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ABSTRACT

Presented is the second of two volumes reporting on a 2-year study of Georgia's services to the mentally retarded by the Atlanta Association for Retarded Children. The second volume concentrates on the organization and methodology of the project with special emphasis on the implementation of study recommendations. Described are internal and external public relations, community education, and social action processes used during the project. Offered in chronological order are steps taken in beginning and implementing the study. Reviewed are project origin and development into a three phase plan. Accomplishments of the first phase, planning and organization, are seen to have included a comprehensive review of the literature, a study of exemplary service systems, and establishment of a theoretical model service system. Phase 2, research and inquiry, activities are reported to have centered on collection of data on Georgia's existing services for the retarded and formulation of recommendations. Achievements of the final phase, implementation, are said to have included 6 months of regional activities in the Atlanta areas, a 9-month statewide public relations campaign, and a legislative campaign resulting in passage of the Community Services Act for the Mentally Retarded which encourages the development of group homes at the community level. Appended are texts of public relations items disseminated by the project. (DB)

A STUDY OF GEORGIA'S SERVICES FOR THE MENTALLY RETARDED

(A REVIEW OF THE ORGANIZATION, METHODOLOGY AND IMPLEMENTATION OF THE PROJECT)

BY

<u>THE ATLANTA ASSOCIATION FOR RETARDED CHILDREN, INC.</u>

VOLUME II

July 1972

PROJECT PARTICIPANTS

Implementation Phase

PROJECT STAFF, Atlanta Association for Retarded Children

G. Thomas Graf, AARC Executive Director and Project Coordinator (Coeditor, Volume II)
Alice W. Thrasher, Director of Community Education (Coeditor, Volume II)
Jane S. Query, Director of Project Research (Editor, Volume I)
Melvin E. Kaufman, Ph.D., Project Consultant
Norman L. Meyers, Director of Program Services
Patricia S. Powell, Psychologist
Susan P. TeStrake, Social Worker
Mary C. Townley, Project Secretary

ACTION COMMITTEE FOR RETARDED CITIZENS

Regional Coordinators

Albany, Georgia - Ethel Lowe
Atlanta, Georgia - Katie Bishop
Mary Lee Brookshire
Annie Joe Denney
Margie Anna Gatlin
J. C. Latham
Eleanor Swann
Augusta, Georgia - Katherine Berg
Columbus, Georgia - Jo Walton
Macon, Georgia - Nora Howard
Rome, Georgia - Mildred Knight
Savannah, Georgia - Jack Blackstone, Ph.D.

Members-at-Large

Webb Spraetz, Executive Director, Georgia Association for Retarded Children
Local Units of Georgia Association for Retarded Children
Senator Robert A. Rowan, Chairman, Georgia Senate Committee on Institutions and Mental Health
Senators Sam W. Doss, Jr., Frank Eldridge, Jr., Michael N. Herndon, and Culver Kidd, Members of Senate Committee on Institutions and Mental Health
Representative Clarence Vaughn
Representative Virgil Smith, Chairman, Health and Ecology Committee in House of Representatives
Representative Bill Noble
Mary Fitzhugh, President, Georgia Council on Mental Retardation
Angela Dearing, Junior Director, Georgia Federation of Women's Clubs
Leah Richards, Eastern Airlines Silverliners
T. W. Fitzpatrick, Grand Counselor, Georgia-Florida Region, United Commercial Travelers of America
Jack Fred, United Commercial Travelers
Linda Leigh, President, United Airlines Clipped Wings
W. A. Crawford

To all the people throughout Georgia who worked so hard to implement the recommendations of the residential study, we extend a special thanks. May the results of this work serve only as an impetus to strive for a better way of life for Georgia's mentally retarded citizens.

"No matter how big a nation is, it is no stronger than its weakest people - and as long as you keep a person down, some part of you has to be down there to hold him. So it means you can not soar as you might otherwise."

Booker T. Washington

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INTRODUCTION

Volume I of the Atlanta Association for Retarded Children's Study of Georgia's Services for the Mentally Retarded reported on the technical and research aspects of the project. It included research methodology, a model service system, evaluation of Georgia's residential and community services for the retarded, and the study's recommendations for improving those services.

The unique aspect of this total project as compared to similar research investigations was the extensive implementation component built into the overall project. Thousands of significant research studies have gathered dust on library shelves for lack of implementation. Another unique feature of this combined research and social action project was the comprehensive public relations plan used throughout the three-phase two-year project.

One must consider that an outside private agency was in effect investigating an established governmental system. To say the least, a relationship of this type could be "touchy" and possibly hostile. Throughout the project every effort was made to maintain a close cooperation between the AARC and the State Department of Public Health in order for the research to be accurate and significant.

Historically associations for retarded children have served as a catalyst for change. For the most part, improved services for the retarded over the past thirty years have come about by pressure exerted by local, state and national associations for the retarded. As these organizations have grown in strength and power, their impact as advocates has become greater. Too often these organizations have criticized existing services without offering a better plan. Parent and public pressure has resulted in some instances in the closing of inferior service programs. More and more, advocate agencies such as associations for retarded children have a responsibility for documenting facts and presenting better alternatives.

The Atlanta Association for Retarded Children (AARC) felt that research without an action plan to implement its findings would be a waste. Likewise, social action without documented research could be a disaster.

While Volume I concentrated on the findings and recommendations of the research study, Volume II will expand on the overall approach and procedures used during the two-year project plus the results of the implementation campaign. The President's Committee on Mental Retardation (PCMR) suggested that a second volume outlining the public relations and social action components of a research project of this type could be of benefit to other advocate organizations throughout the United States who engage in a similar undertaking.

Volume II is essentially an "implementation handbook" and describes the internal and external public relations, community education and social action processes used throughout the course of the project. It offers in chronological order the various steps taken in beginning and implementing the study, and discusses what worked and what did not work.

Volume II also presents results of the implementation campaign. The appendices include copies of the legislation instigated by the study, the public relations plan, news releases, brochures, editorials, and other documents that can be reproduced for use by other groups.

Implementation of many of the major recommendations of the AARC's study has resulted in much national and international recognition and visibility. Legislation and additional funds appropriated for the mentally retarded during the 1972 Georgia General Assembly were a direct result of the project. The study and its effect on positive changes for the retarded in Georgia has been commended highly by professional and lay leaders in the field of mental retardation.

PRE-PROJECT

Project Origin

The original concept of a comprehensive research, social action study of Georgia's residential services (later all services) was formulated and developed in early December 1969 by John Webster, Ed.D., and G. Thomas Graf, Executive Director of the AARC. At that time Dr. Webster was an AARC Board member and held the position of Associate Director, Commission on Mental Illness and Retardation, Southern Regional Education Board. The study concept was developed by them during several meetings called to discuss AARC's future plans and program priorities. Considering past developments in mental retardation services, appraising current national mental retardation priorities, and projecting future needs a project appraising the status of residential services in Georgia seemed to fall within the scope of AARC's comprehensive plan and advocacy role. In addition, it would enable AARC to develop further its role as a social action agency. Several long additional meetings followed the initial meeting to explore further such a study.

