CHAPTER X

ONE SERVICE SYSTEM AT WORK

by Brian Lensink

THE CHALLENGE

After assuming that services in the community (readily accessible to mentally retarded citizens and their families) are the most reasonable, practical, and humane approach to service delivery, we must confront the specifics of developing a service delivery system. Although administrative designs might offer systems of community services for mentally retarded persons, closely examining one existing system at work might be more helpful. The Eastern Nebraska Community Office of Retardation (ENCOR) has been developing in Nebraska since 1969—when almost no services or programs were available to mentally retarded people in the community. This service system developed through the hard work and vision of a small group of parents and interested professionals, people intent on developing an alternative to institutional care.[1]

Today, six regional offices in Nebraska coordinate community services for mentally retarded citizens across the state. ENCOR, the oldest of the regional programs, has developed most of the service components necessary in a comprehensive system. It is designed to provide a continuum of services to meet the individual needs of mentally retarded citizens—from the mildly to the profoundly retarded, from infancy to old age, and in population densities which range from rural to urban. The services are located in communities throughout the region and integrated into neighborhoods, industrial areas, and recreational areas. Depending on individual needs, the system offers educational, vocational, residential, and family support ser-

[1] See Governor's Citizens' Committee on Mental Retardation, *The report of the Nebraska Citizens' Study Committee on Mental Retardation Vols. 1 and 2*, Lincoln, Nebraska: State Department of Public Institutions, 1968, and *Into the Light*, Lincoln, Nebraska: State Department of Public Institutions, 1968.

See also F. Menolascino, R. L. Clark, and W. Wolfensberger, *The Initiation and Development of a Comprehensive, County-wide System of Services for the Mentally Retarded of Douglas County*, 2nd Ed., Vol. 1, Omaha, Nebraska: Greater Omaha Association for Retarded Children, 1969.

vices. Each program is designed to facilitate the retarded citizen's active movement into education, employment, and independent living in the mainstream of his community.

To meet current needs, ENCOR bolsters existing services. As existing services have broadened, especially through generic agencies opening up to retarded citizens, ENCOR has altered its services. It intends only to fill in where existing services are lacking. Since maximum normalization of retarded persons hinges on their greater integration into our society, the system of services offers any service or support which a mentally retarded person might need to live in the community with greatest social-vocational adjustment and personal dignity.

THE IDEOLOGY

The principle of normalization has strongly spurred the current renaissance of community-based service for mentally retarded citizens in our country.[2] Several key ideological principles, encompassed within an overall normalization philosophy, have shaped the way ENCOR services have developed. The major principles include the *developmental model, specialization, continuity, integration,* and *dispersal.* Directly flowing from these important principles are six practices: *consumer participation, human dignity, cost benefit, system flexibility, human scale programs,* and *community support systems.* Figure I illustrates these principles and practices. This chapter will individually discuss the five basic principles and present the six practices later in the context of service descriptions.

The *developmental model* (see Figure II) strongly affects the direction in which a service system develops. Based on the developmental model, programs can modify the rate and direction of client behavioral change. As a retarded citizen grows and develops, the system must allow more independence and less structured program alternative.

The sincere belief that each retarded citizen can learn is demonstrated through programs that prepare a retarded citizen for subsequent steps or goals in his individualized developmental plan. These programs originally aimed at facilitating growth, movement, and progress. The system then accommodates

[2] See G. Dybwad, Action Implications, U.S.A. Today, in R. Kugel and W. Wolfensberger, (eds.), *Changing Patterns in Residential Services for the Mentally Retarded,* Washington, D.C.: Government Printing Office, 1969, pp. 383-428; see also B. Nirje, The Normalization Principle and Its Human Management Implications, *op. cit.,* pp. 179-195. See also W. Wolfensberger, *Normalization,* Toronto: National Institute on Mental Retardation, 1972.

