ACTION

SPEAKS

LOUDER...

AN FOR MINNESOTA'S MENTALLY RETARDED

There is one man in the world
And his name is all men
And there is one woman in the world
And her name is all woman
And there is one child in the world
And his name is all children.

Carl Sandburg

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The principles and recommendations contained herein are drawn from A Comprehensive Plan to Combat Mental Retardation in the State of Minnesota, prepared by the Mental Retardation Planning Council. The Council was appointed by Governor Karl F. Rolvaag in April, 1964 to study the needs of the mentally retarded in Minnesota. Copies of their two volume report to the Governor are available at the Department of Public Welfare, Centennial Office Building, St. Paul, Minnesota 55101.

ACTION SPEAKS LOUDER . . .

Mental retardation is not a disease. It is a symptom of many different diseases and conditions, a symptom which changes many times during the retarded person's lifetime, a symptom of a very complex interaction of many factors which are a long way from being completely understood. These factors vary widely from individual to individual, although all of these individuals may be called "mentally retarded."

What is the common denominator by which we so label an infant, child, or adult?

The American Association on Mental Deficiency defines mental retardation as "sub-average intellectual functioning which manifests itself during the developmental period and is associated with impairment in adaptive behavior."

Translated into everyday language, this means that one who is mentally retarded cannot perform as well as his age-mates in the kinds of activities we usually associate with school, or with holding a job, or with getting along with other people. Any or all of these limitations may exist to handicap him.

But most mentally retarded persons—about 85 per cent—are so mildly handicapped that they can become useful, self-sufficient, contributing members of their communities. If adequate special services are provided for them.

The remaining 15 per cent can also learn, in varying degrees, and under varying conditions of supervision. Some can work productively and live with satisfaction if a sheltered environment is furnished. Others, given an atmosphere of patient guidance, can learn to care for themselves and to perform with pleasure simple tasks of everyday living. The smallest percentage will probably need constant surveillance throughout their lifetimes, but they too can learn to experience people and events and can respond to the sensations and emotions of life.

We no longer speak of "vegetables" or "crib cases." Rapidly advancing knowledge of human biology and behavior is teaching us that we must be cautious about accepting what other people tell us about what any retarded person cannot do. Conversely, many a parent knows the frustration of unrealistic expectations as to what a retarded child can do.

The key which can unlock the potential of every mentally retarded person is the provision of a continuum of care, a dynamic array of

special services which are available, as needed, to the retarded at any point in his life span.

The Minnesota Mental Retardation Planning Council, with the help of hundreds of interested people throughout the state, has designed a plan to realize such a statewide network of services—diagnosis and evaluation, special classes, work training and sheltered work programs, diversified living arrangements close to home, daytime activity centers, recreational and religious programs—for the estimated 83,000 mentally retarded citizens of Minnesota.

Regionalization is central to the plan and offers numerous advantages:

- Availability of services in many communities meets the needs of a greater number of retarded persons than does concentration of services in one or two places.

- Services and facilities can be integrated into a wider spectrum of community services, both professional and volunteer, and can stimulate community interest and provision of additional services. Opportunities are available for utilizing specialists, services, and facilities which exist in the same community.

- More personalized care than is possible in a large central facility can be provided.

- Increased accessibility to families encourages maintenance of close family relationships.

- Services and facilities can be located within easy distance of community placement agencies. Continuity of counseling can be maintained and ancillary services can be provided.

- Decentralization broadens the base for staff recruitment.

This is a step forward. But a plan which is only words speaks with a small voice. We share with you the primary recommendations of the plan in the faith that together we will translate the words into action.

ACTION SPEAKS LOUDER.

The Ultimate Goal

Prevention is the ultimate goal in serving the mentally retarded. Although in recent years there have been sizeable achievements in mental retardation research, the causes of the bulk of cases are still unknown. This is partly because so many different kinds of factors — medical, psychological, social, economic, cultural, educational — are usually interwoven in the behavior we label "mentally retarded."

Research into the causes of mental retardation should be given high priority and support by all involved agencies, services, and individuals.*

A multi-disciplinary institute for research in mental retardation and human development should be established in Minnesota. Public Law 88-164 provides construction money on a 75% federal—25% state or private matching basis to do just this.

Even at present, full application of existing knowledge would probably eliminate 50% or more of all new cases of mental retardation.

Current medical knowledge about mental retardation should be vigorously disseminated to and utilized by all involved professionals. Genetic counseling services should be expanded and made widely available.