Later in December 1969, the Executive Director met individually with several key AARC Board members to discuss the possibilities of the project. Input from these leaders pointed out the importance of visiting and studying those areas in the United States and abroad that were reputed to have advanced residential services. At this stage of development no formal proposal had been written, only an idea had been advanced and discussed.

Role of President's Committee on Mental Retardation

During the first week of January 1970, Mr. Maurice Flagg, Public Information Director of PCMR met in Atlanta with the AARC Executive Director, key AARC staff, and the southeast regional representative of the National Association for Retarded Children (NARC). The purpose of the meeting was to discuss a recent survey conducted for PCMR by Ruder and Finn, a Washington based public relations firm. The survey was conducted to isolate local associations for the retarded or related organizations who had shown an outstanding record in coordinating efforts with other agencies, in solving problems, and in using public information and social action approaches in meeting mental retardation needs.

The initial survey was conducted in selected metropolitan areas throughout the United States. PCMR had hoped to use the results of this contracted survey to develop a model type of project. The Ruder and Finn survey indicated that AARC was one of the better agencies surveyed and was a good possibility for such a project.

The President's Committee informed AARC they had been selected to participate in a project that would incorporate components of agency coordination and cooperation, public information and social action. If AARC declined to participate, PCMR would make their offer to another agency ranking high on the survey. In such a project, the President's Committee offered the remainder of their contracted time with Ruder and Finn to aid in development of a Public Relations Plan for the project. Also, PCMR offered professional consultative assistance to such a project. The role of PCMR has been to identify and document major national needs in the area of mental retardation and then to inform the general public of those needs. Their public information approach has included use of all the traditional communication media (television, brochures, publications, etc.).

PCMR's concern revolved around actual implementation of their priority recommendations. It has been shown that documenting needs and informing the public about a problem does not necessarily solve that problem. The objective of PCMR in regard to their survey and project was to isolate and document a working "model" of (1) need identification, (2) community organization, (3) public information, (4) social action, and finally, (5) implementation of need. For their financial and consultative assistance on such a project, PCMR hoped to come up with a good working model. (Volume II is an outline of that model.) It was explained that during the course of the project, PCMR would monitor the activities of the selected agency, and the selected agency would be required to submit a full narrative report at the end of the project.

At the January meeting the residential study concept was explored as a possible approach toward linking applied operational research and the use of community action to bring about change.

Mr. Flagg felt that the residential care project would be suitable since it involved one of PCMR's top priorities. He agreed to present the idea to PCMR in terms of using this proposal for the project. It was stated that PCMR could not be responsible for policy making and the actual administration of the project. Their role would be monitoring, consulting, and providing through Ruder and Finn a public relations plan. AARC would have to obtain the necessary funds and administer the project. The next step was for AARC to develop a plan.

Developing A Plan

Obtaining Support

A project of the magnitude of the Residential Study required developing support on many levels. Of course, the project first had to be sold and endorsed by the agency that would administer it. A new project required financial support and organizational priority. Initial emphasis by the Executive Director was spent on convincing the AARC staff and board members of the project's worth. Later other groups and agencies were encouraged to support the project. Some of these agencies were: the Georgia and National Associations for Retarded Children, state civic clubs, Atlanta Community Planning Council, the State Department of Public Health, Division of Mental Health, superintendents of Georgia's institutions, the general public and, most crucially, the Georgia General Assembly.

Although it would seem logical that an organization's own staff would support an exciting new project, this is not necessarily the case. The Atlanta ARC is a large local health agency with nearly a half-million dollar annual operating budget and a large staff to administer its activities. A new program means that financial and program priority might be taken away to some extent from existing services. The Executive Director had to explain to the AARC staff why the new concept deserved priority over and above other areas. In order for any project to succeed, a total commitment of all involved must be obtained. As regards the AARC staff, this commitment grew and developed over the course of the project even though several existing AARC services were sacrificed or received a lower priority during the process. As the reader shall see later, the key towards this internal staff unification was the programmed involvement of almost all key AARC administrative personnel in the project itself. The next major factor was convincing the board and the general membership of AARC that such a project deserved agency priority.

The Executive Director discussed the project on an individual basis with each of the AARC Board members and key volunteers within the general association. He also published an article in the January AARC newsletter "News and Views" concerning the status of residential care for Georgia's retarded and the need for a study. (See Appendix A.) At that time, the newsletter was mailed to over 1,600 people. The article started a generalized conditioning process needed for membership commitment to the project.

It is pertinent to note at this time that the project carried a great deal of administrative "risk". This factor should be considered by other groups who undertake a similar project. Traditionally parent groups have expected quick reinforcement for their efforts. They are not accustomed to multi-year projects involving heavy expenses. which do not provide immediate results. Likewise, they are not accustomed to engaging in major projects which gamble on getting a reward at all! Such projects are indeed hard to sell.

The Executive Director was given encouragement from his meetings with the board, staff, and other ARC leaders. The attitudes were positive enough to justify developing the idea further. Therefore, the next step was to reduce the project concept to a written narrative proposal.

Dr. Webster and the Executive Director prepared an outlined summary to present at the January board meeting. The board gave general endorsement and requested the staff and Budget and Planning Committee to present a more detailed proposal along with a budget at the February meeting. In mid-January, the AARC Executive Director attended the GARC quarterly board meeting in Albany, Georgia. He reviewed the project and asked for the state organization's general support and for their participation later in a technical and advisory capacity to the project. The board voted unanimously to give their general support to this recommendation.

During late January 1970, Dr. Webster and the Executive Director prepared a project prospectus including a budget, for presentation to the AARC Budget and Planning Committee. (See Appendix B for Project Plan.) Note that the original plan was limited primarily to a study of Atlanta residents in Georgia's residential institutions.

During the first phase of the project, the study was expanded to include all of Georgia's retarded in the community as well as in residential institutions. The interdependency of the retarded served and programs serving the retarded necessitated this change in study emphasis. This aspect of the study will be discussed more fully later.

At their February 1970 meeting, the AARC Budget and Planning Committee unanimously recommended approval of the two-year $87,000.00 project, with minor changes, to the Board of Directors. The board approved the committee's recommendations and voted to begin the project immediately. The Executive Director was appointed Project Coordinator and was instructed to develop the resources both financial and human to carry out the project. Funding of Phase One of the project was almost assured by redirection of staff priorities and utilization of existing AARC resources. Some funds for Phase Two and Three came from savings derived from phasing out a school program operated at the time by the AARC. The students were placed in expanding public community programs. In spite of internal shifting of staff and programs, new money had to be raised and in-kind support obtained.

The Original Project Prospectus

The original plan outlined the four phases of the project, project objectives, the staffing pattern and budget.