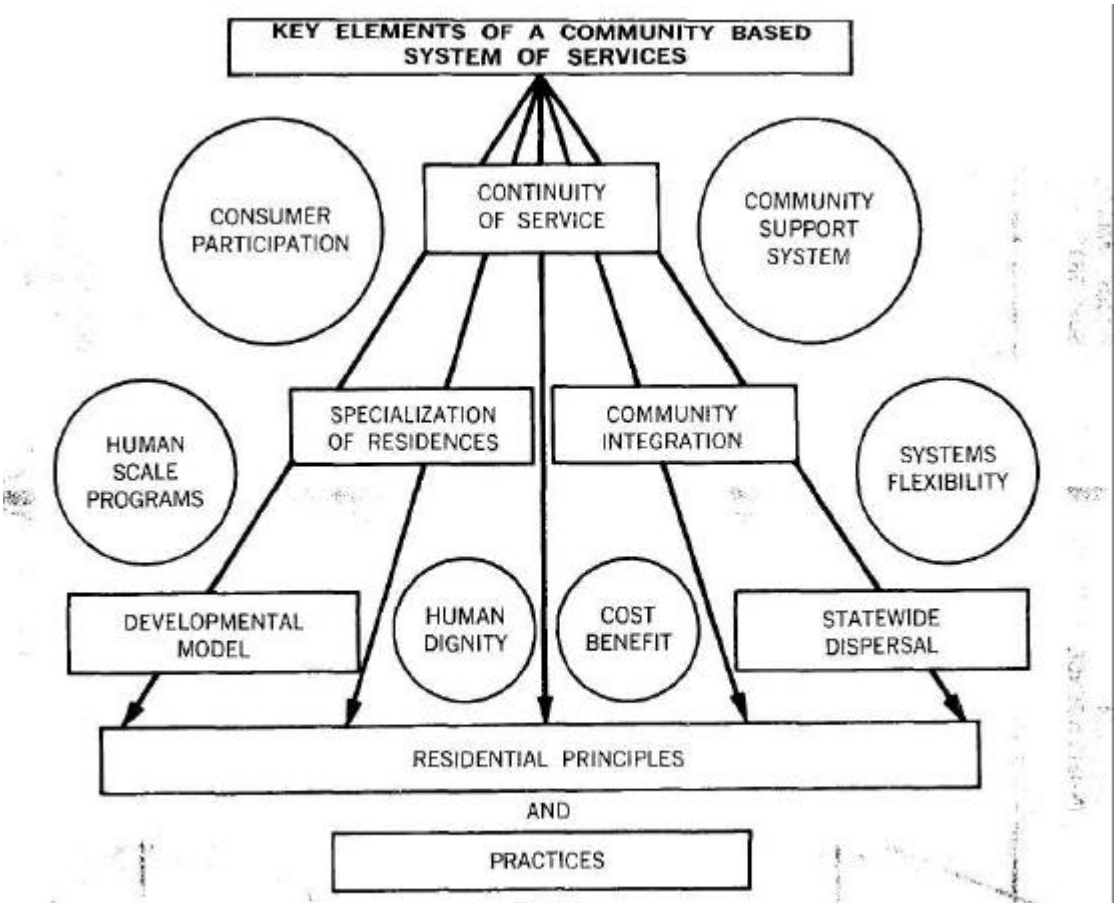

Figure 1

KEY ELEMENTS OF A SERVICE SYSTEM

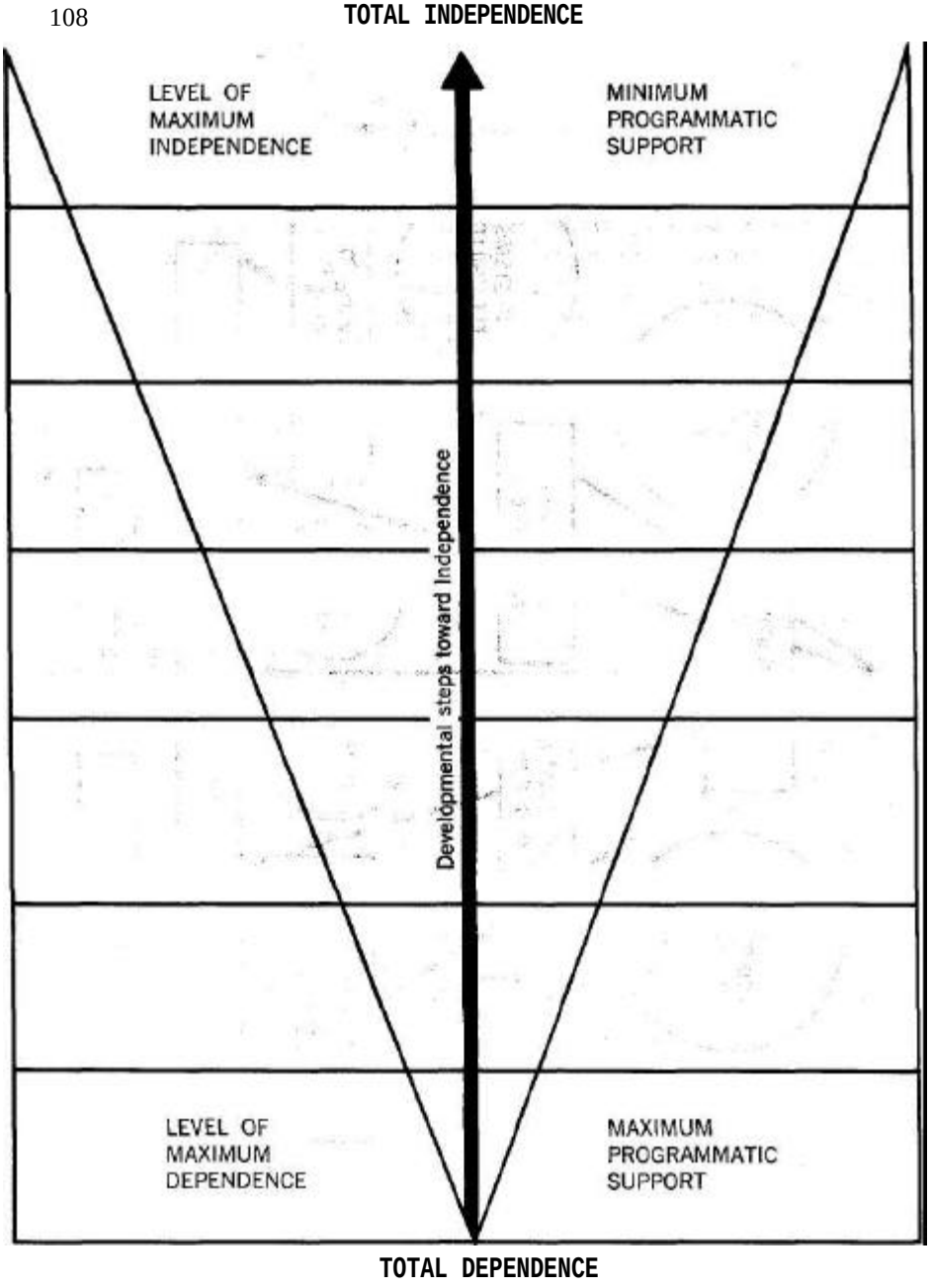

Figure II

DEVELOPMENTAL MODEL

growth and development with program options which take into account the individual's growth through less structure, more integration into the community, and more normalized conditions in which to learn, work, and live.

Small *specialized* facilities and programs enable a system to offer services geared to meet individual needs. For example, one residential setting cannot serve all clients: the moderately retarded person, the medically complex person, and the mildly retarded person who needs little supervision and guidance require different settings. On the contrary, programs can be specialized according to age, degree of disability, or the need for structure or a prosthetic environment. Persons with dissimilar handicaps are not rigidly segregated, but individual needs can, and must be, met within specialized programs.

This principle is particularly important when considering community residential alternatives. Most people in our society sleep, work, and spend leisure time in separate settings—so also should retarded citizens. A residence should provide a home environment: a place to eat, sleep, spend leisure time, relax with friends, entertain, keep one's possessions, or receive telephone calls and mail. Children leave their residences during the day to attend public school or other educational programs. Adults leave their residences to participate in vocational training or to work in the community. Some leisure time activities occur at home, as they do for all of us, but many take place in the community—in theaters, restaurants, community gymnasiums, or parks. The division between home and work or school is just as significant for a mentally retarded person as it is for other citizens in our society.

A *continuity* of programs, a primary objective of a progressive service system, facilitates the growth and development of each mentally retarded person receiving services. Individual development is manifested by a person's movement from a highly structured educational, vocational, or residential environment to a less structured and more normalized setting within the community. A service system can accommodate such developmental movement by providing program options within developmental and residential continua of services. For example, the residential continuum illustrated in Figure III assures that the *client who* enters the system at the family living residence stage of development has available to him the next step of an adult training residence as well as several future steps. The developmental continuum illustrated in Figure IV assures the same service availability in developmental and vocational programs. This comprehensive system is continually evolving