Adequate pre-natal, peri-natal, and post-natal care should be afforded every woman who needs such care, regardless of ability to pay.

Not infrequently it is possible through early diagnosis and treatment to modify or reverse the course of mental retardation.

All handicapped or mentally retarded children should be identified on hospital records from birth. Records should be kept of such possible "high risk" factors as genetic disease in relatives, history of premature birth, and abnormal pregnancy.

"Casefinding" efforts should continue throughout the developmental period, because symptoms of mental retardation become apparent at different stages of a child's development.

The potential of the schools for finding the handicapped or mentally retarded child should be extended down to age 2 or 3, via such techniques as the kindergarten roundup or use of an improved school census.

*Recommendations appear in bold face type throughout.

The school census form should be improved by (a) training census enumerators to ask meaningful questions and to observe in the home, using a portion of the ten dollar State census aid to defray cost of training, and (b) revising the form in the direction of greater specificity concerning various aspects of growth, development, and capabilities of the child.

The majority of the mentally retarded come from the more disadvantaged classes of our society.

Such programs as Project Head Start, which can help to prevent mental retardation by improving the lot of disadvantaged children and adults — medically, socially, culturally, economically, educationally — should be supported with enthusiasm.

A Team Approach

Deciding who is mentally retarded and who is not is often difficult. Diagnostic problems range over the whole field of physical health, mental health, and social and educational guidance.

The retarded child is not only retarded but also has the health, social, and educational needs common to all children.

A network of child development centers should be established throughout the state to provide multidisciplinary (team) evaluations for all handicapped children. Whenever possible, existing facilities, such as community mental health centers, child development centers, community and private hospitals, state institutions, and crippled children's services should be utilized.

Such an evaluation may best be carried out by a team of specialists, i.e., psychiatrist, pediatrician, neurologist, psychologist, social worker, speech pathologist, genetic counselor, dentist.

Mental retardation involves a changing pattern of needs as the individual matures and develops throughout the many stages of life.

Diagnostic evaluation must be an ongoing process which identifies new needs as they evolve and suggests alternative plans of service to meet these needs.

The family doctor is often the only professional person who will maintain a lifelong working relationship with the mentally retarded individual and his family.

The family physician should be included whenever possible as an active and integral participant in diagnostic staffing and formulation of treatment plans.

Ongoing medical supervision of the whole child should be the physician's responsibility to the retarded, as to the normal, individual.

Most parents need sympathetic and informed professional counseling to help them understand, accept, and cope with the numerous problems attendant upon having a mentally retarded child.

Every professional person who counsels should have a thorough knowledge of mental retardation, particularly as it relates to his field of specialization, and should be familiar with all available community resources for diagnosis and treatment.

When a team approach is used, the person counseling and interpreting to the family should be that member of the team for whom the family has the highest regard. This might be the physician, the public health nurse, the social worker, the psychologist, or other professional.

Because of the therapeutic value of non-professional support, parents should be encouraged to participate in citizen groups such as the Association for Retarded Children.

Learning to Live

Minnesota as a State has a clear constitutional mandate to provide suitable education for all children. Unfortunately this is not always the case. Although the number of public school programs for the mentally retarded had grown from 212 in 1957, at which time the State legislature made special classes for educable retarded children mandatory, to 651 in 1964, less than half the retarded children in Minnesota who might benefit from special education are receiving it. Some retarded children are excused from school because no special classes are available, while others enjoy very limited school services.

Complete educational programs for educable and trainable children, including elementary, secondary, and work-training programs, should be made available by local school districts to everyone who is eligible. Where it is not practical to conduct a complete program, cooperative arrangements should be made with other districts. Cost of such services should be covered entirely by public revenues.

Legislation should be enacted whereby provision of special education services to trainable mentally retarded children becomes mandatory in Minnesota.

One of the major continuing problems in Minnesota is the persistence of many small school districts, and the lack of an effective intermediate unit of school administration, thus making it impossible to develop programs to meet "low incidence" problems such as mental retardation.

The governor and the legislature should initiate a planning activity directed toward formulation of a statewide plan for "intermediate units" for administration of specialized, shared school services.

Supervision and coordination of school programs for the retarded, as well as organization of new programs, is mostly lacking. Thus there is often a lack of continuity among various program levels and during the important transitional stage between secondary school and employment.

The State Department of Education should be authorized and funded to employ a minimum of four consultants in the field of mental retardation, and to establish regional offices. Administrative alignment of the divisions of special education and vocational rehabilitation within the Department of Education should be given careful evaluation in current studies of departmental organization.