Phase One of the project was concerned primarily with planning and developing a model program with which to compare the status of Georgia's services. Such a model was later used to point out major differences and gaps in Georgia's residential and community programs and to isolate recommendations for change. The procedures utilized in constructing a model included visiting exemplary programs in several states and in Europe and conducting an in-depth review of the literature relating to residential services. Phase Two included an evaluation of Georgia's services, and the development of recommendations. Phase Three was programmed for implementation of the recommendations. Phase Four will be a follow-up evaluation two years after the project.

The Project Plan (Appendix B) defines clear-cut timetables for each phase and its activities. In actuality, no such clearly defined timetable and schedule existed. There was a considerable overlap of activities from one phase to the next. Also, modification in the original plan's methodology and budget was made as the project developed. Additional time required for the project plus unanticipated expenses increased the study's total cost from $87,000.00 to approximately $100,000.00. The original plan served only as a guide and not as a hard and fast procedural manual. In reality, many aspects of planning the implementation started in Phase One and developed through Phase Two. Although the majority of research and recommendations were completed within the time schedule of Phase Two, much of the perfecting of the study and the publishing of the final document carried over into Phase Three - implementation. The third phase, instead of ending January 1971 as projected, ran into March 1972. In retrospect, the initial study prospectus served as a launching pad for what turned out to be a most successful venture.

PHASE ONE - PLANNING AND ORGANIZATION

Planning the project and establishing a model service system were two of the primary functions of Phase One. Other major activities included: (1) organizing the project, (2) raising funds, (3) securing cooperation of the State Department of Public Health, (4) establishing communication within AARC, and (5) developing a public relations plan.

Eight and one-half months were required to complete Phase One instead of the original projection of six months. It started February 15 and ran to November 1, 1970. Even though Phase Two was delayed several months, the increased staff time allotted to this phase was transferred to Phase One.

As with the project phases, many of the components of Phase One overlapped to a certain degree. For easier reading and understanding the last five activities will be discussed first. They will be followed by discussion of the activities of planning of the project and of establishing a model service system.

Organizing the Project

The first task of Phase One was to set up a working organization. The original plan (Appendix B) outlined project staff duties and the time allotted to the project. The Project Coordinator was given responsibility for implementing the project. He appointed Mrs. Jane S. Query, former principal of the AARC school, as Director of Research. The Association furnished five part-time professional staff members and a part-time secretary to the project. The Director of Research went on full time status in July 1970 several months before the end of Phase One. Several staff meetings were held in the early stages to discuss the full project and individual responsibilities.

A five-member Residential Project Committee was established and Dr. John Webster was appointed its chairman. The committee included a physician, college professor, business executive, and the former director of Georgia's institutions Central Waiting List office. This committee functioned throughout the project as the main liaison between the Project Coordinator and the AARC Board of Directors, and recommended policy to the board regarding the project.

Two advisory committees were established during the early months of Phase One: a Professional Advisory Committee and a Civic and Service Advisory Committee. The Professional Advisory Committee's main function was to provide technical and consultative assistance to the project in the planning, research, and implementation phases. Members were agency representatives from PCMR, NARC, GARC and the Community Council of the Atlanta Area (CCAA). The Project Coordinator met with representatives of each of these agencies to discuss the project and ask their endorsement and assistance.

The CCAA has long been recognized as the leading social planning and research agency in Atlanta. This agency agreed to provide a part-time research analyst to the project. Their representative on the Professional Advisory Committee, Mr. Jack Schmitt, Research Analyst, was assigned to the project for ten percent of his time to aid the project staff in establishing research design and methodology.

During mid-February the President's Committee officially approved the project and assigned Mr. Maurice Flagg to the Professional Advisory Committee and as a technical consultant. They also allocated the remaining time of their contract with Ruder and Finn, the public relations agency, to prepare a public relations plan for the project.

NARC also approved the project and assigned one of their representatives, Mr. Gene Patterson, to the Advisory Committee.

Following a formal presentation to GARC, their board fully endorsed the project and agreed to cooperate with AARC. They allocated seven percent of the time of their Executive Director, Mr. Webb Spraetz, to the project. He also served on the Professional Advisory Committee. GARC appointed the Project Coordinator as chairman of their Residential Affairs Committee to assure continuity of planning.

The Civic and Service Advisory Committee's prime function was to provide a communication link between the project and the general public. Groups selected to serve on this committee were the state Jaycees, Jaycettes, Civitans, and the Federation of Women's Clubs. These state organizations represent thousands of members throughout Georgia. The theory was that if the state organizations endorsed the project during the early stages, assigned representatives to the committee and became knowledgeable and involved, then they would provide a network of communications back to the local members during the social action campaign later. The Project Coordinator spent a large amount of time during Phase One setting up the Civic Advisory Committee and securing endorsement and support from the Executive Committees of the state groups. Each state organization endorsed the project and agreed to appoint a representative to the Civic and Service Advisory Committee.

Later it was found that this type of advisory committee was set up prematurely. Although communications were good between the project office and the committee representatives, follow-through to local clubs via newsletters was almost nonexistant. Since the Civic Advisory Committee had no actual major involvement in the project until the implementation phase, interest declined from the initial meetings with the Executive Committees. Again, time would have been saved and interest would have been greater if this committee had been established at a later date. There was actually a year and one-half lapse between their appointment to the committee and to the time they were called on to become actively involved.

The final organizational task was the establishment of a Division of Research and Planning within the AARC and the assignment of the project to that Division.

Due to efficient preplanning the majority of actual organizational work was accomplished during the first several months of Phase One. An additional committee was set up to aid in the social action campaign. It will be discussed further under Phase Three of this volume.

Raising Funds

The major portion of the project's funds were derived from the Association's general budget and in-kind support from other agencies. The Association was able to reassign existing staff members and utilize its own space, equipment, and supplies. Several thousand additional dollars were needed for the first five months of the project. As mentioned earlier, the Association had planned a phase-out of two of its facilities, thus it was able to reassign previously earmarked funds for the study beginning July 1, 1970.

The Project Coordinator presented the project plan to several large Atlanta foundations. Two of the foundations provided the bulk of outside cash contributions. The English Foundation, administered by the Trust Company of Georgia, provided an initial grant of $2,500.00 earmarked for Phase One site visits to Europe, Connecticut and Wisconsin. This same foundation later earmarked additional funds for Phase Three. The Shallenberger Foundation also contributed $1,000.00 for Phase One activities. The Association included the project in its brochure and other public information material used in its major Retarded Children's Fund Drive held in September.

Following the recommendations of the Ruder and Finn Public Relations report, (see Appendix C) the Project Coordinator initiated efforts in the latter part of Phase One to secure funds for hiring a person trained in public relations to coordinate the implementation plan.

In September 1970 the Project Coordinator met with Mr. A. B. Padgett of the Trust Company of Georgia, and Mr. Robert Freeman, Vice-Chairman of AARC's Residential Study Committee, in regards to obtaining foundation monies to fund the implementation phase of the residential project. (See staffing recommendations in Ruder and Finn Public Relations Report, Appendix C.)

