

News Letter

THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES & THE DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE STATE PLANNING AGENCY

Vol. 1, No. 4

State of Minnesota

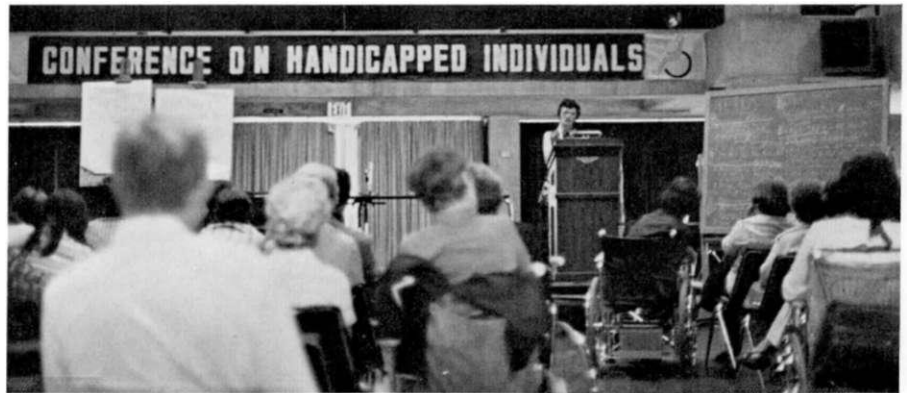
September, 1976

Governor's Conference to be held

The 1976 Minnesota Governor's White House Conference on Handicapped Individuals will be held on Sat., Nov. 20, 1976, at the St. Paul Civic Center. Anyone may attend.

The day's activities will include an address by Gov. Wendell Anderson, workshops geared toward implementation techniques, and access to Minnesota legislators.

Minnesota was the first state to hold such a Governor's Conference on the Handicapped. More than 2,000 people participated in Minnesota's



Regional Conference in Rochester.

original conference in 1972. Recommendations from that conference and from a similar one in 1974 were forwarded to

the State Legislature, and many were adopted. For example, the 1974 conference recommended that a group home serving six or fewer handicapped people should be considered residential for zoning purposes. The 1975 State Legislature passed a law to that effect.

The purpose of the 1976 conference is to identify the unmet needs of handicapped people and recommend ways of meeting those needs. The conference also is intended to raise the general public's awareness of the potentials and needs of handicapped people.

How will unmet needs be identified? A survey,

INSIDE: Minnesota advocacy theme

Advocacy for developmentally disabled people is the theme of this edition of *DD News Letter*. It contains articles on the historical development of advocacy, current and proposed advocacy activities, and two advocacy projects. The DD Legal Advocacy Project in Minneapolis was profiled in the November, 1975 *DD News Letter*; this issue includes a review of a new legal advocacy manual developed by that

project. In the following article, the concept of advocacy is explored and various types of advocacy are considered.

The word *advocacy* comes from a Latin root, *advocatus*, meaning "a counselor." Advocacy involves intervention on behalf of a person or group in relation to services or institutions that affect their lives. Typically, the persons or groups are not able to

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Conference to p. 10

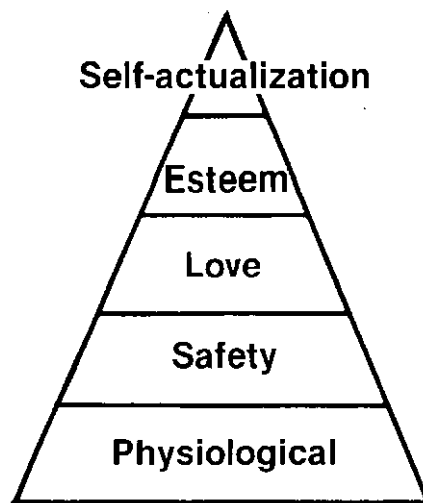
Advocacy from p. 1

represent themselves because they are disabled, old, young, physically ill, or members of a minority.