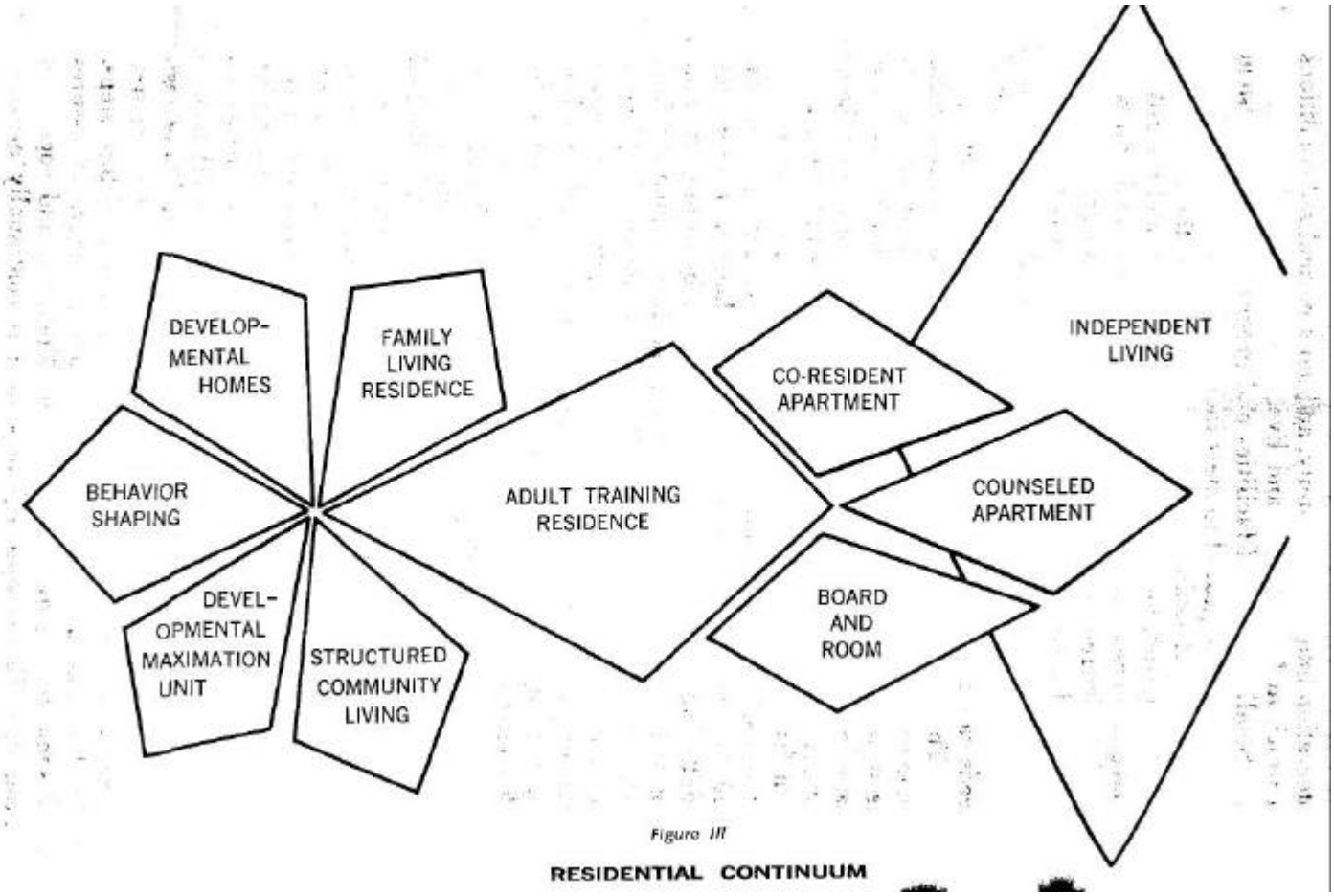

Figure III

RESIDENTIAL CONTINUUM

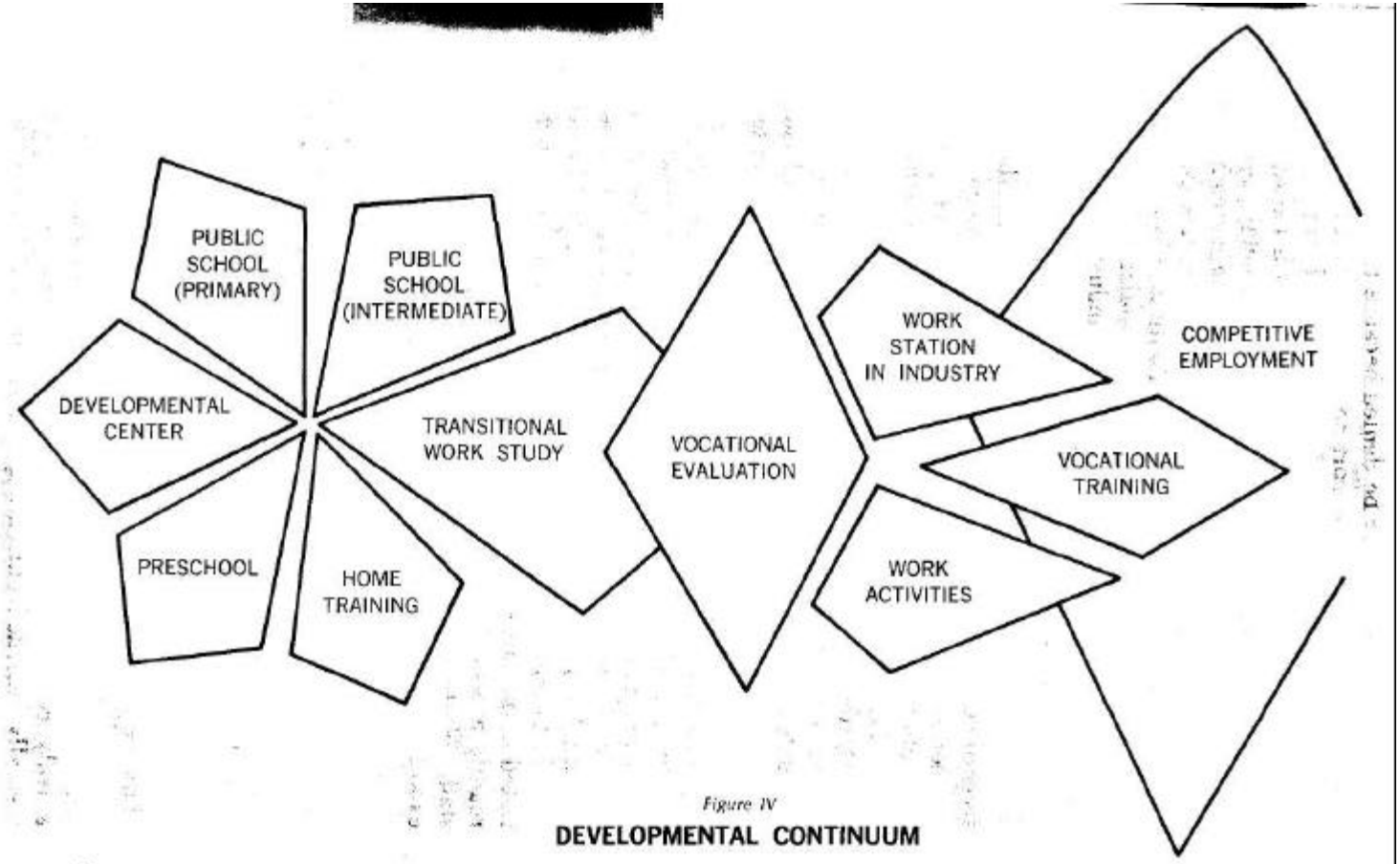

Figure IV

DEVELOPMENTAL CONTINUUM

so that services will never be denied because the system cannot provide the program or support necessary for continued development. These efforts toward continuity of service permit retarded citizens, parents, and staff to see what is ahead of them as they work continuously on their developmental program.