The Project Coordinator and Committee Vice-Chairman learned that foundations are very skeptical about funding projects which involve public influence campaigns geared towards legislation. Mr. Padgett explained that he did not anticipate being able to raise $25,000.00 from this source and suggested alternative approaches towards carrying out the implementation of the grant. He felt that he could obtain $5,000.00 or $6,000.00 that would enable AARC to employ a part-time person trained in public relations. He agreed to contact Mr. John Stevens, Jr., president of Ad Club II. He said a combination of a part-time public relations person and volunteer assistance rendered from this club could deliver the same type of service that the $25,000.00 request to employ an advertising agency would accomplish.

The Project Coordinator met with the president of Ad Club II regarding participation in the project. The president appeared enthusiastic and agreed to discuss the project with his club. In October 1970 Mr. Padgett informed AARC that the English Foundation had agreed to donate $6,000.00 to fund a part-time public education director. (The AARC later added money to this sum to make the position full time.)

Basically, the foundation grants provided the financial assurance that the two-year project could be completed.

Securing Cooperation of the State Department of Public Health

The establishment of cooperation between the AARC and the Georgia Department of Public Health was one of the most critical areas of the entire project. One must consider that a consumer organization planned to investigate and evaluate the programs, services and priorities of a governmental agency serving the mentally retarded. To a large degree the investigating agency was dependent on the cooperation of the agency to be investigated. AARC needed data and other information requiring staff time and the approval of the Department of Health, Division of Mental Health. Through its Hospital and Community Services Branch, the Georgia Division of Mental Health operated the mental retardation services evaluated by the AARC. Relationship between AARC and the Division of Mental Health had not been extremely close prior to the study. On several occasions AARC had initiated social action campaigns to obtain funds for community services for the retarded in direct opposition to the health department's other budgetory priorities. In essence, AARC was viewed as a nonprofessional parent pressure group to be tolerated but not taken seriously. The health department priorities for the retarded had gone towards expansion of medical model institutional programs rather than alternative community services. The only real support of AARC objectives came from staff in the Community Services Branch which had the most to gain from the Association's philosophy and objectives. In summary, the relationship of AARC and the State Department of Public Health prior to the study was tenuous at best.

The public relations plan prepared by Ruder and Finn emphasized the importance of establishing a good relationship between the project staff and the health department. The plan implied avoidance of the traditional "muckraking" approach often used in social action campaigns. It emphasized a positive approach of working together. Essentially, it would have been exceedingly difficult and more expensive to accomplish the project's objectives without cooperation of the health department. AARC planned to do the study with or without the cooperation of the health department but the best way was with their help.

The Association had an alternative plan to reach the project's goals if the health department did not want to cooperate in the study. The alternative plan was to request that a special Senate subcommittee be appointed to investigate Georgia's services for the mentally retarded. Since most of health department data is in the public domain, unless it is confidential patient information, it would not have been impossible to get the data necessary for the study. AARC could have been under contract with the Senate subcommittee to help carry out the inquiry. The main drawback to this plan was the loss of project independence and perhaps objectivity by functioning as a contracted arm of a political body.

The alternative plan did not have to be used because members of the Senate Institutions and Mental Health Committee were instrumental in working with the State Health Department and AARC in working out details of the cooperative venture.

The first formal contact between the project staff and the Division of Mental Health staff regarding the study came on February 25, 1970. The AARC and GARC Executive Directors met at the State Department of Public Health with the Director of the Division of Mental Health; the Coordinator of Community Mental Retardation Programs, Division of Mental Health; and a Health Department Planner. The purpose of that initial meeting was to summarize the study and seek the department's cooperation. The Director of Mental Health was highly critical of the study and of a "parent" organization's evaluating health department services and priorities. He stated that the Association's role should be to support the Health Department's existing plan and to help them implement it. Essentially, AARC should stick to public education and let the "professionals" run the programs. He stated that the project staff was not qualified or competent to do such a study. This statement of project staff competency actually helped the project in the long run. It taught the staff that a critical element of the study and recommendations would be realiability and acceptability. From this point on the project staff sought out as advisors and consultants the leading experts and professionals in this country and abroad for input into the study. A great deal of time, money and effort was spent on documenting the reliability of the research, findings, and recommendations.

Although the State Mental Health Director acknowledged that a state agency is obligated to furnish information and allow institutional visits, he intimated that the health department would not endorse the project or exert itself in terms of cooperation.

The only positive reinforcement to the study came from the Coordinator of Community Mental Retardation Services, Division of Mental Health. The AARC Executive Director assured the health department staff of the intentions to pursue the study and hoped for their cooperation. Details of the meeting were later discussed with the Chairman of the Senate Institutions and Mental Health Committee who offered to talk with the Mental Health Director and his superiors. The next formal meeting between the health department and the project staff did not occur until July 20, 1970.

The July 20 meeting included the Project Coordinator, Research Director, and the GARC Executive Director. The State Health Department staff included the Director of Mental Health, Coordinator of Community Mental Retardation Services, and the Directors of the Community Services and Hospital Branches.

At the beginning of the meeting, the Director of Mental Health again questioned the competency of the AARC staff to conduct an inquiry into residential services. He reiterated he felt it would be better if the AARC directed their efforts to the implementation of the Health Department Plan of 1964. The AARC Executive Director outlined the duties of the Association in representing the interests of the mentally retarded and serving as their advocate. He explained that the Association was interested, not in narrow or specific details of facility operation, but rather in broad policy and planning of the health department.

The Mental Health Director appeared reluctant to cooperate in any type of program evaluation or change in policy regarding delivery of services to the mentally retarded. There was a general mistrust on his part of the project's intent. The other professional staff members of the health department present seemed more receptive to the proposals. The Coordinator of Community Mental Retardation Services in particular felt that AARC was competent to conduct the survey and that their efforts to get legislative support for health department plans would be helpful to the department.

An example of the type of Health Department cooperation which was needed to conduct the survey was information on the Central Waiting List. An evaluation of the waiting list was necessary to determine what services were needed to help retardates remain in the community. The Director of the Hospital Branch proposed to give written answers to the policy questions submitted by the AARC.

At the close of the meeting, the Mental Health Director was assured that AARC would not engage in a "witch hunt" nor indulge in personalities. It was reaffirmed that AARC expressly wished to work with the health department in promoting better services for the retarded. They promised to give the health department officials a more specific written outline of the information which they would like them to furnish.

In general, the meeting was more professional in nature and less hostile than the first meeting. Following this meeting, AARC's attitude toward the health department was to "win them over" and sell them on the mutual benefit of the study rather than force it down their throats. This policy was not to imply retreat from the original intentions, but rather to smooth relationships in order to accomplish the stated objectives.