Advocacy focuses on individual needs. Abraham H. Maslow, a noted psychologist, suggested that there is a prescribed order in which a person attends to his or her various needs. Maslow pictured this progression, or hierarchy, in the shape of a pyramid and pointed out that the more basic needs at the bottom of the pyramid must be attended to first. The five levels of need, beginning with the most basic, are physiological (food, shelter), safety, love, esteem, and self-actualization. For example, a person must satisfy his or her physiological needs, such as having enough to eat, before focusing on more psychological issues such as gaining esteem with a community.

Thus, advocacy, which focuses on individual needs, may involve a broad spectrum of activities from helping a person meet basic physiological needs to helping a person gain greater self-esteem to helping a person develop or actualize his or her maximum potential in various areas. An advocate's role includes respecting and working with a person on whatever level that person is operating. Ideally, an advocate progresses from "doing for" an individual to "doing things with" an individual, eventually allowing the person to "do for himself," with the capability of giving to others.

Advocacy activities are



*Maslow's theory
on the hierarchy
of human needs*

varied and can be categorized according to the person served, the advocate, and the types of services provided. Advocacy can focus on individuals or on systems. Case or client advocacy refers to helping families or individuals. Collective or systems advocacy refers to helping groups of persons by changing policies, procedures, rules, or laws which affect them. Advocacy may focus on either children or adults.

Advocates may be internal — within an administrative or governmental structure — or external — detached from governmental structures and sometimes independent of public monies. Advocacy may be provided by an individual or a group.

Many types of advocacy services are relevant to persons with developmental disabilities; these include legal advocacy, lay advocacy, citizen advocacy, residential advocacy, and self advocacy.

Legal advocacy involves

helping developmentally disabled people obtain and maintain rights and services to which they are lawfully entitled. Lay advocacy is the practice of legal advocacy by people who are not legal professionals but who have been trained in lay advocacy techniques and ethics.

Citizen advocacy involves a one-to-one relationship between a competent volunteer and a developmentally disabled person. Citizen advocates may be instrumental or expressive or both. Instrumental advocates help with practical problems, such as housing, transportation, or employment. Expressive advocates provide emotional and social support on a friendship basis.

Residential advocacy refers to helping meet the needs of developmentally disabled people at their places of residence — their private homes, community residential facilities, nursing homes, or institutions, to name a few. Self advocacy refers to developmentally disabled persons knowing their rights and asserting themselves to obtain and maintain those rights on their own.

Advocacy can be categorized in many other ways. One supported by the DD Council is a functional classification, that is, categorizing advocacy activities according to what they are intended to accomplish. An overview of current and proposed advocacy activities in Minnesota is presented on page 4 according to this functional classification.

Marylee Fithian is new DD director

Marylee Fithian became director of the DD Planning Office Aug. 9, following the resignation of the former director, Bob Bruininks. She brings to the post a strong combination of training and experience in planning, management, and direct services in the DD field.

"I'm excited about the job; it offers a broader scope than my previous experiences, which have focused on special education," said Marylee, who has been executive director of the Dakota County Developmental Learning Center for the last two and a half years. The center conducts an educational program for 130 developmentally disabled infants, children, and adults, with a staff of 50 and an annual budget of about \$700,000.

Before that, Marylee was a research fellow with the U of M's Project EDGE — an early intervention program for Down's Syndrome infants. She also has taught disturbed mentally retarded children and was the first special education resource teacher in the Minneapolis school system.

A native of Minneapolis, Marylee is a Ph.D. candidate in educational psychology at the U of M. Among her professional and community activities is her 1975-76 chairmanship of the Mental Retardation Advisory Committee of the Dakota County Area Mental Health Board.

Marylee's colleagues hold her in high esteem. "Marylee Fithian is the kind of person

who will combine qualities of strong leadership and administrative talent with the quality of genuine concern for persons with handicaps," said John Rynders, co-director of Project EDGE and a professor at the U of M. "Developmentally disabled persons are most fortunate to have her as their advocate."

Marylee's talents and interests extend beyond her professional activities. For example, she is a vocal soloist, and her family has been a host



Marylee Fithian

family for foreign students through three exchange programs. She lives in Minneapolis with her husband and three daughters.