Integration of retarded people into the mainstream of society affords them the same rights and opportunities the rest of society enjoys. A service system can facilitate physical integration by constructing typical housing in popular neighborhoods; by locating vocational training centers in industrial or commercial areas; by securing educational services in ways typical for the community; and by insuring that community resources (i.e., recreational, social, religious, and medical) are available and accessible. Any opportunities for interaction between retarded and non-retarded citizens in the community should deepen social integration. Seeking education for children in the same building or classrooms used by other children, securing work training for retarded adults with other workers in the community, and finding a residence with a real family—all these can greatly facilitate social integration. For true physical and social integration, the community as well as the retarded citizen learn to live together.

Programs must be carefully *dispersed* across a state, across a region, within a city and even within a neighborhood. When a new program or facility is being planned, the planners must consider its location. Because many facilities could present a neighborhood with more retarded citizens than it might be willing or able to absorb, two or three residences should not be established in the same neighborhood. Of course, a program must be readily accessible to clients and reasonably convenient for the staff. While dispersing programs, planners must thoroughly examine the accessibility of vocational and developmental programs for those citizens living in the various residential facilities. All administrative and program decision-making must actively consider the preceding five principles and give them high priority in planning and developing community-based systems for mentally retarded citizens.

THE STRUCTURE OF THE SYSTEM

In Chapter IX, Sheldon Gelman explicitly presents the goals for services and demonstrates the wide variety needed for a truly comprehensive program which adequately serves all mentally retarded citizens. To meet this challenge while im-

plementing the principles and practices critical to an innovative system, ENCOR developed four divisions for the administrative structure of the service system (see Figure V).

These four divisions represent a comprehensive approach to administering mental retardation services. Flexibility is of prime importance to implementing this system of services. As needs, expertise, location, and cost-benefit considerations change, so will the administrative structure of the system. Interdependence between divisions is important to a workable system. No one division should be able to stand on its own without support and assistance from another division within the system. Only this important concept will allow a true "systems approach" to the problem of mental retardation. Repeatedly one notes, in the same community, a series of independent vocational programs, day-care programs, family counseling services, recreation programs, and transportation systems. None of these individual entities, either in a singular approach or in partial combinations with other components, can serve retarded citizens comprehensively. Planning for each component to depend on the other components within the system assures comprehensive and coordinated services. Flexibility also comes into play concerning decisions about what services the system will deliver. As generic community services develop, the system must be flexible enough to let go of its efforts; correspondingly, as new needs are identified, the system must be able to move into those areas.

In the following detailed description of service divisions, it must be remembered that programs and services are directly provided only when existing generic agencies cannot or will not include mentally retarded citizens in their programs and only for as long as it takes these other agencies to meet their legal or moral responsibilities. As counselors identify their clients' service needs, they use as many existing services as possible. Clients and their families might require services in health care, diagnosis and evaluation, recreation, family counseling, family planning, or legal assistance. After identifying a need for generic services, the counselor seeks out the appropriate community agency and assists the family throughout application and follow-through procedures.

Some generic service agencies are routinely used as part of the community's informal network of services for mentally retarded persons. For example, a children's evaluation and rehabilitation service of the University Medical Center diagnoses and evaluates handicapped children under the age of 16 through pediatric, psychiatric, and neurological staff; physical, occupational, and speech therapists; psychologists; social workers;