Special education programs are too often relegated to whatever facilities may be left over after regular school programs have been accommodated. These are often older and less desirable classrooms, ill-suited to the kind of educational program which would most benefit retarded children.

Local groups are urged to work through their school districts in developing projects for construction of specialized educational facilities for handicapped children which will qualify them for Federal assistance under Public Law 89-10.

Commitment to the principle of education for all children does not permit exclusion of any child from school except under extraordinary circumstances. The schools are responsible for tailoring programs to fit pupil needs, not selecting and rejecting students to fit rigidly defined programs. A review of exclusion procedures throughout the State would probably reveal many cases of mental retardation.

A centralized reporting system of all school age children (under 16) excused or excluded from school should be established statewide, with a designated agent, such as the State Department of Education, to receive this information and to ensure follow-up in provision of services.

No clear and comprehensive state departmental responsibility for developing and regulating standards for pre-school programs for retarded or potentially retarded children has been assigned in Minnesota.

An inter-departmental study should be made in order to clarify and coordinate state departmental responsibility for prescribing and regulating standards for pre-school programs, as well as for daytime activity centers for retarded and culturally disadvantaged children.

There is a continuing shortage of well-trained teachers and other personnel needed to conduct special education programs, particularly at the secondary level.

Additional college programs for training special education teachers should be initiated in Minnesota, following carefully coordinated planning with existing programs and appropriate interstate deliberations.

Colleges and universities which offer training for teachers of the retarded are urged to give major attention to the development and improvement of programs for secondary teachers.

Teachers of the trainable are not differentiated by certification requirements or training from teachers of educable children.

Colleges and universities which offer training for teachers of the retarded are urged to develop necessary specialized resources to prepare teachers of trainable retarded and multiply-handicapped children and to coordinate their efforts in doing so.

The Dignity of Work

The mentally retarded often have a hard time finding and holding jobs:

(1) Necessary basic training is frequently not available.

Vocational schools and apprenticeship programs should open their doors to the retarded as they have to other handicapped persons. They should develop less rigorous entrance standards and programs which will encourage training of the retarded.

Institutions present unique opportunities for work training and sheltered employment with living arrangements, as well as for regular employment. Institution staff should utilize these opportunities with imagination and foresight.

(2) "Non-skill" requirements of many jobs are often difficult for the retarded to meet.

Institutions should give greater emphasis to realistic assessment of and training in non-skill requirements of jobs. More intensive training should be given in personal hygiene, dress, and effective social interaction.

Placement specialists must follow through with counseling and supervision after a retarded person has been accepted for employment.

(3) Neither the retardate nor his family really knows how to go about finding a suitable job and obtaining the training necessary to do the job.

State and local civil service should identify and make available positions which mentally retarded and other handicapped people can perform.

State and county highway departments should seek to employ retardates for much of their seasonal work, such as landscaping and road repair.

State departments should endeavor to employ retardates in routine clerical jobs, many of which are well adapted to the capabilities and temperament of the retarded.

Whenever possible, the U. S. Employment Service, county welfare departments, Division of Vocational Rehabilitation, and other agencies should include retarded persons in Economic Opportunity and Manpower Training programs.

(4) Employers generally know little about mentally retarded persons, and many are prejudiced and unskilled in dealing with them.

Public and private groups must cooperate in educating employers and the public to the desirability of employing mentally retarded individuals in jobs which they can adequately perform, as well as in jobs for which they are perhaps better qualified than a "normal" individual.

Specialists must be added to the staffs of the Division of Vocational Rehabilitation, Departments of Education and Employment Security, and other agencies, to seek out employers, to place individuals, and to follow through after placement. Coordination among these various departments must be effected to avoid duplication of effort.

Labor unions should work out plans whereby qualified retarded persons can work in special situations, with adaptations of rules regarding less-than-minimum wage, seniority, and promotion.

(5) Over-dependence on intellectual capacity as a major criterion for job selection discourages placement officers and employers from examining other important abilities the individual possesses.

Employers should realistically appraise the current trend toward requiring a high school education or advanced training for jobs whose practical demands do not warrant such qualifications. Similarly, performance on intelligence tests should not be the major hiring criterion for these jobs. Instead, the probationary period should be extended to provide greater opportunity for on-the-job evaluation of ability.

(6) Architectural barriers often prevent the physically handicapped retardate from working.