The most formidable obstacle to overcome was the fear and suspicion that the "investigative" inquiry would later turn into a muckraking campaign against the health department. The history of parent groups gave reinforcement to those fears. The task of the project members was to convince health department officials of their sincerity. The AARC and GARC Executive Directors decided to make a personal tour of the various state institutions in late July and early September 1970 to discuss the study and project with each of the superintendents in order to give them a better understanding of its objectives. Visits were made to Southwestern State Hospital, Central State Hospital, Gracewood State School and Hospital, and the Georgia Retardation Center. The study plan was sent to each superintendent in advance of the visits.

These public relations trips later proved to be the "key" to securing health department cooperation. Shortly after the visits, the superintendents voted their support of the study at a state level Mental Health Division staff meeting. They recommended that the State Director of the Division of Mental Health cooperate with AARC in providing data, information, statistics, etc. to the study. Besides the superintendents' support, the Community Services Branch gave outstanding internal departmental leadership to the project. The Director officially informed AARC of his department's willingness to cooperate in the study.

The official door was now open for an inquiry. The efforts to obtain this cooperation was well worth the time and effort.

Establishing Communications Within AARC

Good communications within the AARC was an essential element throughout the course of the project. As mentioned previously it was difficult to maintain interest in a project over a two-year period. The Association's monthly newsletter was mailed to nearly 1,600 people at the beginning of the project, but expanded to over 2,800 copies per month at the end of the study. It served as the main source of internal communication to the membership and other persons on the mailing list. (Appendix D lists two of the newsletter articles on the study.)

A daily log or diary was kept by all project staff members. The log was typed and updated every two weeks and copies were sent to the Board, Residential Committee and project Advisory Committees along with minutes of all pertinent meetings. Essentially the log served as a vital communication link between the project participants. This document also provided valuable and accurate historical information in completing the two volumes of the study.

Planning Public Relations

PCMR through its contract with the public relations firm, Ruder and Finn, provided the bulk of planning regarding a public relations and implementation plan for the project. AARC had received official notice in February 1970 that PCMR would participate in the project as technical and consultative advisors. Mr. Maurice Flagg, Public Information Director for PCMR, served as advisor to the project during the first phase. In February 1970 Mr. Flagg called AARC to make arrangements for a meeting in Atlanta with the project participants in late March. He stated that PCMR had received a few inquiries of concern from some Georgia officials regarding PCMR's political involvement in state affairs.

The Project Coordinator assured PCMR that their role had been explained to the public as technical and consultative, not policy making or administrative. Mr. Flagg then reassured AARC of their support.

In March 1970 Mr. Flagg visited Atlanta and met with members of the project staff, the Professional Advisory Committee and the Residential Advisory Committee. After a review of PCMR's interest in the project, the problem of maintaining the interest of the various civic and service groups over the entire lifetime of the project was discussed. It was felt that perhaps the initial effort should be a general one, creating a climate favorable to mental retardation.

The Community Council Research Analyst suggested involving civic groups in parts of the actual surveys and data collection. The GARC Executive Director felt that perhaps the State Health Department might question results of such surveys on the grounds of incompetency. A member of the Residential Committee questioned the value of site visitations by lay people. He felt such visits would result in recommendations for more bricks and mortar. The NARC Regional Representative recommended that only knowledgeable, professional people be involved in the inquiry.

The consensus was that civic and service groups should not be involved in the project too early. The basic research model and plan of action should be completely developed and all technical aspects decided on prior to involving the civic clubs. It was decided that the public relations firm should be brought in after the planning phase, possibly in late summer 1971.

In reality, Ruder and Finn began work on the plan during the early summer of 1970. They assigned Mr. Ray Nathan, a vice-president of the firm, the responsibility of developing the plan. He spent two days in Atlanta discussing the overall project and plans with the Project Coordinator. A draft of the plan was mailed to the Coordinator in early August 1970. Later in the month he went to Washington to meet with PCMR and Ruder and Finn representatives. They reviewed the timing of news releases in relation to the overall project with particular emphasis on the best approaches for briefing key legislators, advisory members and the general public about the project. The Coordinator gave his approval to the plan at that time. (See Appendix C for the Ruder and Finn Public Relations Plan.)

The recommendations of the public relations plan proved to be quite useful in planning public relations and implementation activities throughout the course of the study. Also, it pointed out the necessity of either contracting for professional public relations services or hiring an additional staff person. After evaluating the two alternatives, AARC decided to hire a public relations person. Even though the plan proved of great value, it was not followed to the letter. Modifications were made during the course of the project to fit the needs at the time. In June 1971 the project staff developed a revised implementation plan for the statewide campaign.

A part-time Public Education Director was hired in December of 1970, one month following Phase One, to begin work on the implementation phase. In essence, Phase Three (implementation) and Phase Two (research) ran almost parallel. Implementation planning and related activities needed to begin while basic research was still being conducted. Again, this emphasizes the lack of clear cut-off dates where one activity began and another stopped.

Planning the Project and Establishing a Model Service System

The planning objective of Phase One was to outline research procedures, methodology and direction that would serve the project throughout the study. Before Georgia's system of services and its deficiencies could be evaluated two things were needed: a good model for comparison and an underlying philosophical base from which to work. In addition, the staff was faced with the task of defining the nature and limits of the study process itself.

Although the primary goal of the study was the assessment of residential services for Georgia's mentally retarded, it was apparent from the beginning that such programs had to be considered within the framework of all services available in the community. To a great extent, the number of institution residents and applicants on the waiting list depended not only on the space and programs available in institutions but also on the services provided the retarded person in his home community. In rural areas and small towns parents often have had to look to the institution as their only resource for education, training, or specialized treatment services for their child. In areas where more training and supportive services are available more parents have been able to keep their children at home. The study objective was stated then as "to assess the current status of residential services in Georgia within the continuum of care for the mentally retarded." No attempt was made, however, to produce a "Master Plan" for Georgia. The recommendations proposed sought only to promote services consistent with the most modern and humane concepts of care.

The original target area for concern was Greater Atlanta. The scope of the project quickly broadened because of the difficulty of treating the area separately from the state as a whole. In general, state institutions serve the entire state. Even the newly constructed regional hospitals do not admit exclusively on a regional basis to their mental retardation units; they have special programs which affect admission policies. In addition recommendations made by the study committee would, if implemented, affect services on a statewide basis. With the support of the GARC Board of Directors, the study became statewide in scope.

During the first four months of Phase One the Research Director spent a great deal of time researching the literature relating to modern concepts of institutional care, mental retardation service delivery systems of the future, and similar research projects.

The CCAA Research Analyst assisted the project staff by providing much needed technical assistance in structuring the study's research methodology.

Although he did not actually spend a large amount of time on the project itself, his expertise in research design proved invaluable. Once the basic outline and procedures were established, the research staff was able to do the "leg work" in carrying out the plan.

Dr. Gunnar Dybwad, former NARC Executive Director and currently Professor of Human Development, Florence Heller School for Advanced Studies in Social Welfare, Brandeis University, was the first professional consultant to the project. In February 1970 he spoke at the AARC annual dinner meeting and provided a day of consultative help. He provided additional advice during the course of the project. Other professional consultants to the project during Phase One were: Mr. Gene Patterson, Residential Care Specialist with NARC; and Dr. John Webster, Mental Retardation Specialist with Southern Region Educational Board and AARC Residential Study Chairman.