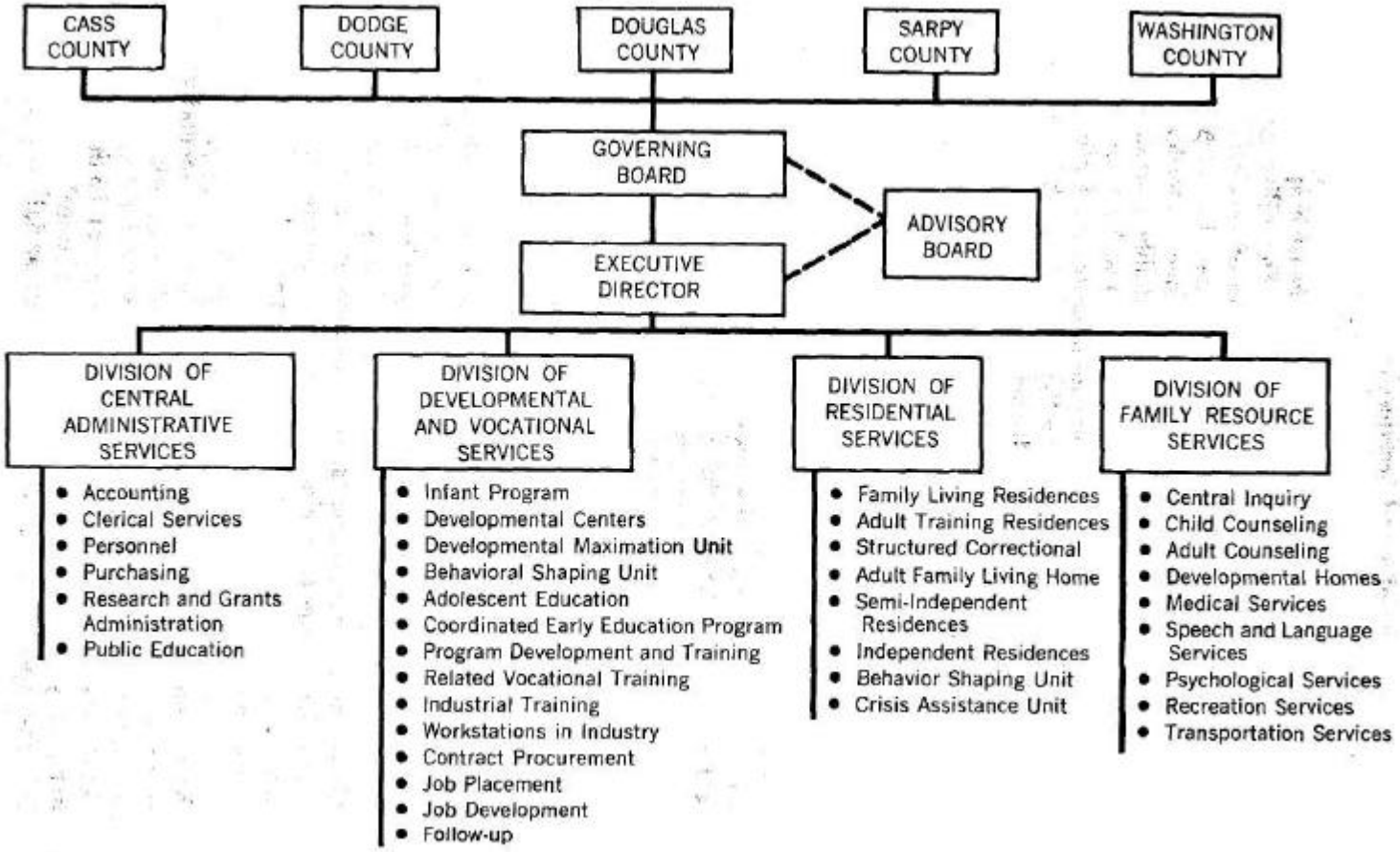
CASS COUNTY
DODGE COUNTY
DOUGLAS COUNTY
SARPY COUNTY
WASHINGTON COUNTY
GOVERNING BOARD
ADVISORY BOARD
EXECUTIVE DIRECTOR
DIVISION OF CENTRAL ADMINISTRATIVE SERVICES
• Accounting
• Clerical Services
• Personnel
• Purchasing
• Research and Grants Administration
• Public Education
DIVISION OF DEVELOPMENTAL AND VOCATIONAL SERVICES
• Infant Program
• Developmental Centers
• Developmental Maximation Unit
• Behavioral Shaping Unit
• Adolescent Education
• Coordinated Early Education Program
• Program Development and Training
• Related Vocational Training
• Industrial Training
• Workstations in Industry
• Contract Procurement
• Job Placement
• Job Development
• Follow-up
DIVISION OF RESIDENTIAL SERVICES
• Family Living Residences
• Adult Training Residences
• Structured Correctional
• Adult Family Living Home
• Semi-Independent Residences
• Independent Residences
• Behavior Shaping Unit
• Crisis Assistance Unit
DIVISION OF FAMILY RESOURCE SERVICES
• Central Inquiry
• Child Counseling
• Adult Counseling
• Developmental Homes
• Medical Services
• Speech and Language Services
• Psychological Services
• Recreation Services
• Transportation Services

Figure V

and public health nurses. Most children entering the system go through the diagnostic and evaluation services of this component of the University; consequently, the program avoids duplicating these services.

The ENCOR system strives to stimulate greater community service to mentally retarded citizens through its involvement with a variety of other agencies. Several years ago, for instance, recreation programs for mentally retarded children started in the facilities of a local YMCA. After much discussion with the YMCA, the two systems agreed to a contract prescribing YMCA's greater involvement. It was reimbursed for its expenses and was also provided with training for staff and volunteers, "curriculum" plans for the program, and regular consultation. During the second year of the contract, the YMCA assumed one-half of the expense of this service and is now independently serving mentally retarded children—integrating them into their other recreation programs whenever possible. Thus, through existing programs, local duplication of services has been eliminated while Federal, State, and local funds have been freed for other needed programs. Concomitantly this has promoted the integration of retarded citizens into the mainstream of their community.

Division of Developmental and Vocational Services. Children classified by their school districts as "educable" mentally retarded and "trainable" mentally retarded participate in public school special education. Recent legislation in Nebraska guarantees all children between 5 and 16 years of age a "meaningful education program," placing the responsibility for insuring that all school-age children receive educational services directly on the local school boards. School districts may directly educate these children or contract for educational services for them. The developmental and educational services provided by the mental retardation service system are designed to serve those children not eligible for public school programs.

By October of 1976, the deadline for school districts' mandatory compliance with this law, some of the children presently served in developmental and educational services will be transferred into public school special education classrooms. ENCOR will continue to insist that public schools educate as many children as possible; however, it will continue to present some educational services. ENCOR will serve preschool children and the more severely handicapped children, working to prepare them for entrance into public school or other mainstream educational programs. The local school district will fund this. In addition, ENCOR's support systems for mentally retarded youngsters and their families will remain viable, even if another system

should someday assume full responsibility for the direct provision of all educational services.

The *Infant Program* stresses early identification of and intervention with very young retarded children. This new service offers day care in a community day care center to infants (ages 1 month-24 months), focusing on cognitive, language, motor, and social adaptive development. Instruction in developmental stimulation is offered to interested parents at the day care center. For families who do not choose to place their infant in a center, a mobile teacher offers in-home instruction to both parent and child.

The *Development Center* program serves mentally retarded children under 12 who are ineligible for public school programs or other mainstream public (or private) educational programs because of their age or extent of their handicaps. Developmental programs last just long enough to prepare the children for mainstream educational settings. This year-round program operates five days a week on a school-day schedule, with extended hours offered to families needing day care services. The centers, geographically dispersed, serve approximately 25 children each. Whenever possible this program uses existing structures such as churches. The objectives of the Developmental Center programs focus on several general areas of education. Training in daily living skills—such as eating, dressing and undressing, grooming, toilet training, and personal hygiene—is offered to children according to their individual needs. Children may need help in gross and fine motor development, perceptual and sensory discrimination, social skills, cooperative group interactions, and speech and language development. The belief that each child has an individual rate of growth and needs highly personal attention is accompanied by the belief that there is always another step or goal for each student. Progress and success for these students then is the responsibility of the teaching staff. A system of direct and continuous measurement of children's performance allows teachers to maintain an accurate picture of each child's development. Teachers use "precision teaching," a measurement system that 0. R. Lindsley and his students at the University of Kansas started developing in 1965.[3] Precision teaching brings accountability to the forefront and allows less subjective analysis of a student's performance.[4]

[3] O. R. Lindley, Precision teaching in perspective. An interview with Ogden R. Lindsley, *Teaching Exceptional Children, 3* Arlington, Virginia: Council for Excep tional Children, 1971, pp. 114-119.

[4] See C. Galloway, Precision parents and the development of retarded behavior, in: J. B. Jordan & L. S. Robbins (eds.), *Let's try doing something else kind of thing: Behavioral principles and the exceptional child.* Arlington, Virginia: The Council for Exceptional Children, 1972, pp. 92-109.