Industrial designers and architects should design public and private buildings which eliminate architectural barriers to the handicapped.

Because of physical, mental, or social handicaps, a sizeable number of persons, including the mentally retarded, are rejected from competitive employment. Most of these persons have productive capacities and can derive great benefit from regular work. An estimated 3 to 4 thousand retarded adults in Minnesota will need sheltered work situations, if they are to make an economic contribution to their communities. While it is unrealistic to expect every mentally retarded person to become self-supporting through gainful work activities, about 85% are capable of independent, self-sufficient living in the community.

Sheltered workshop and work-training opportunities should be expanded, with all handicapped persons included.

The Division of Vocational Rehabilitation should provide for a sound and orderly development of sheltered workshops with the help of State subsidy. Long-term workshop employees must be supported.

Provision of half-way houses and sheltered living arrangements for people needing non-working home supervision has been neglected. Residential arrangements should be worked out with workshops, county welfare departments, and placing agencies.

Although the number of mentally retarded rehabilitated — placed in remunerative employment after a period of special education and rehabilitation service — is mounting steadily, it is still disproportionately low in relation to the total mentally retarded population.

The complement of counselors in the Division of Vocational Rehabilitation must be substantially increased.

In the past, the State has not adequately supported needed rehabilitation programs for the mentally retarded.

Legislative appropriations and staff complement authorization for programs of the Department of Vocational Rehabilitation must be, at a minimum, sufficient to match all Federal rehabilitation funds for which Minnesota is eligible.

Staff turnover among key personnel in State rehabilitation programs has been high, and severe salary limitations have been critical.

A special study should be made by the State Civil Service Department or an outside agency to determine reasons for the high staff turnover in the Division of Vocational Rehabilitation and to recommend necessary actions to achieve a solution to present staffing problems.

And a Chance to Grow

About 95 per cent of the mentally retarded live in their home communities.

Adjustment to the complex personal, social, civic, economic, vocational, and educational demands of every day living is particularly difficult for the mentally retarded. When communities make available appropriate special services, retarded persons can develop to the maximum of their potentials and can become responsible contributing members of society.

Local Associations for Retarded Children, as well as other community agencies including churches, schools, and private organizations, must assume a primary responsibility for stimulating the development of recreation and camping programs, nursery schools, religious education classes, home training, counseling for adult retardates, and other services in the community. These community groups must create acceptance of the mentally retarded through public education, and through action aimed at helping public officials and policy-makers initiate or improve services.

Community-based services must be available to all retarded persons according to need, irrespective of such factors as commitment to guardianship or ability to pay.

At present, responsibility for development of community programs in Minnesota is divided and indefinite, leading to overlap in some areas and serious deficiencies in others.

Provision must be made at the state level for effective coordination of all community services and facilities.

Parents of a retarded child who lives at home are often confronted with baffling problems in the seemingly impossible task of daily care and management.

Needed community services are sometimes available but are not utilized because neither parents nor counselor (whether physician, county welfare caseworker, special education teacher, public health nurse, or psychologisf) are aware of local resources.

All professionals working with the retarded should be familiar with the entire spectrum of community facilities. County welfare departments, community mental health centers, and local Associations for Retarded Children should serve as information centers.

Home health care and homemaker services should be developed by county welfare departments or county public nursing boards and by private social agencies.

Urban communities should offer courses in home management of the retarded child, with a variety of specialists participating.

County welfare board caseworkers, social agency personnel, and public health nurses should be informed on the subject of mental retardation and be available to help parents in managing their retarded children at home.

The retarded child who is either too young, too old, or too severely handicapped to attend special classes places a great personal and financial strain on his family. He is frequently ostracized by his peers and has little opportunity to develop social skills.

Daytime activity centers should be developed wherever need can be demonstrated, with a goal of at least one center in every county. Local public tax support should be increased in order to meet local costs. State matching appropriations must also be increased to help finance additional centers and to upgrade and expand existing centers.

The twenty-five cents per capita state support limitation for daytime activity centers should be removed. Rent should be allowed as a local matching sum. Transportation should be included in arriving at total cost per pupil of daytime activity center services.

A House Must Be a Home

Minnesota's historical responsibility, as a State, for the welfare of the mentally retarded, is clear. Residential institutions are a part of this responsibility. Conditions at State institutions for the retarded are grossly unsatisfactory and fail, in many instances, to meet the standards which the Department of Public Welfare requires of non-State facilities. Severe staff shortages buttressed by inadequate pay scales have made it impossible to serve either patients or community effectively.

