life. Immature mechanisms of detoxification make the premature or newborn age group especially vulnerable to serious toxicity including brain damage from drug dosage levels which may have proven safe in older infants. The statutory mission of the Food and Drug Administration includes developing and enforcing valid criteria for drug testing, identification and proper labeling of products hazardous to the public in use or misuse, and keeping from the market foods, food additives, pesticides, drugs, devices or cosmetics considered either unsafe or misbranded.

In particular, the Office of New Drugs, in the Bureau of Medicine, monitors the investigational use of new drugs in early testing phases. Thorough animal experimentation is required before a new drug may be tested on humans, and frequent reporting of the actions of the new drugs is part of the overall surveillance program of the Bureau.

The Food and Drug Administration is concerned as well with the treatment of mental retardation insofar as special diets and drugs are known to be efficacious for this purpose, but also takes regulatory action against drugs or devices which are represented to be useful in the prevention or treatment of retardation but are not in fact effective for such purposes.

Surveillance activities of the Food and Drug Administration encompass any untoward effect of chemicals used in foods, drugs, cosmetics and household chemicals. In the acquisition of these data, close liaison has been established with many hospitals in the nation, with the American Medical Association, the World Health Organization, the pharmaceutical industry, and other health, education and welfare agencies. The evaluation, cataloging and retrieval of this information, for ready consumer protection, is being undertaken by advanced data processing methods.

SOCIAL SECURITY ADMINISTRATION

Purpose

The social security program today is the basic method in the United States of assuring income to individuals and families who suffer a loss of earnings when workers retire, become disabled, or die and, since July 1, 1966, health insurance protection to persons 65 and over.

Historical Development

In 1935, when the original social security law was passed, the program was to have provided only retirement benefits to aged workers. In 1939, benefits for dependents and survivors were added and benefits became payable in 1940. Protection against long-term total disability-not only for disabled workers, but also for adult sons or daughters (who became disabled before age 18) of disabled, retired, or deceased workers-was provided by the 1956 Amendments. In 1965, health insurance benefits for the aged were added. Since 1949, there have been six general benefit increases in recognition of the fact that prices and wages have gone up.

Economic Impact

Significant numbers of the mentally retarded are among social security beneficiaries, particularly among dependents who have been continuously disabled since childhood. The problem of mental deficiency is a major factor in more than 65 percent of the beneficiary group having disabilities which began in childhood. It is the primary diagnosis in about half of all childhood disability cases. In fiscal year 1967 an estimated 143,650 adult mentally retarded beneficiaries received \$93,600,000 in social security benefits. The number of mentally retarded children under age 18 who receive payments as dependents of retired, disabled, or deceased workers is unknown, since their benefits are payable without regard to disability.

Under social security's "Childhood Disability" provisions, lifetime monthly payments can be made to a person age 18 or over who has been disabled by mental retardation--or other impairments--since childhood. The social security law has special importance for the parents of a mentally retarded child because, in many cases, the monthly benefits enable the retarded childhood disability beneficiary to be cared for at home instead of in an institution. Furthermore, as more and more retarded people outlive their parents on whom they have always been dependent (about half of the childhood disability beneficiaries are over 35 and 25 percent of them are over 45), the program presents a source of comfort for fathers and mothers who know that financial help will be forthcoming, even after their death.

If the parents are dead, a relative who has demonstrated a continuing interest in the beneficiary's welfare, a welfare agency, or a legal guardian may be chosen as representative payee to handle the benefit funds and plan for using them in behalf of the beneficiary. A representative payee receives social security benefits in trust for the beneficiary and, as a trustee, is held held accountable for the way in which he uses the benefits. The Social Security Administration recently annotated records to identify beneficiaries disabled since childhood who are under representative payment to institutions for the mentally retarded. This will give future access to an enumeration, by State, of this beneficiary group.

Health insurance benefits under the social security law are available to any individual, including a mentally retard individual who is 65 or over and who meets certain necessary conditions. Therefore, a mentally retarded individual 65 years of age who has contracted an illness or suffered an inquiry is, like any other person in this age group, protected under the health insurance program. However, the health insurance for the aged program specifically prohibits reimbursement under the law for expenses incurred for custodial care, i.e., personal care designed primarily to aid an individual in meeting the activities of daily living and which does not require the continuing attention of trained medical or paramedical personnel. Therefore, an aged mentally retarded person whose only deficiency is mental retardation requiring general institutional care, e.g., vocational training, help in the activities of daily living, and so forth would not be receiving the type of care covered under the medicare program.

Activities and Achievements

All district offices of the Social Security Administration maintain a referral service to other programs and services of both public and private agencies and organizations. Giving information about these programs and agencies is an essential part of the Social Security Administration's service to the public. Disabled persons applying for disability benefits under social security are promptly referred to the Rehabilitation Services Administration, to the end that the maximum number may be rehabilitated into productive activity or to a level of self-care. Information and referral service is also provided to non-beneficiaries or applicants who inquire about services at social security district office.

SSA has participated in the program for employment of the mentally retarded since its inception and has experienced first-hand the excellent work the mentally retarded can perform in positions geared to their handicap. A total of 62 are on duty at the present time as follows: 24 in Central Headquarters offices, 18 in payment centers, and 20 in district offices. Added to the general clerical duties of retardates in central office has been the clerical function in connection with the card reading machines in the control of claims folders. All are performing in a highly satisfactory manner and 7 have done well enough to be promoted to GS-2.