During Phase One, the site visits to model programs were planned and completed. The Residential Study Chairman and the Project Coordinator studied mental retardation programs in Denmark, Sweden, Belgium, the Netherlands and England for three weeks in June 1970. In July 1970 the Research Director spent a week visiting programs in Connecticut, and the AARC Program Director spent a week touring some of Wisconsin's services for the retarded.

The Community Education Director visited selected programs in Nebraska in April 1971 and European facilities for two weeks in July 1971. Although her visits were not an integral part of the study, they were of great value when she began interpreting the study to the public during Phase Three.

Prior to the site visits, information retrieval forms were developed by the research staff. Volume I offered more detail regarding the site visits and their contributions in helping establish a model service system.

Planning the research activities for Phase Two was the last major activity of Phase One. Following many staff and advisory committee meetings, questionnaire forms were developed for collecting information on Georgia's institutions. The forms were prepared after a study of a number of questionnaires used by other agencies, including those developed by the American Association on Mental Deficiency. These questionnaires were mailed to all the institutions in advance of the study visits. (See Appendix C, Volume I.) Each staff member was assigned a certain area to investigate during the visits. Good planning prior to the actual visits to the institutions increased the efficiency and effectiveness of the study.

November 3, 1970, marked the close of Phase One and the beginning of Phase Two activities.

Summary of Phase One Activities

Organizing the project and raising the necessary additional funds were two essential steps of Phase One. Developing good internal communication procedures and a public relations plan were also essential tasks. One of the most critical parts of Phase One was securing the cooperation of the State Department of Public Health, Division of Mental Health.

In regards to research and planning activities, Phase One accomplished the following:

1) Outlined the scope of the project and areas to be investigated.

2) Completed a comprehensive review of the literature.

3) Studied exemplary service systems in Europe, Connecticut and Wisconsin.

4) Established a theoretical model service system for all degrees, ages, and levels of retardation.

5) Developed information retrieval forms for data gathering during Phase Two.

PHASE TWO - STUDY INQUIRY

The original study prospectus defined Phase Two as being devoted almost entirely to assessing Georgia's residential and community services for the mentally retarded, comparing them to "model" services and making recommendations to improve Georgia's services.

This phase was to include the writing, printing and distribution of a formal report. Theoretically, the recommended reforms were to be sold and brought about during the implementation phase. On the surface, it appeared as if there were two distinct phases, one following the other. Actually, beginning in January 1970 the two major activities functioned concurrently. It would have been better to have referred to the study inquiry and implementation as ongoing activities rather than phases, since the term phase is often interpreted as a time period. Implementation activities are discussed under Phase Three of this report. This section is devoted exclusively to the research and inquiry activities.

Since Volume I of the study devoted a large amount of discussion to the inquiry and investigative parts of the overall project, this section is purposely brief. This chapter discusses briefly those activities relating to research, data gathering, documentation of data, and drafting the report. It also outlines the effective use of consultants, the general public, and health department officials during Phase Two. These components are covered under two major headings: Inquiry Research and Input for Reliability.

Inquiry Research

On November 3, 1970 the research staff met to assign specific duties to the members and plan the visits to the institutions. During the month of November and December 1970 all six of the state institutions serving the mentally retarded were visited by the team composed of the Project Coordinator, Research Director, the staff Psychologist, Social Worker, and the AARC Program Director. During the visits the questionnaire information was collected as well as additional printed materials, budgets, annual reports, manuals, etc. By the end of December this information on the various site visits had been organized and filed. Also preliminary work on staff/resident ratios had been done. Following the visits several staff meetings were held to discuss the information collected and its use in the study.

In January 1971, AARC furnished clerical help to the Hospital Admissions office for conducting a survey of mental retardation applicants on the Central Waiting List. Information resulting from this survey was considered in formulating the project recommendations.

The Research Director worked with the staff of the Community Services Branch of the State Division of Mental Health in obtaining data on the community programs in Georgia. The research analyst from CCAA met several times with the research staff during this phase of the project to evaluate the collected data and information. As will be discussed later, several professionals in the field reviewed the study as consultants during 1971.

The primary activities of the Research Director and staff between January and May 1971 were consolidating the information and data collected, organizing materials and formulating recommendations to improve Georgia's services for the retarded. The Residential Committee, Advisory Committee, and project staff met collectively and individually to discuss findings and recommendations. Most of March and April were devoted to writing the first draft of the study and recommendations.

In May the Project Director met with the Division of Mental Health staff to review the recommendations. As promised the Director earlier, they were the first to be briefed on the study's recommendations. The Research Director reviewed the recommendations step-by-step and answered questions. The project staff made a special point of thanking the department for its time and cooperation during the past year and asked the State Director to provide written comments on the recommendations.

During the month of May, citizen hearings were conducted in seven regions of Georgia. In addition to consumer and professional input, these hearings served as a community education device. A detailed discription of the organization and scope of these hearings will be reported in the next chapter. Minutes were taken at these meetings and later used during the first revision of the study's recommendations.

Copies of the recommendations were sent to consultants, advisory board members, superintendents of institutions, and others. All were asked to send comments by return mail. In June 1971 a second draft of the recommendations was revised and presented to the Atlanta ARC Board for ratification. During June both the Atlanta and Georgia ARC Board of Directors formally approved the recommendations. At that time priorities were established for use in the implementation campaign. (See Volume I for study's final recommendations.)

The Research Director was employed on a full time basis from July 1970 until September 1971, when she began working half-time. She devoted the large majority of her time between August and December 1971 to the final writing of Volume I. In January she resigned to take a position with the local health department. Normally, it would be difficult for an agency to hire a Research Director for just a year and one-half, but AARC fortunately was able to reassign such a person from another program within the Association.

A draft of Volume I was mailed to consultants, project participants and institution superintendents in October for their reactions and suggestions. Five hundred copies of Volume I were printed in January 1972. Approximately one hundred complimentary copies were given to those agencies and persons involved with the project.

Input for Reliability

The establishment of reliability must be one of the prime considerations for any consumer organization in conducting a study of this type. AARC learned early in the project that one of its most vulnerable spots would be in establishing the study's reliability. The Director of the State Division of Mental Health, during the initial meeting, questioned the competency of the project staff. He also questioned whether a parent or consumer oriented agency had the ability and expertise to evaluate professionally operated programs. It was realized at that point that the project staff would have to establish its credibility if they were ever to convince the public that their findings and recommendations were valid.

The project participants realized that expert consultative input was needed. Therefore a course of action to acquire the very top national and international experts in the field of mental retardation was programmed.

Besides the top individual consultative assistance, there was also a need to acquire support of recognized agencies. The combination of agency and consultative affiliation, plus consumer involvement aided tremendously in establishing the reliability of the report. Also, the consultants provided the finest, most current, most modern and advanced thinking in relation to the study's objectives.