Future residential construction should be decentralized and planned to meet specialized needs of segments of the retarded population, as opposed to serving the entire range of retardation disabilities in one facility.

The State Facilities Construction Plan should emphasize smaller residential facilities located near population centers where auxiliary services — such as general hospital and special education — are

available. Consideration should also be given to locating facilities so as to enable interstate use of services.

Facilities might be owned and operated on a single or multi-county basis by the State, by private non-profit foundations, or corporations, or by any combination thereof.

The decision to place a retarded person in residential care depends upon careful review of the individual's symptoms, his needs and those of his family, and resources available in the community.

Residential placement should be made only if it meets the specific needs of the individual better than any other kind of service.

Placement in a residential facility must be based on comprehensive diagnostic evaluation. A plan for periodic re-evaluation is essential and should be a legal requirement.

When a resident has received maximum benefit from a facility, transfer or discharge should be effected, provided adequate community resources exist.

The willing consent of the parents should be secured before placement plans are worked out between the county welfare board or licensed private agency and the residential facility.

Concern has frequently been expressed regarding quality of programs in both State and private facilities for the retarded. Too often there are no programs.

Professional organizations and administrative agencies, both State and national, should develop standards for services which comprise a desirable treatment program.

Program content should include medical care, custodial care, training, education, work, recreation and religious services designed to enable the individual to develop to his full potential. The American Association on Mental Deficiency Standards for State Residential Institutions for the Mentally Retarded (1964) can furnish guidelines.

A statement from the residential facility describing provisions for adequate and appropriate treatment programs for individuals in residence should be mandatory in applications for licensing, grants-in-aid, governmental payment of fees, and contractual agreements.

Whereas the population of the State institutions for the mentally retarded has grown to 6,200, with an estimate of 700 on the "waiting list," the total number of hospitalized mentally ill in Minnesota has

declined from a high of 11,300 to about 6,400. Many mentally retarded patients are also mentally ill.

The place of hospitals for the mentally ill in serving the retarded must be reexamined. Several alternatives present themselves:

1. **Integration of selected mentally retarded persons into mental hospital programs.**
2. **Separate programs and living quarters for retarded on the same grounds as mental hospitals.**
3. **Conversion of one or more of the State's seven mental hospitals to a facility serving the retarded.**

Under present law, the county is responsible for only 10 dollars per month for any retarded person placed in a State residential facility, but must pay the total cost of care if the individual is placed in a facility which is not operated by the State. Some monies may be recovered by the county from parents, Social Security, and other sources.

The results of this inequitable distribution of the cost of residential care are threefold: (1) it is financially advantageous for counties to press for placement of patients in State institutions, rather than in smaller non-State facilities, irrespective of the patient's needs; (2) non-State facilities are placed in the undesirable position vis-à-vis long range development of treatment programs of merely being used temporarily to absorb persons on the "waiting list" for State institutions; (3) the county often feels that it is "subsidizing" the State in those instances where it pays for non-State care.

It is recommended that the State assume the same degree of responsibility for every retarded person placed in residential care, regardless of where he is placed, as follows:

1. **The county would be responsible for 10 dollars per patient whether residential care is provided by a licensed private facility or by a State operated facility.**
2. **Parents would be responsible for up to 10 percent of the cost of care (based on ability to pay) whether care was provided by a licensed private facility or a State owned facility. The amount to be paid for cost of care in a private facility would not exceed the amount which the parent would pay to the State facility.**
3. **The State would pay the remainder. Payment for care provided by a private facility would be by reimbursement to the county.**

Some effects of this change might be:

1. Each retarded person requiring residential care could be placed in the facility best suited to his needs. Dollars and cents would no longer be a determining factor.
2. Private non-profit groups could be encouraged to construct and staff facilities, thus relieving the State of this economic burden.

The Manpower Question

Only when sufficient numbers of well-trained professional and semi-professional personnel are deployed throughout the State will the mentally retarded in Minnesota receive the care they deserve. Because of the rapid growth of services and facilities for the retarded, there will be in the foreseeable future almost no limit to the demand for staff.

Competent professionals must create standards which specify the kinds and numbers of staff persons required to effect various programs in State and private facilities in Minnesota. Until such standards are devised, staffing patterns should comply with standards published by the American Association on Mental Deficiency.