In the area of public information, the Social Security Administration developed a pamphlet entitled, "Social Security: What it Means for the Parents of a Mentally Retarded Child." This pamphlet describes the conditions under which a mentally retarded child may be eligible for social security benefits. It explains to the parents or guardian how these benefits should be applied for. Some 225,000 copies have been distributed and the pamphlet is now undergoing revision to reflect the 1967 amendment changes.

A new exhibit, "Childhood Disability and Social Security," had its premier showing at the convention of the American Orthopsychiatric Association, in Washington, D.C., in March 1967. Other meetings at which it has already been shown or is scheduled to be shown include the American Association of Mental Deficiency, the American Osteopathic Association, and the Southeastern Association on Mental Deficiency.

Plans are being made for the development of a film (originally scheduled for 1967) about the value of social security benefits to the mentally retarded child and his family. The film will be one of a series being produced in color for television featuring social security beneficiaries whose "stories" have dramatic human interest appeal. The film would portray "A Day in the Life of a Mentally Retarded Child and His Family."

The Social Security Administration conducted a nationwide survey in the fall of 1967 which will supply basic information about institutionalized adults, including the mentally retarded in institutional care. The 1967 survey of institutionalized adults examined the socio-economic characteristics of mentally retarded persons (as well as other disable persons) over age 18 in institutions such as homes and schools for the mentally or physically handicapped, mental hospitals, chronic diseases and other long-term hospitals. This survey focused on the types of care they receive, the cost of care, and sources of payment, the economic resources of the patient and his family, and his family relationships.

The 1966 survey of disabled adults (non-institutionalized) will also provide a wide range of data on financial, medical and family arrangements of disabled adults who are mentally retarded.

SURPLUS PROPERTY PROGRAM

The Division of Surplus Property Utilization, within the Office of the Assistant Secretary for Administration, carries out the responsibilities of the Department under the Federal Property and Administrative Services Act of 1949, which makes available for health and educational purposes surplus Federal real and personal properties. The properties which become available under this program are those that have been determined by the General Services Administration as no longer having any further Federal utilization.

Surplus personal properties are screened to determine those types which may be needed and usable by eligible institutions throughout the country in conducting health and educational programs. Properties determined to have utilization for these purposes are allocated by the Department of Health, Education, and Welfare for transfer to State agencies for Surplus Property which have been established in all States. It is the function of these State agencies to secure the properties, warehouse them, and make them available to eligible donees for health and educational uses. The only cost to the eligible donees are the handling and service charges which are assessed by the State agencies.

In the case of real properties which have been determined to be surplus to Federal needs, notices of their availability are sent to potential eligible applicants either by the State agencies or the Regional Representative for Surplus Property located in each of our nine Regional Offices. Real properties available for removal from their site for relocation are conveyed by agreement of sale with restrictions as to the use of the facilities which run for a period of 5 years. These properties are conveyed with a 95 percent public benefit allowance discount from their fair market value. Land or land and buildings together with other improvements are conveyed by deed which contain restrictions as to use for a period of 30 years. These properties are conveyed with public benefit discount allowances ranging from 50 to 100 percent of fair market value. The only other costs to eligible transferees are "out of pocket" Federal cost, i.e., appraisals, surveys, etc.

Schools for the mentally retarded are eligible to acquire surplus real and personal property. In the case of personal property, such a school must be operated primarily to provide specialized instruction to students of limited mental capacity. It must be tax-supported or non-profit and exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. It must operate on a full-time basis with a staff of qualified instructors for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded. It must also demonstrate that the facility meets the health and safety standards of the local governmental body. In the case of real property, the applicant must be a State or political subdivision thereof, or instrumentality, a tax-supported educational or public health institution, or a non-profit educational or public health institution that has been held to be exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of

1954. Its proposed program of use must be for a fundamentally educational or public health purpose; i.e., devoted to academic, vocational or professional instruction, or organized and operated to promote and protect the public health.

Types of personal property available would range anywhere from a nail to an electronic computer. Many items of surplus personal property have never been used before. Real properties would consist of all types of buildings which are removable, land with or without structures, and other improvements such as utility lines, sewer and water systems, etc.

Pamphlets giving more detailed information as to eligibility of organizations for both surplus real and personal properties, as well as additional information in connection with the surplus property utilization program, along with a directory of the State agencies for Surplus Property and the nine regional offices of the Department, may be obtained from the Division of Surplus Property Utilization, U.S. Department of Health, Education, and Welfare, Washington, D.C., 20201.

The following are examples of real properties conveyed under the program for use in aiding the mentally retarded. Frequently, these facilities are put to a joint use, namely, for the training of the mentally retarded as well as the physically handicapped. Other conveyances have been made for hospital use where, as a part of the total program, portions of the facility are used for the treatment and training of the mentally retarded.

The State of Missouri passed legislation authorizing the State Department of Education to establish and operate State schools for mentally retarded in any county or in a district comprised of two or more counties. One of the first of these schools has been established on the 4.95 acres of land and 9 buildings we conveyed for this purpose at the surplus O'Reilly General Hospital, Springfield, Missouri. The facility is a day school for a maximum enrollment of 90 children.