TAPS to find jobs for youth with epilepsy

The Twin Cities have been recommended as one of the five locations for the implementation of Project TAPS (Training and Placement Services for people with epilepsy), a project of the Epilepsy Foundation of America. Funded through a \$600,000-plus grant from the U. S. Dept. of Labor, TAPS is the largest one-year grant ever received by the national Epilepsy Foundation.

The project will provide vocational training and job placement to some 600 epileptic high school students who do not plan to attend college. Studies have demonstrated that the effectiveness of handicapped workers is generally at least as great as that of non-handicapped workers. Yet, handicapped people, especially those with epilepsy, often encounter discrimination in employment. In 1966, for example, the national unemployment rate was 3.7%; for all disabled people as a group it was 7.4%, and for people with epilepsy, 15% to 25%.

The goal of TAPS is to increase the employment rate of persons with epilepsy. It will focus on those who are just entering the job market. TAPS will be administered by the national Epilepsy Foundation with a coordinator in each of the five locations. The coordinator will work in school systems and with public and private employers to develop part-time job opportunities leading to permanent full-time employment.

The grant period is July, 1976 through June, 1977. The Twin Cities coordinator will be housed with Minnesota Epilepsy League in Minneapolis. The other four recommended locations are Atlanta, Georgia; Cleveland, Ohio; San Antonio, Texas; and Portland, Oregon. The project will be evaluated to determine the feasibility of implementing it nationwide.

DD advocacy has multiple facets

About 50 public and private agencies and organizations in Minnesota are currently providing some form of advocacy on behalf of persons with developmental disabilities. In a paper prepared by Gordon Krantz in 1972, the DD Council identified five functional components of an advocacy system for people with developmental disabilities: Information and referral services; group or class action programs; individual representation; individual support; and protective services. Some examples of advocacy services in each component currently available in Minnesota are presented below. This list is not comprehensive but does give some indication of the breadth of the area.

INFORMATION AND REFERRAL SERVICES

Information and referral services are advocacy activities in the sense that they enable a person to find out about and get services efficiently. In Minnesota, the Governor's Citizens' Council on Aging is currently developing an extensive information and referral directory of services available statewide.

GROUP OR CLASS ACTION PROGRAMS

Activities in this category have the goal of advancing the general welfare of some group or class of people by influencing the structure, policies, or nature of human



Kay Brown (right), ombudsman within the Division of Vocational Rehabilitation system, with client, Richard Patterson.

services for developmentally disabled persons. Techniques may include influencing the legislative process, conducting public information efforts, or bringing class action suits to court (in which the claims of the plaintiff represent a class of people as a whole and the decision of the court is uniformly applied to all members of the class).

In Minnesota, voluntary interest groups such as the Minnesota Association for Retarded Citizens, United Cerebral Palsy of Minnesota, the Minnesota Epilepsy League, the Minnesota Association for Children with Learning Disabilities, and the Minnesota Chapter of the National Society for Autistic Children provide this kind of advocacy for various groups of developmentally disabled persons. The State Council for the Handicapped also provides group advocacy. Legal

advocacy in the form of class representation in the courts is provided by the DD Legal Advocacy Project of the Legal Aid Society of Minneapolis.

INDIVIDUAL REPRESENTATION

Individual representation is provided in many forms in Minnesota, including instrumental citizen advocacy, legal and lay advocacy, residential advocacy, case management (mobilizing all resources to meet a client's needs), and services provided by ombudsmen (officials who receive and investigate complaints).

Citizen advocates trained by the Minneapolis Association for Retarded Citizens specialize in law enforcement problems. Legal representation of developmentally disabled clients is provided through legal advocates and lay advocates trained by the Minnesota DD Legal Advocacy Project in Minneapolis; private attorneys also are becoming increasingly involved.

Residential advocates, or patient advocates, are working in almost all the state hospitals in Minnesota. A plan to create a statewide residential advocacy system for persons in community-based facilities is currently being prepared by the Minneapolis Legal Aid Society in conjunction with the Minnesota Association for Retarded Citizens.

