

# Guest Editorial

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## Priorities of the Administration on Developmental Disabilities for FY 84

Jean K. Elder

This year promises to be a highly productive and creative one for the Administration on Developmental Disabilities. We have developed policies and established priorities which will have very visible effects on the service delivery system. Over the past three years, we have been able to assess the strengths and weaknesses of the system, to review program directions, and to chart a new course which will result in the development of coordinated community-based services for adults with developmental disabilities. Our policies will focus on attaining the complementary goals of greater program authority at the local level and increased program effectiveness.

A year ago, I asked the Inspector General of the Department of Health and Human Services to conduct an assessment on the transition of youth with developmental disabilities from school to adult life. From my own experience as a program official at the State level, and now as Commissioner at the national level, and from my observations across the Nation, I have come to realize that a major shortcoming of our system emerges precisely at this point: young adults with developmental disabilities, graduating from the public education system have extremely limited options. The adult service delivery system which was intended to phase youth with developmental disabilities from school into day activity centers or sheltered workshops as preparation for their entry into the mainstream of the social and economic life of the community, was in large measure not working. "New graduates" are placed where there are vacancies, regardless of their skill, potential, or interests.

According to the Inspector General's study, adult services were not approximating the quality nor the results of the education system. Parents and advocates, as well as handicapped young people themselves, were frequently dismayed

and disappointed that the "continuum of services" does not facilitate appropriate movement through services.

While several states have been actively grappling with and resolving this transition problem, most states up to now have merely viewed it as an emerging issue related to the confluence of three factors:

1. Increased parental expectation for appropriate community services
2. Fragmented nature of the existing adult service delivery system
3. Continued limited availability of certain adult services

Our efforts and our priorities, therefore, will focus on remedying this situation. Our basic aim is to reduce the prevalence of lifetime dependency which presently is the fate of the great majority of people with developmental disabilities.

HHS, with its employment initiative, has already charted first steps to be taken in ensuring that DD individuals appropriately advance through the "continuum of services", as they advance through life. I will direct the Department's efforts, launched by President Reagan on November 28, 1983, as part of the "Decade of the Disabled" (1983-1992).

This nationwide effort will solicit job opportunities from private sector employers, and match these openings with workers with developmental disabilities who are presently able or could be readily trained to function in competitive employment. We have set a goal of 25,000 job placements in the first year.

I recognize this is but a small percentage of the 3.9 million persons with developmental disabilities in the nation, but it is an impressive beginning. We are truly encouraged by expressions

of support from other agencies in the Executive Branch which have a role in employment for people with handicaps from consumer organizations and from the private sector who are already major partners in this critical effort.

Further, we need to deal with the "earnings cap" problem in the Social Security Act, which in effect penalizes handicapped beneficiaries who want to work. Not only do they lose money as they earn dollars in wages, but they concomitantly risk losing important Medicaid benefits when they exceed a specific earned income, roughly \$240. We are supporting an extension of the demonstration program, known as Sections 1619 (a) and (b) which permits handicapped beneficiaries to earn nearly \$700 a month without losing Medicaid services.

Still another approach we are taking in addressing this issue is through our Special Projects Discretionary Grants program. In 1983, we funded a project which focused on the transition period from school to the post-school setting through the development of a model, and accompanying training manuals and procedures, that demonstrates ways for direct service and administrative staffs to make the system work for, rather than against, clients in transition. The use of national and well-targeted dissemination channels suggests that this project will have broad impact and utility to diverse audiences concerned with the transition problem. This year, for the first time, we have developed a priority area specifically concerned with adults having developmental disabilities. A major thrust of this area is *the transition period* and calls for studies of, and innovative approaches to, strengthening links between families, service providers, and State and local agencies to assure appropriate placement of persons with developmental disabilities and continuity of needed services. Our Discretionary grant program provided us with the opportunity and flexibility, through funding, to invite, encourage, and support the contributions of experts and practitioners most knowledgeable in

the field to address this here-to-fore seemingly intractable problem.

ADD has also funded the UAF Networking Initiative for Services to Adults with Developmental Disabilities. The two basic purposes of the project are to: (1) develop a national perspective on adult service issues for the entire DD field and (2) define an appropriate role for UAFs to expand their current activities in the area of adult services.

We are looking at the three major areas of adult services for individuals with DD in: (1) learning and adjustment, (2) vocational, and (3) residential living. The project will identify and assess the quality programs in each of these areas. Special attention will be given to medical issues and manpower training needs. Eventually, exemplary strategies will be identified as models.

The challenge of the 60s and 70s was to upgrade rights afforded and services provided to the developmentally disabled. Reshaping services and providing them in an effective, efficient, and coordinated manner has become our focus for the 80s.

Society has but one acceptable alternative. We can *only* afford to welcome into the full life of the community the DD citizenry: maximizing their spatial, social, and economic immersion into the mainstream. That lofty goal is not only humane, it's also the superior economic alternative for society. These coordinated initiatives are paving the route for that goal. It is my resolve that government, the private sector, professionals, and associations will interactively produce a significantly, superior "continuum of services" for the DD population so that that subset of society thrives within the arms and heart of "the community".

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