The State of Florida has undertaken the establishment of a System of Sunland Training Centers throughout the State for the training of its mentally retarded children. Present plans call for 10 of these Centers having capacity of approximately 1,000 resident students each. One of these Centers, serving the northwest section of the State, has been established at Marianna, Florida, on 372.67 acres of land and 65 buildings, formerly the Graham Air Force Station, through our surplus property utilization program. Most of the personal property for the operation of this facility was conveyed with the real estate.

Other States also have programs for the mentally retarded, using Federal surplus real property. The Department conveyed 34.39 acres of land and 47 buildings, formerly the Lufkin Air Force Base, Lufkin, Texas, to the Texas State Hospital and Special Schools for a resident unit to accommodate between 1,000 and 1,500 retarded children. Louisiana received 537 acres with modest improvements at the Belle Chasse Navy Ammunition Depot, New Orleans, as a

site for a State unit serving this area for day treatment and resident training and care of mentally retarded. The State of Kansas has renovated the Winters Veterans Administration Hospital, also an intact transfer comprising 225 acres and 195 buildings, for the treatment and care of some 300-400 mentally retarded children.

The Warren City School District, Warren, Ohio, has initiated a novel program for learning incentive for slow learning pupils of intelligence quotients between 50 and 79. Through our program, the School District obtained 76.4 acres of land and 10 buildings from the Youngstown Family Housing Annex, Trumbull County, Ohio. There are farm ponds, vocational shops, and programs for conservation and horticulture. An experiment in providing summer garden plots for these pupils was significantly successful.

The State of Georgia obtained the former Veterans Administration Domiciliary in Thomasville, consisting of 207 acres of land and 131 buildings, with a bed capacity of 400 to 800, for the care and rehabilitation of the mentally ill and retarded. Another site of nearly 200 acres at the former U.S. Penitentiary Honor Farm near Atlanta has been conveyed for a Regional Mental Hospital for the rehabilitation and training of the mentally ill and retarded. The State of Ohio received the former Veterans Administration Hospital at Broadview Heights, near Columbus, which will initially accommodate 250 mentally retarded, with a future capacity of 600. This will greatly alleviate the critical situation in this area where, in this one county alone, there is a waiting list of 2,200 mentally retarded requiring treatment.

Smaller areas, such as former Post Office buildings and sites, Nike Sites, have been converted into schools and training centers. The former Post Office at Carlisle, Pennsylvania, is now a school, operated by the Cumberland County Association for Retarded Children; Lake County, Ohio, has converted the former Post Office at Willoughby into a school for the retarded; and portions of Nike Sites at Needham, Massachusetts, and King County, Washington, are now used in the care and training of the mentally retarded.

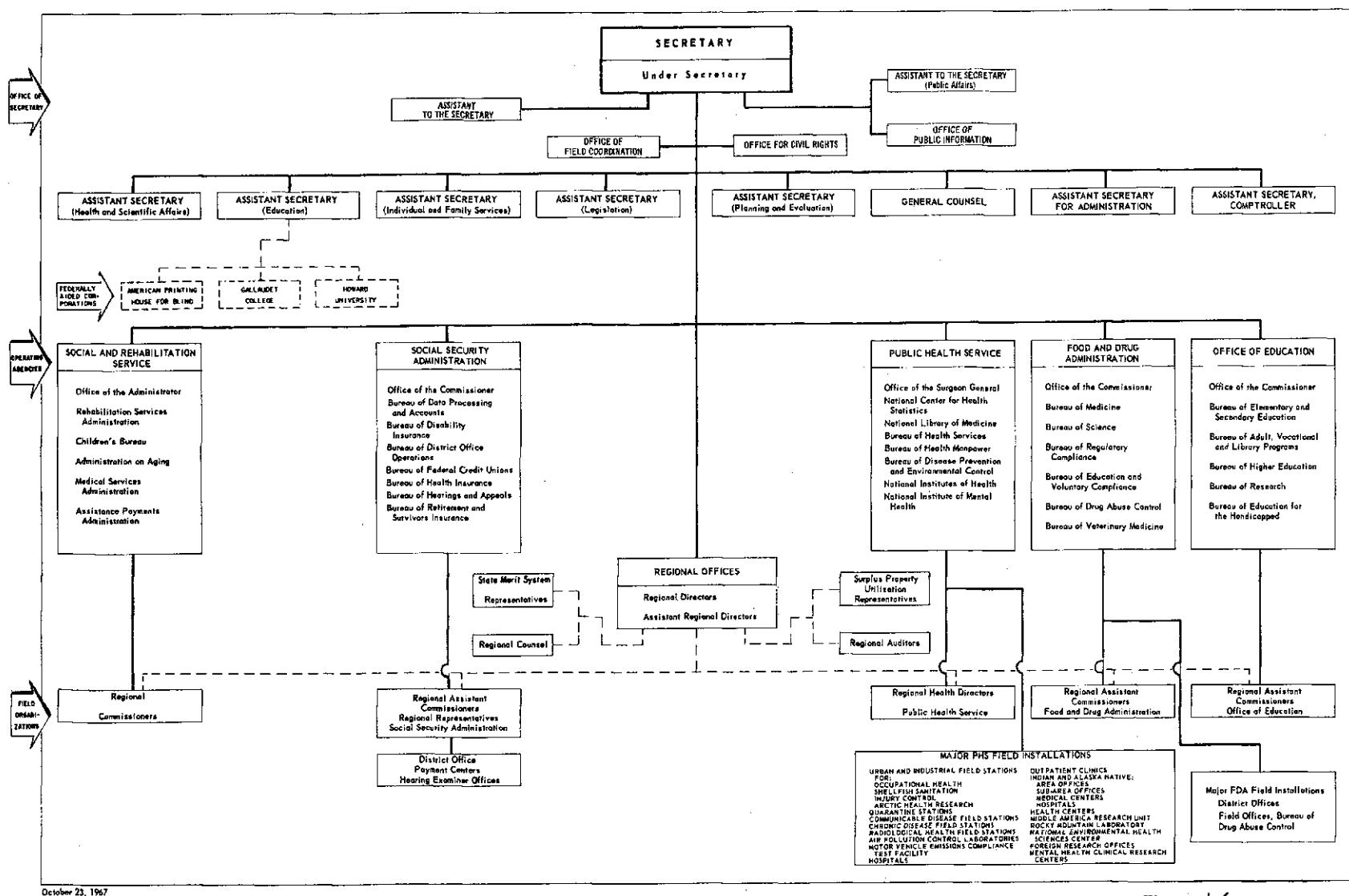
These are but a few examples of where Federal property, both large and small, which are no longer required for Government use, are serving the country in the care of its mentally retarded.