Case managers are working

Services to p. 11

ABL provides DD self-advocacy training

"Alternatives for Better Living" (ABL), a project for the rehabilitation of people with severe developmental disabilities, recently completed the first self-advocacy training workshop ever conducted for developmentally disabled people in Minnesota.

ABL is a part of the Client Services Division of Multi Resource Centers, Inc., of Minneapolis and is financed through the Chicago Regional Office of Rehabilitation Services, Dept. of Health, Education, and Welfare. Since it began in 1974, Project ABL has been involved with identifying and analyzing the voids in the continuum of services available to developmentally disabled people in Minnesota.

"A lack of self-advocacy training programs is one of them," said Susan Rivard, ABL Project supervisor. During recent years, there has been an increasing nationwide effort to train people to act as advocates for developmentally disabled persons. But few efforts have been made to train developmentally disabled persons to become advocates for themselves.

Survey responses reveal interests of readers

Thank you for responding to the postcard in the last *DD News Letter*. Your responses to date indicate that you prefer boldface type and are most interested in legislation, research findings, project profiles, and information on DD topics. Your suggestions will be helpful in developing future editions of *DD News Letter*. If you have not yet completed and returned your postcard, please do so now. A complete report of the results of the postcard evaluation will soon be available from the *DD News Letter* office.

So far, ABL has pursued the concept through a Self-Advocacy Training Workshop which met two days a week for five weeks during June and July.

Prior to the workshop, all of ABL's 45 clients were sent an interest survey, which was used to pinpoint each client's abilities and needs.

The six clients with the greatest interest in self-advocacy training were admitted to the first training workshop, which focused on the three areas considered most pertinent to their needs — medical care, transportation, and housing. All the participants were wheelchair bound.

In the future, in addition to continuing the self-advocacy training workshops, ABL hopes to be able to develop and test a training program which will allow professionals, service providers, and others to teach developmentally disabled people to function as self-advocates. "By enabling service providers to teach the techniques of self-advocacy," Susan said, "it is estimated that 1,000 developmentally



Gary Clark (left), a participant in ABL's recent self-advocacy training workshop, with workshop facilitator, Ken Lundquist.

disabled individuals could receive self-advocacy training in five years."

The ABL staff has already put together a rough draft of a training manual, which addresses the three areas covered in the workshop. The staff is working on training materials in two more curriculum areas — licensing and insurance — and plans to develop additional materials if resources allow.

Self-advocacy training is just one of many facets of Project ABL. Other project activities have included communication skills training, ongoing case management and treatment services, and development of new recreational opportunities.

For additional information about Project ABL, contact the Multi Resource Centers, Inc., 1 900 Chicago Ave., Minneapolis 55404, 612/871-2402.

Advocacy: Where have we been?

Although it might sometimes seem that advocacy was discovered for the first time in the past decade, the advocacy movement has been evolving for nearly a century. It has included elements of both "systems advocacy" and "individual advocacy."

Antecedents of DD advocacy include the child welfare movement, protective services for elderly people, standards for residential facilities, affirmative action in employment, action by volunteer groups, provisions for representation of individuals through guardianship, concepts of legal and citizen advocacy, and new recognition of rights of disabled people, including their right to education. In the following article, Elizabeth Boggs describes the development of these themes and their convergence into the current concept of DD advocacy. These remarks are from a speech at the Conference on Advocacy and the Developmentally Disabled Assistance and Bill of Rights Act in Dallas, Texas in April, 1976.

Before the Civil War, Dorothea Dix first spoke out as an advocate; she fought for the rights of "insane and idiotic men and women." A few decades later, a strong movement of child advocacy emerged in this country. In those days, it was more common than it is today for children to be left without parents, and child exploitation and abuse were widespread. In response, child labor laws were enacted, and children's aid and humane societies were formed. These societies were given some quasi police powers such as rights of entry, and they had authority to act as guardians of children left without natural guardianship.