The *Coordinated Early Education Program* places preschool children in early education programs in the community. A resource/consulting teacher, trained and employed by the service system, works with four or five young retarded children in an early education center in the community. The retarded children play and engage in learning activities with the other children in the center. To provide specialized support within this normal, active preschool setting, the resource/consulting teacher manages several individualized educational projects with each child (i.e., language development, self-care, motor development).

Two specialized education programs, the *Developmental Maximation Unit* and the *Behavior Shaping Unit,* aim at facilitating children's development so that they might move into one of the less structured, more normalized settings previously mentioned. Severely and profoundly retarded children with multiple handicaps and complex medical problems can be served in a residential/educational program called the *Developmental Maximation Unit.* Most of the children participating in this program have some serious medical problems; therefore, the program seeks to minimize these physical problems so that the children can start learning. A consulting pediatrician extends needed medical care to the children and refers the children to appropriate specialists when necessary. Although the Unit operates in a remodeled wing of a hospital and has emergency access to medical staff and equipment, it does not resemble a medical environment. Draperies, children's furniture, brightly painted walls, carpeting, murals, stuffed animals, and toys of all kinds help make the environment as home-like as possible for these children. Educational priorities of this unit include motor control, the development of chewing, sucking and swallowing skills, the improvement of gross motor skills, and the acquisition of skills for language development. Many of these skills, however, depend on the child's ability to sit upright comfortably. Positioning therapy places a multi-handicapped child in the best functional sitting position with the support of individualized wooden chair inserts. Because this adapted positioning chair stabilizes a child, he can use his upper extremities to their fullest potential. All children tend to develop with these types of imaginative adjuncts to growth.

The *Behavior Shaping Unit* serves severely retarded children whose maladaptive or primitive behaviors prevent them from participating in other programs.[5] Operating according to

[5] F. Menolascino, Emotional disturbances in institutional retardates: primitive, atypical and abnormal behaviors, *Mental Retardation,* 10(6), 1972, 3-8.

the principles of applied behavior analysis in educational residential programs, the behavior shaping programs seek to serve intensively the most children in the least time. Substituting appropriate social behaviors for maladaptive behaviors is important for the children's success. Primarily the Behavior Shaping Unit aims to teach the children the self-help skills and appropriate social skills needed for their entry into other developmental programs in the service system or in public schools.

The *Adolescent Education* program serves children between 13 and 17 who are presently ineligible for public school special education. Again, each child receives an individually tailored educational program, with special emphasis placed upon the development of prevocational skills. Many of these children will enter vocational training at age 17. The Adolescent Education training program allows an age-appropriate grouping and curriculum for teenagers preparing for adulthood.

A young person entering adulthood, regardless of his degree of retardation, leaves the world of the classroom and enters the world of work. Because work is a crucial evaluation criterion in our society, retarded adults must try to develop their work skills and earn the accompanying societal respect and advantages that productive work brings. To accomplish this goal, the system establishes *Vocational Service Centers* (or workshops) with a wide number of evaluation and training services. In vocational evaluation, the client enters the general shop setting. The physical setting is the same for all programs in the workshop and comprises a real work situation rather than a simulated one. During an initial period, the program evaluates a client's potential for ultimate employment in a competitive community setting. At the end of the evaluation period, an individual summation is completed concerning the predicted potential of each trainee. This individual summation directly results in a decision about the client's employment capability. This final summation also outlines the suggested training program for the client and specifies whether he will be placed in the vocational center's training program or in the center's Work Activities Center (long-term development program). The objectives for each trainee —whether in evaluation, work activities, or training-—are individualized and designed to bring about greater growth and development, whether their immediately resultant skills lead directly to employment or first to greater proficiency in skills such as money management or performance of a specific work task. Training in vocational service centers takes place through paid subcontract work from local business and industry.

The minimally supervised employment offered through

Work Stations in Industry can also provide vocational services. In these settings, vocational training occurs in an actual community industry or business. Under the supervision of a staff member, a crew of trainees completes subcontract work for the industry or business which houses the work station. Work stations in industry costs little for the service system. The system need not pay rent, purchase equipment, or employ all the supportive staff necessary in a vocational service center. Such an arrangement also profits a company by eliminating the necessity for transporting subcontract and short-term jobs outside its own shop.

The integration of retarded and non-retarded citizens facilitated by the work station in industry is a most important feature of this type of vocational training. The retarded worker learns from other workers, and gains the dignity of membership in the community's work force. As retarded and non-retarded workers clock in, work, drink coffee, eat lunch, and produce together, normalization usually takes place. Work stations have created new possibilities for the more severely handicapped adult. One new work station employee, five years ago determined to be forever in need of a sheltered setting, has competently mastered work tasks with every piece of machinery in the work station and recently completed his first job interview. Another work station is successfully training and placing in competitive employment men and women directly from the "work activities" designation.

A vocational services effort strives for *independent community employment.* Monthly, at least four persons of the 200 adults served in vocational centers and work stations enter competitive employment. A service system must consider creative approaches to the employment of retarded citizens, and must cultivate new employment options. The lack of employment opportunities tends to slow down a system and discourage a staff successful in preparing the retarded citizen for a move. Because a service system must address job development directly and forcefully, ENCOR hired two full-time persons in this area. All nearby businesses must be contacted and regularly re-contacted. The employer must see the retarded citizen as a productive *asset and not* as an unfortunate needing a goodhearted gesture. If the service system will invest in creative approaches to job development and placement, all retarded citizens can benefit an employer. Individual employment opportunities alone cannot do everything; the system must consider creative efforts such as two-for-one employment. This entails employing two marginally productive citizens to do the job of one—a possibility

which allows many retarded citizens to work at their highest ability in a competitive job environment.

DIVISION OF RESIDENTIAL SERVICES

A family should receive the support it needs to keep its mentally retarded child living at home until he reaches an age appropriate for living away from the natural home. When circumstances prevent a child from remaining with his natural family, the child has a right to live in a setting similar to that of other persons his age. An array of residential services are designed to provide this opportunity (see Figure III). These residential possibilities include foster and adoptive placements, small group residences in the community, special purpose residences, and semi-independent living arrangements for adults. The residential settings should resemble other homes in the community. For example, a *Developmental Home* offers a long-term family living situation to a child so that he can gain the sense of identity and security vital to realizing his full potential. Family placements intend that a child will remain in his developmental home until he reaches adulthood and is appropriately ready for more independence. A developmental home provides an environment very similiar to that of other children his age in the community. A developmental home can give a mentally retarded child more than a loving family, however, for developmental home parents are trained to extend the developmental center or public school program into the home environment. Coordinated with the school program, the home carries out the child's specific training programs as designated by his teacher.