Through June 30, 1967, 4,821 acres and 718 buildings have been transferred to institutions for use in programs serving the mentally retarded. These properties originally cost the Government \$35,592,829, and had a fair market value of \$13,339,701 at time of transfer.

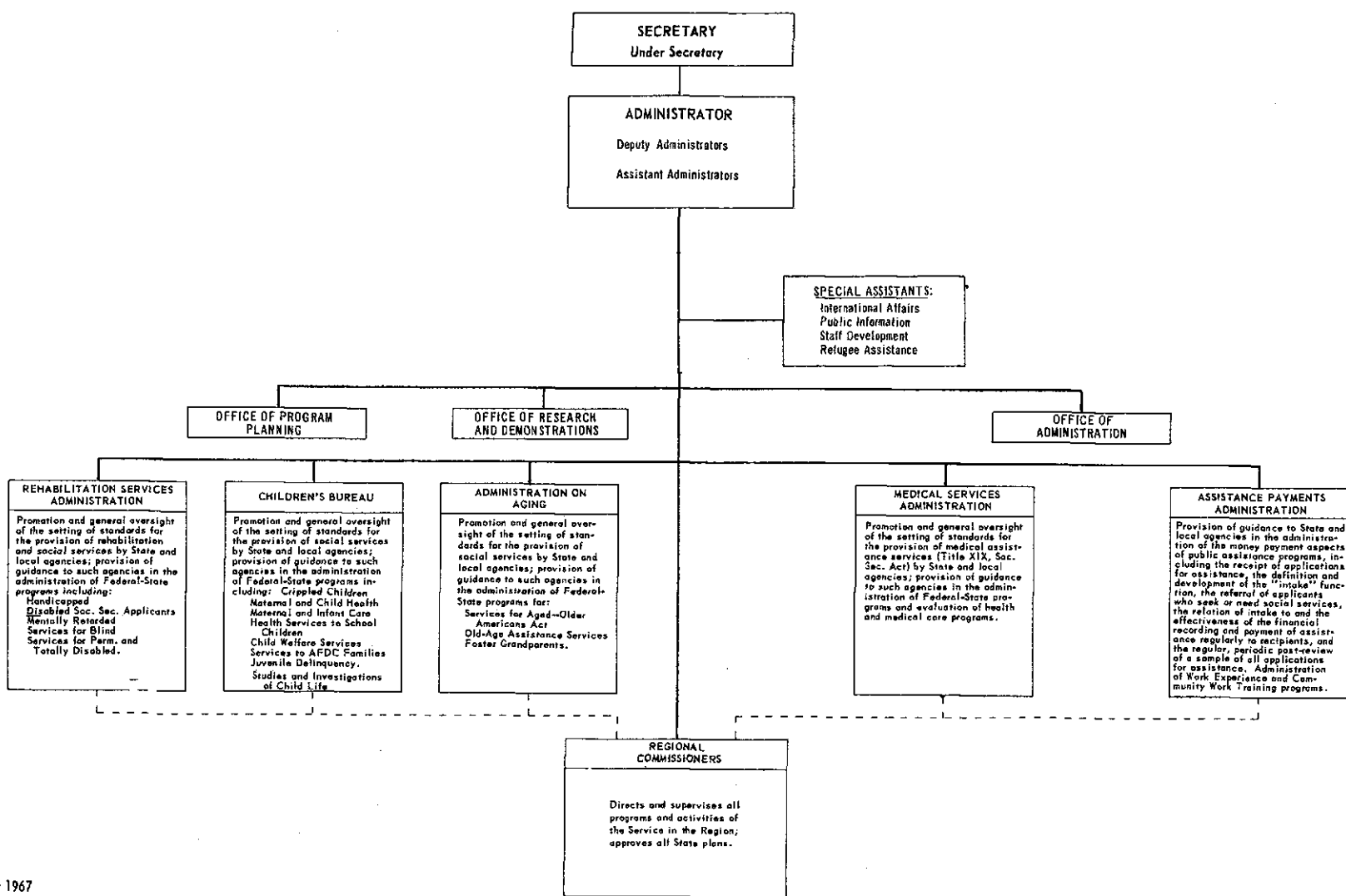
APPENDIX A.