Concern for dependent and neglected children had become so strong by 1910 that President Theodore Roosevelt took the unprecedented step of calling the first White House Conference on Children.

In the decade following that conference, many states moved forward in the child welfare field. "Protective services," subsuming the capacity to intervene to protect a child's basic rights against abuse and neglect, became a public responsibility in most states. Of particular note is the creation in 1917 in Minnesota of a state Children's Bureau with units for dependent and neglected children, unmarried mothers, and blind persons. Within this bureau was a Department for the Feeble-minded and Epileptic. In addition to a responsibility for screening admissions to the state residential institutions for people who were mentally retarded or had epilepsy, the bureau also was responsible for

by Elizabeth M

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Former Chairperson, Na

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Boggs, Ph.D.

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Dr. Elizabeth Boggs

all human services, and especially those for handicapped people, suffered from severe fiscal constraints. During the early 30s, while revenues were plummeting, the school population bulged due to the post-World War I baby boom. Schools which had previously served children whom we later came to call "trainable" began to exclude them. (The Beta classes in St. Paul were among the few programs to survive.) To justify this policy, children who did not make progress in reading, writing, and arithmetic were labeled "ineducable" and were referred to the institutions.

The depression also had a dramatic effect on state residential institutions for people who were mentally retarded or had epilepsy. Court commitments continued, but no new public facilities were established. Moreover, the economic effects of the depression on many families and on the employment market encouraged the admission of mildly retarded adolescents to public institutions.

A vicious cycle began. The institutions became overcrowded and dehumanized. Poor working conditions made it difficult to attract creative, new staffs. Educational leadership, which had previously been demonstrated, gave way to programs of bare survival. Some institutions were able to make a comeback in the post-War period as resources gradually became available again, but others never recovered.

The depression and war also inhibited volunteer action. When people work 50 hours a week and have only enough gas rations for the most essential travel, committee meetings become very difficult.

THE POST-WAR YEARS

The post-war period — between 1945 and 1950 — saw a reawakening in voluntary advocacy, especially lay advocacy. A new post-war baby boom generated new pressures on schools and residential waiting lists. Voluntary action groups were organized,

History to p. 8

History from p. 7

including United Cerebral Palsy, the National Association for Retarded Citizens (formerly the National Association for Retarded Children), and the National Association for Mental Health. A renewed systems advocacy effort emerged, this time including parents of developmentally disabled persons in a new and vigorous role.

During the 1950's, this advocacy focused on improving conditions in state residential facilities and clarifying schools' obligations to handicapped children. The strategy was state legislation. The National Association for Retarded Citizens enunciated a "right to education for all retarded children" as early as 1954. By 1960, considerable progress had been made in reinstating school programs for "trainable" children.

A separate but related development during the 1950's and 1960's involved elderly people. As life expectancy increased, the proportion of older people in our population also increased; many of these persons had no spouse or other family advocate, and their capacity for self-advocacy was declining. Thus, concern grew for protective services for older persons. Studies were commissioned and public policy set. These developments were important for the DD cause because in many respects the model of protective services for elderly people is more appropriate for disabled adults than is the child protection model. Both deal, however, with the issue of who is authorized to intervene when an individual is unable to assert his own rights or maintain himself independently.

THE 1960's and 1970's

The topics of right to education, protective services, guardianship, admission to institutions, fitness to stand trial, and the insanity defense as applied to accused retarded persons were among many addressed in 1962 by the Task Force on the Law, of the President's Panel on Mental Retardation. During the 1960's, United Cerebral Palsy took the lead nationally in further examining the issue of protective services and guardianship as applied to persons disabled from childhood. The President's Committee on Mental Retardation picked up many of these themes and made them the subject of a landmark conference in 1973. Wolf Wolfensberger, seeing the focus as being too heavily on legal advocacy, countered with a proposed model for citizen advocacy.

Complementary to these developments was an eight-year sequence of international events beginning with the Stockholm Symposium of the International League of Societies for the Mentally Handicapped in 1967. This led first to the United Nations Declaration of Rights of Mentally Retarded Persons in 1971 and then to a similar declaration on behalf of disabled persons in 1975.