Children ranging from 3 to 15 years may live in *family living residences* with a houseparent couple. The surrogate family in this residence allows the children to experience family life as other children do, providing them with intimate contact and involvement with a small group of people. This family living experience forms an important base on which to develop skills in community living. A family living residence may be located in a house in the community, in a duplex, or perhaps in a modern apartment complex with ready access to the community. During the day, children attend Developmental Centers or public school programs. After school, they may play with children in the residence or in the neighborhood. A team effort gets the table set for the evening. Dinner is a time for friendly family interaction around the table, but also provides an oppor-

tunity for helping children develop their self-feeding skills and, of course, their table manners. Clearing the table and assisting in washing the dishes may also be a part of the regular operation. Evening schedules vary according to the age of the residents. Teenagers in public school special education classes may have homework to complete after dinner. Younger children may engage in games and special learning projects with staff members. Some evenings the family might watch television, listen to records, or just go for a walk. On the weekends, some children visit their natural families. For the others, activity abounds to keep them busy. In many homes, Saturday morning may be a time for putting the house in order. Children clean their rooms and help with vacuuming, dusting, window washing, and laundry. Even though the staff could quickly and efficiently handle the cleaning themselves, everyone's participation is sought. By helping in these routine procedures, a child can learn about what goes into running a house, learn how to perform some of the tasks involved, and view himself as an essential part of the family unit.

As mentioned earlier, *Special Purpose Residences* such as the Behavior Shaping Unit and the Developmental Maximation Unit provide more specialized developmental/residential alternatives for some children. Children from these units may leave them for their own homes, for a developmental home, or perhaps for a family living residence.

The *structured correctional residence* serves the mentally retarded adolescent whose actions have brought him to the attention of judicial authorities. In dealing with the adolescent offender, who is by no means a hardened criminal, a specialized program in the community is appropriate. A special residential unit, housing eight young persons and perhaps a houseparent couple, may operate under the direction of a person experienced and trained in behavior management. The program in this residence is likely to be highly structured with some degree of limitation imposed upon the freedom of the residents. The structured correctional residence will operate within the developmental continuum of services. The program in this residence will, therefore, be designed to modify the behavior of the residents so that they may eventually participate in less restrictive, more normalized programs in the community.

Several residential options are open to mentally retarded adults. These offer the adult a continuum of residential alternatives which prepare him for and allow him increasing degrees of independence. Programs in *adult training residences* prepare

the mentally retarded adult to live someday in more independent situations. By sharing the responsibilities of caring for many of his own needs and of operating the household, the adult resident can learn new skills and develop close relationships with a small group of friends. During the day, the adults living in a residence work in a vocational training program or competitively in the community.

In an *adult family living* home, one to three mentally retarded adults live with a sponsoring family. These adults may be receiving training in a vocational services center or be competitively employed, but not yet ready to live independently and in need of some supervision and assistance. To qualify as a placement site, a family's home must provide easy accessibility to the rest of the community and must resemble other homes in the neighborhood. The house must allow each resident privacy and facilitate comfortable interaction among everyone living there. The attitudes displayed by the family who has opened its home to retarded persons must be constructive, respectful, and appropriate to the age of the mentally retarded persons. The family must believe in the growth potential of the retarded persons and be willing to help them increase their independence and control over their own lives.

Even after a client is living independently, residential staff members and clients who have lived together remain friends. They may sometimes share social activities or birthdays or may spend other special occasions together. Even after a move into an *independent living* situation, a client may still call his counselor when he needs assistance or advice. If the retarded adult experiences no difficulties in living independently, he may break all formal and legal ties to the service system.

To support families of mentally retarded citizens in their endeavor to keep their families intact, the system provides crisis assistance. The first component of this service is a *Crisis Assistance Residence*—a home in the community with houseparents and other staff. Parents can temporarily place their mentally retarded son or daughter in this home setting from which he or she can continue educational or vocational activities. During this short separation, the family might take a vacation or attend to an important situation—perhaps the birth of a new baby, illness of a parent, or an out-of-state wedding. An alternative to the crisis assistance residence is a *Crisis Home* in the community; the agency can contract with families who are willing to have a retarded citizen stay in their home for a short time (from one day to a month). Because only one person is placed in a crisis

home at a time, close contact with members of the crisis home family is assured. Both types of crisis residences provide great flexibility.

DIVISION OF FAMILY RESOURCE SERVICES

The Family Resource Services Division administratively groups staff members who provide services to families, clients, and other service system programs. These staff members include counselors, speech therapists, recreational specialists, nurses, psychologists, and psychometrists. Direct service programs do not employ their own teams of specialists and, thus, allow a more cost-efficient use of professional services. Consolidation of these services into one division also allows professionals and paraprofessionals in the same field to share ideas and experiences and to collaborate in innovative program development. All Family Resource service staff members are assigned to family service offices dispersed throughout the region. These staff members use their assigned offices as bases of operation conveniently near the persons they serve.

Centralized Inquiry facilitates entrance into the system of services. A client, a family, or a referring agency in the community has to make only one phone call to find out about entering the system. Basic information about a potential client is taken through Centralized Inquiry and referred to either child counselors or adult counselors serving the geographical areas from which the call originates. *Child and adult counselors* assist clients and their families in seeking out and receiving other appropriate services in the community, facilitate entry into the system, coordinate individual program plans for clients, contract for direct services relating to goals, and provide follow-along services to clients who have left direct service programs. Once a counselor has received the name of a potential client from Centralized Inquiry, he visits the client's home to complete the application procedures. If the system's services are inappropriate for the inquiring citizen, the counselor may assist him in seeking out and receiving other, more appropriate services in the community. If the counselor does feel that services within the system are appropriate, he proceeds in assisting the client in obtaining them.

The counselors coordinate an individual program plan for each client in their family service office area. This individual program plan details the objectives and goals of the develop-

mental services. The retarded citizen, parents, teachers or trainers, the psychologist, recreation consultant, and speech therapist, as well as staff from any other agency serving him, can all be involved in program planning meetings. Long and short-term goals are expressed within a specified time frame and staff members responsible for each objective are identified. Three months later, the same group reviews the client's individual program plan, updating objectives as appropriate. The individualized plan is then reviewed semi-annually for each client. Any direct "counseling" services for clients in developmental, vocational, or residential services are rendered on a contractual basis. Under this system, if a staff member from one of the direct service programs sees the need for special assistance which cannot be easily provided in the direct service program, he sends a request for that assistance to the counseling supervisor for the geographical area in the form of a contract request. The contract describes counseling functions in goal-directed terms signifying that a counselor who engages in a contract becomes responsible for reaching certain objectives with the client. Once a client has graduated from a direct service program, the counselor sees that the client's needs are met. Once a client is successfully employed, is living independently, and does not need his counselor's services, he may terminate formal ties with the agency.