TABLES OF ORGANIZATION OF THE
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service



APPENDIX B

TABLE I
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Obligations for Mental Retardation Programs
By Activity Designation

Fiscal Years 1967-1968
(Thousands of dollars)

	Fiscal Years	
	1967 Actual	1968 Estimate
<u>Preventive Services</u>		
Social and Rehabilitation Service	\$27,744	\$30,000
<u>TOTAL</u>	27,744	30,000
<u>Other Services</u>		
Office of Education	27,512	37,996
Social and Rehabilitation Service		
Vocational Rehabilitation	23,330	32,915
Mental Retardation	9,616	6,790
Maternal and Child Welfare	11,760	11,775
Public Health Service	-0-	2,661
<u>TOTAL</u>	72,218	92,137
<u>Training of Personnel</u>		
Office of Education	9,976	9,910
Social and Rehabilitation Service:		
Vocational Rehabilitation	1,700	1,760
Maternal and Child Welfare	9,965	12,965
Mental Retardation	4,659	2,182
Public Health Service	11,408	13,177
<u>TOTAL</u>	37,708	39,994
<u>Research</u>		
Office of Education	165	100
Social and Rehabilitation Service:		
Vocational Rehabilitation	3,764	3,894
Maternal and Child Welfare	3,922	5,090
Mental Retardation	32	126
Public Health Service	22,415	18,479
<u>TOTAL</u>	30,298	27,689

	Fiscal Years	
	1967 Actual	1968 Estimate
<u>Construction</u>		
Social and Rehabilitation Service:		
Vocational Rehabilitation	\$ 2,302	\$ 2,692
Mental Retardation	32,339	21,408
Public Health Service	6,026	-0-
<u>TOTAL</u>	40,667	24,100
<u>Planning</u>		
Social and Rehabilitation Service:		
Mental Retardation	1,523	1,857
<u>TOTAL</u>	1,523	1,857
<u>Income Maintenance</u>		
Social and Rehabilitation Service	79,560 ^{1/}	103,065 ^{1/}
Social Security Administration	95,200	109,650
<u>TOTAL</u>	174,760	212,715
<u>Other</u>		
Office of Education	48	48
Social and Rehabilitation Service:		
Mental Retardation	1,317	-0-
Public Health Service	55	52
Office of the General Counsel	44	46
<u>TOTAL</u>	1,464	146
President's Committee on Mental Retardation	(316) ^{2/}	577 ^{3/}
Interdepartmental Coordination	(105) ^{2/}	(105) ^{2/}
<u>GRAND TOTAL, all funds</u>	386,382	429,215
Grants and Services	211,622	216,500
Income Maintenance Payments	174,760	212,715

^{1/} Estimates of costs due to mentally retarded persons receiving public assistance under the program of aid to the permanently and totally disabled.

^{2/} These amounts are shown as non-add items since they are derived from funds available to several agencies of the Department for mental retardation activities.

^{3/} Becomes a line item in FY 1968.

Table II

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Obligations for Mental Retardation Programs
By Agency DesignationFiscal Years 1967-1968
(Thousands of dollars)

	Fiscal Years	
	1967 Actual	1968 Estimate
<u>Public Health Service</u>		
Services	\$ -0-	\$ 2,661
Training of Personnel	11,408	13,177
Research	22,415	18,479
Construction	6,026	-0-
Other	55	52
<u>TOTAL</u>	39,904	34,369
<u>Office of Education</u>		
Services	27,512	37,996
Training of Personnel	9,976	9,910
Research	165	100
Other	48	48
<u>TOTAL</u>	37,701	48,054
<u>Social and Rehabilitation Service</u>		
Preventive Services	27,744	30,000
Services	44,706	51,480
Training of Personnel	16,324	16,907
Research	7,718	9,110
Construction	34,641	24,100
Planning	1,523	1,857
Income Maintenance	79,560 ^{1/}	103,065 ^{1/}
Other	1,317	-0-
<u>TOTAL</u>	213,533	236,519
<u>Social Security Administration</u>		
Income Maintenance	95,200	109,650
<u>TOTAL</u>	95,200	109,650

	Fiscal Years	
	1967 Actual	1968 Estimate
<u>Office of the General Counsel</u>		
Other (Legal Services)	\$ 44	\$ 46
<u>TOTAL</u>	44	46
<u>President's Committee on Mental Retardation</u>	(316) ^{2/}	577 ^{3/}
<u>GRAND TOTAL</u> , all funds	<u>386,382</u>	<u>429,215</u>
Grants and Services	211,622	216,500
Income Maintenance Payments .	174,760	212,715

1/ Estimates of costs due to mentally retarded persons receiving public assistance under the program of aid to the permanently and totally disabled.

2/ This amount shown as non-add items since they are derived from funds available to several agencies of the Department for mental retardation activities.

3/ Becomes a line item in FY 1968.