The 1970 DD Act included "protective and other social and socio-legal services" as fundable activities. It provided funding for the National Center for Law and the Handicapped and, via the regions and states, for such undertakings as the Minnesota DD

Legal advocacy manual to be available in fall

An updated legal advocacy manual will be published this fall by "Legal Advocacy for the Developmentally Disabled in Minnesota," a three-year-old project of the Minneapolis Legal Aid Society. Funded by the DD Council, the DD Advocacy Project provides comprehensive legal services to Minnesotans who have developmental disabilities.

"The manual will include a description of the basic principles of advocacy and a detailed analysis of the legal rights of developmentally disabled persons in Minnesota," said Rebecca A. Knittie, managing attorney of the project.

The first edition of the manual, published in 1973, was designed to be a working guide for some 200 citizens who were being trained by the project to serve as paralegal advocates in their communities. The updated manual will also provide a general introduction to and understanding of relevant Minnesota and federal law for anyone interested in DD legal problems, such as parents of developmentally disabled children.

The manual is divided into three parts. Part I is a brief summary of "permissible and

Manual from p. 8

prohibited activities for lay advocates."

Above all, the lay advocate is reminded that his or her primary role as an advocate is "to help another person get what he or she wants. An advocate must never substitute his or her own ideas of 'what is best' for a client."

Part II of the Manual deals with the rights of developmentally disabled persons in Minnesota and procedures for enforcing them. Topics such as state guardianship in Minnesota, right to education for handicapped children, day activity centers, and eligibility for medical assistance are addressed.

Special consideration is given to unique situations. There are specific discussions of such topics as sterilization, the right to marry, and the right to contract or vote.

Part III is a list of public and private services, agencies, legal aid societies, day activity centers, and state hospital advocacy services which assist developmentally disabled citizens in Minnesota.

In addition, the Manual reviews or names many important state and federal agency regulations which affect the lives of developmentally disabled citizens in Minnesota.

Despite an occasional necessity for complex legal explanations, the manual is clearly written and understandable. Short, concise introductions to each chapter or subdivision help the reader make the transition into more technical material.

History from p. 8

Legal Advocacy Project and the University of Maryland Law Clinic. The 1970's saw a crescendo of litigation related to civil rights of mentally and physically handicapped persons. The legal profession became more sensitive to this field.

Meanwhile, physically handicapped adults were becoming more vocal on their own behalf. "Access" became a battle cry, and handicapped adults joined minorities and women as groups requiring affirmative action by employers. The Epilepsy Foundation of America was particularly active in relation to employment and driving rights.

In the early 1970's, Congress resumed Dorothea Dix's crusade against neglect and abuse in institutions. In 1972, Sen. Jacob Javits of New York introduced a "Bill of Rights for the Mentally Retarded" (S. 3759), which ran well over 300 pages. Along with health and safety standards, it included provisions favoring voluntary admission (as compared with court-ordered commitment) to residential and non-residential programs based on an evaluation of the disabled person's needs and a review of program alternatives. In this context, residential facilities can be seen more as a part of the service continuum than as a place of detention. Some legal advocates disagree with the voluntary admission concept and would prefer to reassert a role for the courts in most if not all admissions of persons with developmental disabilities to residential settings. This variance illustrates one of the issues which confront current advocacy systems.

The Javits Bill was streamlined and incorporated as "Title II" in the Senate version of the proposed 1974 and 1975 DD Bills. "Title II" also included requirements for (a) individualized plans for developmentally disabled persons, (b) a program coordinator for each such person to see that the plan was implemented, (c) a set of minimum standards, and (d) a system of legal and personal advocacy for developmentally disabled persons. These concepts finally became federal law in the form of three sections of the 1975 DD Act (P.L. 94-103) — Rights, Habilitation Plans, and Protection and Advocacy.

And so, undoubtedly, we've come a long way; this legislation reflects decades of effort. It cannot be all things to all developmentally disabled people, but without question, it can make a difference.