A comprehensive service system must offer *Medical Services*. The system employs two nurses who maintain contact with students in Developmental Centers and clients in residences, acting in a capacity similar to that of school nurses. Although the nurses provide simple medical attention, they refer clients to physicians as necessary. Eighteen physicians in the five county region provide the needed medical care to the retarded citizens living in residences. In this arrangement, since the residence is interpreted as another family unit, the physician simply acts as a family doctor to the mentally retarded persons in the residence. Local psychiatrists provide any necessary psychiatric consultation.

The system also aims at preventing mental retardation. Counselors make referrals to the genetic research and counseling component of the University Medical Center. A cooperative "physician and community education" program has involved both the service system and the Association for Retarded Citizens. Information on mental retardation, its prevention, and local service availability was placed in the offices and waiting rooms of physicians throughout the community. This effort should not only reduce the incidence of mental retardation, but

also encourage early childhood intervention, thus preventing more serious future handicaps. Medical students and psychiatric interns receive practical experience in the service system. Through educating future physicians about mental retardation and community service systems, the system will improve early identification and appropriate referrals for educational intervention.

Speech and language specialists serve students in Developmental Centers and trainees in Vocational Service Centers. This staff has outlined a language lattice which shows the ordered development of speech. Through seminars, these professionals have taught other staff persons the skills they need to accelerate language development. The lattice guides all staff members in pinpointing objectives for speech projects.

The *psychological services* staff helps evaluate clients at the time of entrance into the system. This staff also works closely with schools, school boards, school psychologists, and public school teachers in evaluating which developmental center students may realistically enter public school programs. Also working closely with Vocational Service Centers, the staff members aid in program development for pre-vocational trainees. Psychologists are also providing consultative service to residences concerning the individualized projects for clients.

Recreation services are available to any mentally retarded child or adult in the region and do not depend on the individual's enrollment in the service system. The staff strongly encourages community recreation agencies to include mentally retarded citizens in their regular programs. This inclusion helps many children and adults integrate into the leisure time activities of their own neighborhood areas. The direct programming for children provided by the recreation staff stresses physical and social development.

Transportation is available to all retarded citizens who would not otherwise be able to attend their educational or vocational programs. The system expects all adults to use public transportation if at all possible; programs exist for those needing training in how to use this public service. A good transportation system is very important. Children and adults must leave their residences to go to school, workshops, or employment and to *maintain a normal rhythm oi life. Also,* in *more rural parts* of a region, transportation may be the key to service availability. When looking at transportation for severely retarded multiply handicapped citizens, a system must consider special creative solutions.

The service system provides for the recruiting, screening,

placing, and evaluating of *volunteers.* Volunteers only supplement paid staff. These interested citizens can greatly embellish the quality of services as well as help mentally retarded citizens in the community form important friendships.

DIVISION OF CENTRAL ADMINISTRATION SERVICES

The centrally located administrative services are *totally* administrative. No direct service efforts emanate from the Central Administrative Office. Administrative services include personnel, purchasing, accounting, research, grant administration, public education, and centralized secretarial support. Also the Central Administration includes the offices of the Directors of the three divisions within the service system. This centralized location encourages the all-important ongoing communication and planning between divisions. The administrative services benefit all service areas, and each division depends on Central Administration for all administrative support activities.

CONSUMER INVOLVEMENT AND MONITORING

To insure the continued viability and flexibility of the service system, consumer involvement and monitoring activities progress at all levels. Beginning at the very highest administrative level, this effort includes consumers on the Governing Board of the service system. These individuals must be able to express their opinions and effect meaningful changes within the system.

In addition to direct involvement on the Governing Board, the service system should develop an advisory committee representative of consumers and citizens from across the service area. This advisory committee should study all planning and budgeting aspects of the agency and make recommendations directly to the Governing Board and the agency director.

The opportunity for consumers to be continuous agents for change within, a service system, also implies some direct involvement at the client level. Therefore, each service or program within the system should develop an advisory committee or group which assures the mentally retarded citizen and his parents the chance to make recommendations on individual program considerations. These internal consumer involvement

mechanisms will help to insure that the services continue to be those needed by the consumers. However, internal mechanisms alone will insure neither viability nor change within an agency. Some external monitoring forces must be developed.

Parents of the mentally retarded citizens within the service area were responsible for getting the community-based system of services off the ground and consumer involvement in these services continues to play a vital external monitoring role. Through the organization of the local Associations for Retarded Citizens, groups of parents and consumers actively monitor the service system. Human and Legal Rights Task Force Committee visit programs, solicit information about programs from parents and clients, hear grievances, and recommend changes to the staff and ultimately, if necessary, to the Governing Board. In Chapter XIII of this book Mr. Robert Perske discusses various kinds of monitoring systems and their direct relationship to the on-going efforts of a system of community services.

CONCLUSION

In the preceding pages we have closely examined the development and structure of one comprehensive service system for mentally retarded citizens. This system was built on the normalization philosophy. Five major principles—the developmental model, specialization, continuity, integration, and dispersal—underpin this system. The practices derived from these principles—consumer participation, human dignity, cost benefit, systems flexibility, human scale programs, and community support systems—must enter all decision-making considerations of the system. Based on these dynamic considerations, the structure of the service system grew. Four well-designed divisions were implemented with interdependency as a prime consideration. These divisions cooperatively provide a continuum of services for mentally retarded persons. To continue this development and assure that the programs meet the clients' needs, the system must give consumers access to all levels of the service system from Governing Board to individual programs and services. Because this input may not be enough, local Associations for Retarded Citizens must monitor the system to provide an external evaluation of it on an on-going basis. These efforts of implementation and management are today's challenges.

In the future, people will probably perceive and accept the mentally retarded citizen as a fellow human being who needs

and can benefit from on-going developmental guidance and education within normal community education systems. In fact, a complete network of specialized services providing continuity in a retarded person's life will be integrated into our community services structure. Further, similar systems of service will be integrated into communities across the state and across the country. Mentally retarded citizens and their consumer advocates will demand and obtain equal rights for all retarded citizens and will force states to provide services which accord human dignity. Therefore, large congregate care institutions will be gone forever—replaced by the true integration of retarded citizens into society. Then, all handicapped citizens will enjoy dignity and respect, and our society will be accepting and caring. Under those circumstances no more challenges would apparently exist.

What then would be the major challenge when internal change agentry, efficiency, and a sufficient quantity of services exist within a society? Quality control. And this challenge will rest with the consumer movement which must develop continuously with progressive service systems. Effective consumer monitoring and advocacy will assure a life of dignity and respect for retarded citizens in the years to come.