APPENDIX C

AUTHORIZATIONS FOR APPROPRIATIONS FOR MENTAL RETARDATION GRANTS

Fiscal Years 1964-1970

P.L. 88-164, "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" as amended

(Millions of Dollars)								
Fiscal Years								
	1964	1965	1966	1967	1968	1969	1970	Total
Construction and Staffing Grants								
Research Centers	6.0	8.0	6.0	6.0	-	-	-	26.0
Facilities								
University-Affiliated Facilities	5.0	7.5	10.0	10.0	10.0	20.0	20.0	82.5
Community Facilities	-	10.0	12.5	15.0	30.0	30.0	50.0	147.5
Staffing	-	-	-	-	7.0	10.0	14.0	31.0
Total.....	11.0	25.5	28.5	31.0	47.0	60.0	84.0	286.0
Education of the Handicapped								
Training Grants	13.0	14.5	19.5	29.5	34.0	51.5	55.0	217.0
Research & Demonstration Demonstration	2.0	2.0	6.0	9.0	12.0	14.0	18.0	63.0
Total.....	15.0	16.5	25.5	38.5	46.0	65.5	73.0	262.0
Physical Education and Recreation								
Training Grants	-	-	-	-	1.0	2.0	3.0	6.0
Research and Demonstration	-	-	-	-	1.0	1.5	1.5	4.0
Total.....	-	-	-	-	2.0	3.5	4.5	10.0
Grand Total, P.L. 88-164 (as amended).....	26.0	42.0	54.0	69.5	95.0	129.0	161.5	576.0

APPENDIX D

1967 Issues of "Programs for the Handicapped"*
(Mental Retardation Report)

January 6, 1967	67-1	Abstracts of Mental Retardation Research and Demonstration Projects
January 27, 1967	67-2	Abstracts of Children's Bureau Mental Retardation Research Projects
February 10, 1967	67-3	Progress Report on Mental Retardation Research Centers and University-Affiliated Facilities
March 3, 1967	67-4	Text of President Johnson's Special Message to Congress on Children and Youth
March 9, 1967	67-5	Proposed Legislation Related to Mental Retardation
May 31, 1967	67-6	Recreation Programs for the Mentally Retarded
June 30, 1967	67-7	New Mental Retardation Publications
June 30, 1967	67-8	Miscellaneous: Lead Poisoning; Measles; "Vocational Rehabilitation Amendments of 1967;" Review of Four Legislative Proposals; Two Construction Grants
July 31, 1967	67-9	Foster Grandparent Program
August 7, 1967	67-10	Progress Report on Construction of Community Facilities for Mentally Retarded
August 14, 1967	67-11	Abstracts of Mental Retardation Research Projects Funded by Vocational Rehabilitation Administration
August 31, 1967	67-12	Miscellaneous: Departmental Reorganization; Survey of Retarded Employed by Government; National Advisory Committee on Handicapped Children; The "Headbangers" (a film); Trends Noted in Public Institutions for the Mentally Retarded.
August 1, 1967	67-13	Residential Care for the Mentally Retarded.
September 1967	67-14	Mental Retardation Grants Part I: Construction, Training and Other
September 1967	67-15	Mental Retardation Grants, Part II - Research and Demonstration

*With the August 14, 1967 issue "Programs for the Handicapped" superceded "Mental Retardation Report."

October 24, 1967	67-16	Miscellaneous: "Vocational Rehabilitation Amendments of 1967;" "Mental Health Amendments of 1967;" Bureau of Education for the Handicapped; Green Bay Wisconsin Community Service Center for Mental Retardation; "Guide to National Park and Monuments for Handicapped Tourists" (a review)
October 31, 1967	67-17	Miscellaneous: Rehabilitation Services Administration; Regional Special Education Instructional Materials Centers; Survey of Institutionalized Adults Planned by Social Security Administration; <u>SWEAT</u> -Student Work Experience and Training Program
November 21, 1967	67-18	Training Professional Personnel in Field of Mental Retardation
December 21, 1967	67-19	"Mental Retardation Amendments of 1967"
December 29, 1967	67-20	Summary of Selected Activities in the Education of the Deaf
December 22, 1967	67-21	A National Concern for All the Handicapped- (a speech) Lisle C. Carter, Jr. Assistant Secretary for Individual and Family Services
December 26, 1967	67-22	Remarks by Secretary Gardner upon receiving the National Hemophilia Foundation Humanitarian Award

APPENDIX E

Department of Health, Education, and Welfare
Regional Offices

Regional Directors

REGION I

Walter W. Mode John Fitzgerald Kennedy Federal Building,
Boston, Massachusetts 02203 (Connecticut, Maine,
Massachusetts, New Hampshire, Rhode Island, Vermont)..... 223-3550

REGION II

Bernice L. Bernstein 42 Broadway (Room 1200), New York, N. Y. 10004
(Delaware, New Jersey, New York, Pennsylvania)..... 264-4600

REGION III

Bernard V. McCusty 220 7th Street, Charlottesville, Virginia 22901
(District of Columbia, Kentucky, Maryland, North Carolina,
Virginia, West Virginia, Puerto Rico, Virgin Islands)..... 296-1220

REGION IV

William J. Page, Jr. Peachtree-7th Building, 50 7th Street, N.E.
(Room 104), Atlanta, Georgia 30323 (Alabama, Florida,
Georgia, Mississippi, South Carolina, Tennessee)..... 526-5817

REGION V

James Brawley New Post Office Building (Room 712) 433 Van
Buren Street, Chicago, Illinois 60607 (Illinois, Indiana,
Michigan, Ohio, Wisconsin)..... 828-5160