MEL to move Oct. 1

On Oct. 1, 1976, the Minnesota Epilepsy League will move to the Citizens' Aid Building, 404 South Eighth St., Minneapolis 55404. The new phone number will be 612/332-2368.

For further information on cost or distribution of the manual, write the DD Advocacy Project, Legal Aid Society of Minneapolis, 501 Park Ave., Minneapolis 55415.

SPARC trains citizen advocates

"Citizen Advocacy," a project of the St. Paul Association for Retarded Citizens, is designed to foster one-to-one relationships between capable volunteers and developmentally disabled persons.

Begun in July, 1975, with funding from the DD Council, the St. Paul Citizen Advocacy project focuses on the extent of the need of the developmentally disabled person rather than the severity of the handicap.

Cathie Hartnett, new director of the program, explained that many



Citizen advocate, Rosalyn Hayne (right), with her protegee.

developmentally disabled people who live in the community or in institutions

are not in regular contact with their families. Many of them also have no friends or companions other than personnel of service agencies.

"These people need peer relationships, individual involvement, and other social experiences which the Citizen Advocacy program can provide," said Cathie. They may simply need to share experiences with persons near their own ages. Some need help in learning to live in a community rather than an institutional setting. Others

Citizen to p. 11

Conference from p. 1

developed by the State Council for the Handicapped with assistance through a grant from the DD Council, was distributed in May, 1976 to more than 10,000 Minnesotans including people who are handicapped, parents of handicapped children, and service providers. About 1,000 people responded.

Preliminary results indicate that finding suitable employment is a major problem confronting Minnesota's disabled citizens. Accessibility of buildings is another major concern. Among needs of disabled children, early screening is foremost.

During June, twelve regional conferences were held throughout the state to discuss and augment survey

results and to recommend action. More than 900 people participated in the regional conferences.

In May 1977, all the states will come together for a White House Conference on Handicapped Individuals, the first White House Conference on this topic.

Half of the delegates will be disabled persons; 25% will be parents or guardians of handicapped individuals.

Minnesota's delegates will take a composite statewide Statement of Needs developed from Minnesota's survey, regional conferences, and Governor's Conference.

A report and recommendations from the White House Conference will be presented to the President and Congress.

Jane Belau, former chairperson of the Minnesota DD Council, is one of the 28 members of the National Planning and Advisory Council for the White House Conference. Pamela Ott of St. Paul is director of Minnesota's Governor's Conference. For additional information, contact the State Council for the Handicapped, 612/296-6785.

Citizen from p. 10

need to learn to make decisions, assert themselves, and make the best of opportunities through the use of information systems and other resources. "The point is that they should be able to seek advice and counsel from someone who is dedicated to their personal concerns on a long-term basis," she added.

All volunteer advocates are elaborately screened and interviewed before they are allowed to enter the program, which has 27 active expressive and 3 instrumental advocates. "We ask that each volunteer advocate commit at least one year of his or her time to the project," explained Cathie.

In the past, the project simply taught advocates about the various developmental disabilities and told them to go to work. Now extensive training in lay-advocacy and a wide variety of workshops on such topics as sex education, chemical dependency, and communication skills are offered.

The Citizen Advocacy project has also developed and refined a tool for monitoring and evaluating the effectiveness and development of each advocate-protege relationship.

The project's largest problem is not a lack of success but a shortage of volunteers.

For more information about this project, contact the St. Paul Assoc. For Retarded Citizens, 529 Jackson St., Room 329, St. Paul 55101, 612/224-3303.

Services from p. 4

with developmentally disabled clients in a variety of settings such as county social service agencies, schools, correctional agencies, and vocational rehabilitation agencies.

Four Minnesota human service agencies have ombudsman offices: Corrections, Health, Vocational Rehabilitation, and the Council on Aging. The State Hospital Review Boards also function as ombudsmen for mentally retarded persons who are state hospital residents.