Services for the mentally retarded should, whenever possible, be located in population centers around the State. Locating in college communities should help in attracting professional staff. Decentralization would also broaden the base for recruitment of volunteers and semi-professional staff, and would make available more field placements.

All available personnel in a community should be recruited to work with the retarded. Housewives with career training, retired persons, and those trained persons who can work part time are suggested as manpower resources.

Salaries and working conditions in the field of mental retardation must be in accord with the competitive market.

Since fully trained professionals will be in very short supply for a long time to come, program coordinators should spell out those functions which can be executed by semi-professionals. Junior colleges have a particularly significant role to play in the training of semi-professional personnel.

There must be greater recognition by agencies and professionals that forms of training other than four years of college plus graduate work are appropriate to many levels of work with retarded persons. Junior colleges, State colleges, and vocational schools should train

persons to assume semi-professional positions in a variety of mental retardation facilities.

The State should take the lead in setting realistic levels of qualification for State employment, so that (A) able personnel are not eliminated by too stringent formal requirements from jobs they might effectively perform, and (B) persons of high qualification are channeled into appropriate jobs, rather than being hired for jobs which can be carried out by those of lesser training.

Mental retardation as a career field is not well known to students. At present, most persons who work with the retarded are doing so by accident, not by career plan. Few courses relating to mental retardation are taught in any of Minnesota's colleges or professional schools.

Orientation to career possibilities in working with the mentally retarded should begin in junior and senior high school and should continue throughout the college years.

A course on the exceptional child should be included in all teacher training curricula. Curricula for school administrators should include a thorough orientation to the necessity for, and benefits of, special education programs.

More college courses pertaining to mental retardation should be offered in the regular curricula of professional and semi-professional training.

More scholarships and fellowships should be made available to undergraduates who are interested in working with the mentally retarded.

Legislative bodies have placed unrealistic ceilings on salaries of professionals, including program administrators, thus "compacting" maximum salaries well below the limits of the private sector. This low ceiling discourages people from entering public service on a career basis and results in rapid turnover once they have gained some experience. Promotional levels within the mental retardation specialty area are largely lacking.

Salaries of professionals and administrators in public service should be commensurate with those of persons with comparable responsibility in the private sector of the economy.

Personnel classification systems should designate appropriate promotional levels so that persons who have acquired special skills and knowledge relative to mental retardation can be promoted within this area of specialization.

They Also Serve

Volunteer services are a relatively untouched source of help for the mentally retarded in Minnesota. Although there are active volunteer programs at the State institutions, only a relative few of the innumerable services which volunteers might render to the retarded are being performed at present.

Vigorous efforts must be made to identify and publicize needs which can be met by volunteer services. At the same time, volunteers themselves should be encouraged to explore existing deficiencies in community programs for the retarded. Recreation, Sunday school classes, and social and club groups are examples of areas where individual imagination and interest have proved invaluable in initiating programs.

Local and State government agencies, school districts, and private non-profit organizations must be educated to the use of volunteers and brought to the realization that well-trained and well-oriented volunteers are an invaluable asset. They must recognize the many positive factors which accrue to both agency and client through citizen involvement. A volunteer training and placement program which is effectively administered and coordinated is the best tool for achieving this education.

More volunteer services coordinators should be employed by the State and by county welfare departments in order to serve adequately the ten State institutions, the 87 counties, groups of counties, and regions of the State. Coordinators should organize and administer volunteer activities related to mental health as well as to mental retardation. Consideration should be given to the use of Federal funds to help set up a county volunteer coordinator system similar to the county extension agents.

Training and orientation of volunteers by public and private agencies is spotty and, in many cases, inadequate.

Training programs should be instituted for all volunteers. These programs should help to assess the abilities of volunteers, as well as to sharpen their interest. Training should include orientation to mental retardation and to specific agency programs, goals, philosophy, and procedures. Orientation should occur before assignment of duties.

More and more people today have an abundance of leisure time and many others are retiring earlier than in the past.

Persons of all ages, from teens to senior citizens, should be included in volunteer programs.

Transportation problems of volunteers must be met. Teenagers, older folks, and persons having long distances to travel are often not able to volunteer because transportation is not available. The sponsoring group or using agency should make appropriate provision for transportation.

In Summation

The preceding digest of the work of the Planning Council touches briefly upon the many problems encountered in trying to secure a happy future for the mentally retarded. Only an informed and interested citizenry, ready with participation and support, can solve these problems. Action by the people of Minnesota is the vital, the indispensable, element.

ACTION SPEAKS LOUDER.

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