In December 1970 PCMR furnished AARC a professional consultant of high national stature, Dr. Edward L. Johnstone. Dr. Johnstone, a former institution superintendent and a consultant to PCMR, served as PCMR's professional liaison and advisor to the project. He visited Atlanta on several occasions to review the project activities and research.

Other nationally known consultants to the project included: Wolf Wolfensberger, Ph.D., Mental Retardation Research Scientist, Nebraska Psychiatric Institute; Gunnar Dybwad, Ph.D., former NARC Executive Director; Mr. Frances Kelley, Superintendent of Mansfield State Hospital, Mansfield Depot, Connecticut; Mr. Gene Patterson, Consultant on Program Services, NARC.

All of the above people are recognized throughout the nation as authorities in the field of mental retardation. These people were used for specific consultative assignments. Each consultant did not spend a great deal of time with the staff. However, their published articles were used extensively before and after their visits to Atlanta.

In addition to the consultants named above, the project included a regular study consultant, Melvin E. Kaufman, Ph.D., Professor of Special Education, Georgia State University. Dr. Kaufman has had extensive experience relating to mental retardation service systems, including institutional programs both in the United States and in Europe. He was a research consultant to Central Wisconsin's Colony and Training School while serving as Professor of Special Education at the University of Wisconsin. Dr. Kaufman worked closely with the Research Director in developing the study and writing Volume I.

John Webster, Ed.D., Mental Retardation Specialist with the Southern Region Educational Board, served as the volunteer chairman of the residential committee. As chairman, he played an active role throughout the course of the project. In reality, this well-known professional leader served more as a project staff member than a volunteer. He played a major role in conceptualizing and implementing the project.

The consultants not only provided valuable professional input into the study itself but also played a key role in its implementation. Their role is discussed in the next chapter.

Summary of Phase Two Activities

Phase Two research and inquiry activities were centered around collecting data and information on Georgia's services for the retarded, formulating recommendations and preparing the final study report. Establishing reliability by use of top leaders for professional input also was a component of this phase of the project.

PHASE THREE - IMPLEMENTATION

In planning the activities of the residential study, staff members considered implementation one of the most important phases. The Residential Study Committee agreed that the value of any study could only be judged by its success in bringing about change. In order to instigate the changes, funds were sought from two foundations to help cover expenses of the implementation phase which were not covered by the regular AARC budget.

Following the recommendation of the public relations plan for the study the Association hired a public relations (Community Education) director part-time in December 1970, and in March she became a full time employee.

The Community Education Director's background included a B.A. Degree in journalism and political science and an M.A. Degree in special education (mental retardation). She had worked with the Legislative Counsel in Florida in 1970 and was an active member of a local political group. This experience was valuable in dealing with the legislative campaign of the study.

A very important part of the Community Education Director's orientation was touring the state institutions and visiting many local programs for the retarded. This experience was essential for understanding the total picture of the residential study. During the implementation phase she received help and advice from volunteer members of the Ad Club II of Atlanta.

This section on "Implementation" includes discussion on the public relations phase of the residential study both internally, within the Atlanta Association for Retarded Children, and externally, with other units of the Georgia Association for Retarded Children, local and state health department officials, legislators, and interested lay and professional people of the general public.

Events from the period of January 1971 through June 1971 are described first. Then an account of the statewide public information-legislative campaign from June 1971 through March 1972 is presented. It is detailed as much as possible so as to provide a workable social action guide for other groups.

Television Interview

In January 1971 the Project Coordinator appeared on the "Today in Georgia" show on WSB-TV to discuss the normalization principle and to show slides taken during his Scandinavian visit in 1970. The slides were contrasted to slides from some of Georgia's institutions for the retarded.

Several days after the Coordinator's appearance on the show, AARC learned that the State Department of Public Health asked for equal time on the "Today in Georgia" show to present the "other side" of Georgia's institutions for the retarded. The Superintendent of Gracewood State School and Hospital and the Coordinator of Mental Retardation Services, Division of Mental Health, State Department of Public Health, showed slides of some of the better programs at state institutions and in the health department community services. During the interview, the community alternatives to institutional care were emphasized by the Coordinator of Mental Retardation Services.

The Project Coordinator wrote to the State Director of Mental Health to explain that in his interview on the "Today in Georgia" show he did not discuss recommendations from the residential study. He stated that he only compared some of Georgia's facilities for the retarded with some of the facilities in Denmark and Sweden which he had visited in 1970. He reassured the State Director of Mental Health that he would be able to review the draft of the residential study before it was presented publicly.

Guest Speakers

The residential study and the concept of normalization were given much visibility in January 1971 when Dr. Wolf Wolfensberger, Mental Retardation Research Scientist, Nebraska Psychiatric Institute, presented an address on "The Normalization Principle" at the AARC annual dinner meeting.

Over two hundred twenty-five people attended the dinner, including several legislators. Dr. Wolfensberger used an elaborate audio-visual presentation to show contrasting scenes of normalizing and dehumanizing conditions in facilities and programs for the mentally retarded throughout the United States. His slides vividly portrayed the inadequacies of large, overcrowded state institutions, and his presentation was instrumental in convincing many AARC members that the "normalization" principle is the most humane way to treat mentally retarded citizens. Besides the effective change of attitudes caused internally in AARC by Dr. Wolfensberger's appearance in Atlanta, some impact was made on the metro communities through the news media. Interviews were arranged for Dr. Wolfensberger with the Atlanta Journal and the Atlanta Constitution, WSB and WGKA radio stations, WQXI and WAGA-TV stations. Slides of good conditions in Scandinavian facilities contrasted to depersonalizing conditions in one of Georgia's institutions, were shown during the television interviews.

In April 1971 another guest speaker at the AARC membership meeting, Mr. Francis Kelley, Superintendent, State Training School, Mansfield Depot, Connecticut, helped reinforce the principle of normalization to the approximately one hundred fifty people attending the meeting. He showed slides of group homes in Connecticut which are operated by Mansfield School, and presented an address on "Group Homes as an Alternative to Institutional Placement."

Mr. Kelley's address included many practical aspects of operating group homes in the community, and it was a timely follow-up of Dr. Wolfensberger's ideological approach at the January meeting. He showed slides of many of the different community residences in Connecticut. After the address parents were given an opportunity to ask questions of Mr. Kelley. This question and answer period appeared to be a useful means for parents to clarify their personal doubts of the effectiveness of group homes.

First News Conference

In February 1971 a news conference was called by the Honorary Chairman of the AARC Fund Drive, Coach Bobby Dodd, Athletic Director of Georgia Institute of Technology, to announce AARC was conducting the study. Coach Dodd is well respected in the community and his endorsement of the AARC study was very helpful. Also, his participation helped attract much needed attention, otherwise this announcement would not be too newsworthy to the general public.