INDIVIDUAL SUPPORT

Advocacy in the form of individual support is provided by expressive citizen advocates who make themselves available for a one-to-one relationship to enrich the life of another person and improve that person's ability to function in the community. The St. Paul Association for Retarded Citizens has an ongoing Citizen Advocacy Project which trains volunteers to become expressive citizen advocates. (See article on page 10.) A statewide foster grandparent program is administered by the Minnesota Association for Retarded Citizens in conjunction with the Governor's Citizens' Council on Aging.

FITTING THE PIECES TOGETHER

The Minnesota Office of Human Services is studying advocacy and ombudsman activities in the state human service agencies. Its goal is to

describe these activities and relate them to a framework which it will propose in 1976 for restructuring the state human service agencies. A basic question it is addressing is how to achieve maximum administrative efficiency while meeting clients' special needs. It is also investigating other matters, including the extent to which advocacy activities should be publicly funded.

The DD Council is also undertaking a study of statewide advocacy services. Title II of the new Federal DD Act (P.L. 94-103) requires that each state have in operation by October, 1977 a statewide system which protects and advocates for the rights of persons with developmental disabilities. Gov. Wendell Anderson recently designated the State Planning Agency as responsible for working with the DD Council to develop and implement this system. The Council will consider the Office of Human Services' findings on governmental advocates and will also study non-governmental advocates in Minnesota that relate to developmentally disabled people. The Council will promote coordination and collaboration among all those involved in advocacy in Minnesota. The regional DD Councils and Offices will continue to organize and promote advocacy services throughout the state. Finally, the Council will identify additional advocacy services needed by developmentally disabled persons in Minnesota and create a system for the provision of such services.

DD Dateline

10/3-5 — Region VIII Conference, American Assoc. on Mental Deficiency, Holiday Inn, Winnipeg, Manitoba, Canada. Contact Sidney Walmsley, Chairman-elect, Manitoba State School, Winnipeg, Manitoba.

10/19 — "The Puzzle Children," television special about children's learning disabilities hosted by Julie Andrews and Bill Bixby, 7:00 P.M., Channel 2 and other public broadcasting stations.

10/21-22 — Workshop for teachers working with autistic and autistic-like children. Will be held in Twin Cities area. Contact Carolyn Elliott, Dept. of Education, Capitol Square Bldg., 6th Floor.

10/22-23 — Statewide Conference, Minnesota Assoc. for the Education of Young Children, Harding High School, St. Paul. Contact Mary Campbell, 612/646-8689.

11/2, 9, 16 — Training for parents of children with epilepsy. Twin Cities area. Sponsored by Minnesota Epilepsy League and Comprehensive Epilepsy Program. Contact Bill Fuller, 612/225-5230.

11/6 — Annual Membership Meeting, Minnesota Epilepsy League. Holiday Inn, Minneapolis. Contact Bill Fuller, 612/225-5230.

11/11-13 — "Challenge of '76: Rights, Resources, and Responsibilities," Statewide Conference, Minnesota Assoc. for Children with Learning Disabilities, Leamington Hotel, Minneapolis. Contact MACLD, 612/646-6303.

11/20 — Governor's White House Conference on Handicapped Individuals, St. Paul Civic Center. (See article on page 1.) Contact Dick Ramberg, 612/296-6785.

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550 Cedar Street, Room 110
St. Paul, Minnesota 55101

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*Eunice Davis, DD Council
Chairperson*

Marylee Fithian,

DD Planning Office Director

Linda Baucom, Editor

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Journal contains grant information

Information on grantsmanship, resources, and management in community services, education, employment, health, housing, and other fields is available in *The Grantsmanship Center News*. Regular features include new publications and a summary of Federal Register grant programs and deadlines. Other "how-to" articles have addressed such topics as program planning and proposal writing, identifying foundations that may support one's organization, a guide to Title XX, how to use the Catalog of Federal Domestic Assistance and the Commerce Business Daily, and a guide to the A-95 proposal review process.

The *News* is published eight times per year. Subscriptions are \$15 for one year, \$27 for two, and \$38 for three.

For additional information, write *The Grantsmanship Center News*, 1015 West Olympic Blvd., Los Angeles, CA 90015. Or call 213/485-9094.