REGION VI

James W. Doarn Federal Office Building, 601 East 12th Street
Kansas City, Missouri 64106 (Iowa, Kansas, Minnesota, Missouri,
Nebraska, North Dakota, South Dakota)..... 374-3436

REGION VII

James H. Bond 1114 Commerce Street, Dallas, Texas 75202
(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)..... 749-3396

REGION VIII

William T. VanOrman Federal Office Building (Room 9017), 19th &
Stout Street, Denver, Colorado 80202 (Colorado, Idaho,
Montana, Utah, Wyoming)..... 297-3373

REGION IX
Charles H. Shreve Federal Office Building, 50 Fulton Street,
San Francisco, California 94102 (Alaska, Arizona, California,
Hawaii, Nevada, Oregon, Washington, Guam, American Samoa)..... 556-6746

APPENDIX F

SUBCOMMITTEES OF THE SECRETARY'S COMMITTEE ON MENTAL RETARDATION

1. Mental Retardation Abstracts Advisory Subcommittee

Dr. Theodore Tjossem, Chairman
National Institute of Child Health
and Human Development

Mr. William F. Baxter, Jr.
Staff Assistant
Secretary's Committee on
Mental Retardation

Dr. Lorraine Bouthilet
National Institute of Mental
Health

Dr. James W. Moss
Office of Education

Mrs. Clara Schiffer
Children's Bureau

Mr. Thomas J. Skelley
Rehabilitation Services
Administration

Miss Pat Thobin
Rehabilitation Services
Administration

2. Mental Retardation Training Subcommittee

Mr. Wallace K. Babington
Chairman
Secretary's Committee on
Mental Retardation

Mr. Michael Begab
National Institute of Child
Health and Human Development

Dr. George Bouthilet
Rehabilitation Services Administration

Dr. Harold William Heller
Bureau of Education for the Handicapped

Miss Cecile Hillyer
Rehabilitation Services
Administration

Mr. Rudolf Hormuth
Children's Bureau

Mr. Vivian Hylton
Rehabilitation Services
Administration

Mr. Ralph Simon
National Institute of Mental
Health

3. Staff Group on Mental Retardation Research

Dr. Theodore Tjossem, Chairman
National Institute of Child Health
and Human Development

Dr. Edgar Bering
National Institute of Neurological
Diseases and Blindness

Dr. Elsa Keiles
National Institute of Neuro-
logical Diseases and Blindness

Dr. George Bouthilet
Rehabilitation Services Administration

Dr. George Olshin
Office of Education

Dr. William DeCesare
National Institutes of Health

Dr. Louis Spekter
Children's Bureau

Dr. Hyman Goldstein
Children's Bureau

Dr. Charles S. Nicholas
Rehabilitation Services
Administration

Dr. Howard Davis
National Institute of Mental Health

4. International Activities Subcommittee

Mr. William F. Baxter, Chairman
Staff Assistant, Secretary's
Committee on Mental Retardation

Dr. Katherine Bain
Children's Bureau

Dr. Robert I. Jaslow
Rehabilitation Services
Administration

Miss Betty Barton
Public Health Service

Dr. Leonard Karel
Public Health Service

Dr. Joseph Douglass
National Institute of Mental
Health

Dr. Richard Masland
National Institute of Neuro-
logical Diseases and Blindness

Dr. Harold Heller
Bureau of Education for the
Handicapped

Mr. Thomas J. Skelley
Rehabilitation Services
Administration

Miss Alma Hughes
Office of the Secretary, Health,
Education, and Welfare

Dr. Theodore Tjossem
National Institute of Child Health
and Human Development

Mr. Allen Menefee (Ex Officio)
President's Committee on
Mental Retardation

Subject Index

Administration on Aging, Foster Grandparent Program, 47
Appropriations for mental retardation, 97
Child welfare services, Social and Rehabilitation Service ,
 Children's Bureau, 54, 59
Children's Bureau, Social and Rehabilitation Service , 48
Community services
 Community Mental Health Centers Program, 30
 Rehabilitation Services Administration, 70
Construction
 community facilities for mentally retarded, 77
 mental retardation research centers, 30
 Public Health Services, 30
 Rehabilitation Services Administration, 77
 summary of activities, 11
 university-affiliated retardation facilities, 78
Crippled children's services, Social and Rehabilitation Service ,
 Children's Bureau, 53
Cytogenetic and biochemical laboratory programs, Social and Rehabili-
 tation Service , Children's Bureau, 54
Dental Programs, 54
Education, federal aid for education of handicapped children, 7, 35
Employment of mentally retarded, Social Security Administration, 84
Financial obligations of Department of Health, Education, and
 Welfare for mental retardation programs, 93, 95
Food and Drug Administration, 82
Foster Grandparent Program, 47
Hospital Improvement Project Grant Program of Rehabilitation Services
 Administration, 69
Income Maintenance, summary of activities, 12
Information services
 National Clearinghouse for Mental Health Information, 33
 Social Security Administration, 85
Lead Poisoning, 52
Legislation
 Elementary and Secondary Education Act Amendments of 1967,
 (P.L. 90-247), 7, 36
 Mental Health Act Amendments of 1967 (P.L. 90-31), 6
 Mental Retardation Act Amendments of 1967 (P.L. 90-170), 6, 77, 79
 Partnership for Health Amendments of 1967 (P.L. 90-174), 7, 32
 Social Security Act Amendments of 1967 (P.L. 90-248), 8, 50, 51, 54, 57, 62
 Vocational Rehabilitation Act Amendments of 1967 (P.L. 90-99), 6, 67
Medical Services Administration, 62
Office of Education
 Bureau of Education for the Handicapped, 35

- Division of Educational Services, 36
- Division of Research, 43
- Division of Training, 38
- Planning, Rehabilitation Services Administration, 79,80
- President's Committee on Mental Retardation, 3
- Prevention
 - Food and Drug Administration, 82
 - functionally based mental retardation, 16
 - maternity and infant care projects, 50
 - organically based mental retardation, 15
 - phenylketonuria and other metabolic diseases, 51
 - Public Health Service
 - Division of Indian Health, 16
 - summary of activities, 9
 - Social and Rehabilitation Service, Children's Bureau, 50
- Public assistance programs, Social and Rehabilitation Service, 46
- Public Health Service
 - Behavioral Biology Laboratory, 30
 - Bureau of Health Services, 18, 25
 - Children's Diagnostic and Study Branch, 30
 - Division of Foreign Quarantine, 16
 - Division of Indian Health, 16, 25
 - Laboratory of Biomedical Sciences, 30
 - National Clearinghouse for Mental Health Information, 33
 - National Institute of Child Health and Human Development, 17, 19, 30
 - National Institute of Mental Health, 24, 26, 31, 33
 - National Institute of Neurological Diseases and Blindness, 18, 21
- Regional Offices of Department of Health, Education, and Welfare, 100
- Rehabilitation Services Administration
 - Community Services, 70
 - expansion and innovation grants, 65
 - Mental Retardation Hospital Improvement Grants, 69
 - Social Services in Public Welfare Agencies, 68
 - State Agency Activities, 66
 - Vocational Rehabilitation Amendments, 1967, 67
 - Vocational Rehabilitation Service Project Grants, 65
- Rehabilitation, vocational
 - National Association for Retarded Children, 67
 - Project Manpower, 66
- Research and development
 - Child Welfare Research and Demonstration Grants Program, 60
 - functional mental retardation, 16, 26, 27
 - disadvantaged families, 29
 - early identification, 27
 - environmental enrichment, 27
 - learning, 24
 - motivation and incentive techniques, 25
 - parental attitudes, 29

- psychiatric implications, 26
- sociocultural influences, 26
- Maternal and Child Health and Crippled Children's Services, 61
- Office of Education, 35
 - examples of activities, 43
- organically based mental retardation, 19
 - basic studies of neurological and sensory systems, 24
 - biochemical genetics, 21
 - disorders of communication, 24
 - epilepsy, 24
 - inborn errors of metabolism, 19, 23
 - infections, 22, 23
 - nutrition, 21
 - perinatal factors, 23
 - postnatal studies, 23
 - prematurity, 22
 - prenatal studies, 22
 - sclerosing disorders, 24
 - sensory and motor deficits, 24
- Public Health Service
 - Behavioral Biology Laboratory, 30
 - Bureau of Health Services, 18
 - Children's Diagnostic and Study Branch, 30
 - Laboratory of Biomedical Sciences, 30
 - National Institute of Child Health and Human Development, 17, 19
 - National Institute of Mental Health, 24, 26
 - National Institute of Neurological Diseases and Blindness, 22
- summary of activities, 10
- Social and Rehabilitation Service
 - Administration on Aging, 47
 - foster grandparent program, 47
 - Children's Bureau, 48
 - preventive services, 50
 - research, 60
 - training of personnel, 57, 59
 - Medical Services Administration, 62
 - Rehabilitation Services Administration, 62
 - community services, 70
 - construction, 77
 - Mental Retardation Hospital Improvement, 69
 - training of personnel, 42
 - vocational rehabilitation services, 63
- Social Security Administration, 83
- Social services, Rehabilitation Services Administration, 68
- Statistics, institutional and case, Public Health Service, 34
- Surplus Property Program, 86
- Training of Personnel
 - Hospital Inservice Training, 75
 - multi-disciplinary programs, 73

Office of Education, 35
 grants, 38
 physical therapy, 74
 Public Health Service
 Bureau of Health Services, 18
 Division of Indian Health, 19
 National Institute of Child Health and Human Development, 17
 National Institute of Mental Health, 24
 National Institute of Neurological Diseases and Blindness, 18
 rehabilitation counseling, 73
 Rehabilitation Services Administration, 71
 short-term training, 74
 Social and Rehabilitation Service, Children's Bureau, 57
 social work, 73
 speech pathology and audiology, 74
 Student Work Experience and Training, 76
 summary of activities, 9
 training for child welfare services, 59
 training for health services, 57
 University-Affiliated facilities for the mentally retarded, 78
 Vocational Rehabilitation Administration, 46
 Vocational Rehabilitation Amendments of 1967, 6
 Vocational rehabilitation services, 16
 Vocational rehabilitation service project grants, 65
 Warren City, Ohio, Special Education Project, 88
 Welfare, child services, 54
 Welfare, public, 54
 Workshop, sheltered construction, 77
 Workshop, sheltered improvement grants, 65, 66
 Yeshiva University, 42
 Youth Corps, Neighborhood, 27