The news conference was in a committee room of the State Capitol. Since the General Assembly was in session at the time, this was an ideal location. Participating in the conference were Coach Dodd, Dr. John Webster, the AARC Executive Director and Community Education Director. Attending the conference were: Mrs. Jimmy Carter, the Governor's wife; eight Georgia legislators; the GARC Executive Director; the AARC poster children; and several AARC Board members.

The AARC Executive Director was interviewed by several radio, TV, and newspaper reporters. A picture of Mrs. Carter, Coach Dodd and the poster children appeared in the Atlanta Journal. Also an editorial with accompanying cartoon depicting the need for more community services was aired on WSB-TV newscast.

A news release was mailed to every local daily and weekly newspaper in the state announcing the residential study. However, the AARC staff had no way to verify the number of papers who printed the release. (See Appendix E for copy of this release.)

1971 General Assembly

During the 1971 General Assembly AARC obtained support of legislative leaders to appropriate $500,000.00 for construction of two new sheltered workshops for the mentally retarded in the Atlanta area. The money was not requested by the Division of Vocational Rehabilitation, State Department of Education, but it was appropriated as a line item to that Division.

Editorial support for the workshops was given by television stations and newspapers, thereby giving visibility to the problems of services for mentally retarded adults. During the campaign to get the appropriation, much was learned which aided in the subsequent social action campaigns.

Regional Citizens' Hearings

In February 1971 it was decided by the project staff to conduct public hearings in seven different regions in the state during the month of May in order to get more input into the study and to see what services the parents across the state felt were needed for the retarded. The staff felt it would not only make the study more valid if persons outside the Atlanta area were involved in a statewide study, but also the study would gain much needed visibility through publicizing the hearings.

The AARC Community Education Director divided the state into seven geographical regions and the GARC Executive Director found key people in each of the regions to act as coordinators for the hearings. All the coordinators were active members of local ARC units, were knowledgeable of the legislative process, and knew the community leaders.

In March the regional coordinators met with the AARC and GARC project staff in the AARC office to make plans for the Regional Citizens' Hearings. Background information, a summary of the study, and a draft of the recommendations were presented to the group by the Director of Research. The regional coordinators were given kits which included names and addresses of public and private programs for the retarded, legislators, special education coordinators, local elected officials, health department personnel, ARC units, and vocational rehabilitation personnel from each of the multi-county areas. Included in the kits also were maps of the seven regions, a sample letter to be sent to the people on the lists provided and to others, and a schedule of the hearings.

The Community Education Director presented the "Normalization" slide series which would be part of the program for the regional hearings. She outlined the publicity plans for the hearings which would be handled by the AARC office, the regional coordinators, and volunteers from the Atlanta Ad Club II.

Publicity for the hearings included a television slide of Coach Bobby Dodd with the two AARC poster children and accompanying tapes by Coach Dodd which were sent to the major television stations in the city where the hearings were held. Also 20 and 30-second radio spots by Coach Dodd were mailed to the major radio stations in the area.

Seven different news released localized for each region were mailed from the AARC office to all the local and daily newspapers in Georgia. In addition, one of the regional coordinators appeared on three television stations on personal opinion programs, each for five minutes, to inform the public of the hearings in Savannah, Georgia. He appeared on two separate morning television programs for fifteen minute interviews regarding the hearings.

Other regional coordinators made arrangements with local churches to announce the citizens' hearings in their bulletins and during church services. Television and radio stations made news announcements of the hearings in addition to the tapes by Coach Dodd. (Copies of some of the news releases and script from the public service television and radio spots appear in Appendix F.) The AARC reimbursed the regional coordinators for their travel expenses to the Atlanta meeting and for postage, telephone calls, etc., and other expenses incurred with the Regional Citizens' Hearings.

The seven regional citizens' hearings on mental retardation were held during the month of May 1971 before the final recommendations were adopted officially by the Boards of the Atlanta and Georgia ARCs.

The dates and sites for the hearings were as follows:

May 11 - Savannah, Georgia Regional Hospital at Savannah auditorium.
May 12 - Albany, First Federal Savings and Loan Association auditorium.
May 18 - Columbus, Royal Crown Cola auditorium.
May 19 - Macon, Student Center, Mercer University.
May 25 - Augusta, Augusta-Richmond County Public Library.
May 26 - Rome, Georgia Power Company auditorium.
May 27 - Atlanta, Georgia Mental Health Institute.

All the meetings began at 6:30 p.m. with registration and the program beginning at 7:30 p.m. A refreshment period before four of the meetings served to "break the ice" with the people attending the hearings. By the time the presentation began, the people were relaxed, and seemed to be more communicative during the question and answer session.

The format for all the hearings was basically the same. The local coordinator welcomed everyone and then introduced the moderator, the GARC Executive

Director. He spoke three to five minutes and then introduced the Project Coordinator who presented a ten minute background and overview of the residential study. He in turn introduced the Community Education Director who presented a fifteen minute slide presentation with narrative on "Normalization" and outlined the plans for the public information campaign to get support for legislation resulting from the study.

Following the Community Education Director's presentation, the Director of Research discussed the draft of recommendations and gave a brief background on each recommendation. During the forty-five minute presentation, she used a large flip-chart which contained an outline of the recommendations.

After the recommendations were presented, the GARC Executive Director presided over a question and answer period. Recordings were made of several of the sessions and minutes were kept of all.

The number of people attending the hearings were: Savannah - 130; Albany - 25, (severe thunder storm at the time of meeting hindered attendance); Columbus - 150; Macon - 20; Augusta - 15; Rome - 80; Atlanta - 45.

Newspaper or radio reporters were at every hearing except Macon and Augusta, and also a television reporter and cameraman covered the Columbus hearing. Following the regional hearings the project staff reviewed the comments made at the hearings. Some of the ideas were incorporated into the study's final recommendations. The Research Director presented the "Recommendations for Action" to the AARC Board of Directors on June 1 and they were unanimously approved.

GARC Annual Conference

In the first week of June 1971 the Project Coordinator and the Research Director presented the "Recommendations for Action" to a meeting of the GARC Board of Directors at the annual conference for their approval. It had been anticipated by the AARC staff that there would be some opposition to the study by some of the GARC Board members. However, the approval of the recommendations was unanimous. After the approval by the GARC Board all publicity thereafter referred to the study as a project of the Georgia and Atlanta ARCs.

One of the main addresses at the GARC convention was made by Mrs. Rosalynn Carter, wife of Georgia's Governor. Mrs. Carter told of the personal interest in mental retardation that she and her husband shared, and she congratulated AARC for their residential study. She also invited everyone to attend the public hearings to be conducted in June by the newly appointed Governor's Commission to Improve Services for Mentally and Emotionally Handicapped Georgians.

Mrs. Carter had chosen mental health and mental retardation as one of her favorite interests after Governor Carter was inaugurated. She was in the process of visiting all the state institutions and hospitals at the time, and she served as a regular volunteer at an Atlanta Regional Hospital.

Statewide Implementation Campaign

The project staff and the GARC Executive Director met in June 1971 to establish a general format and timetable for the statewide implementation campaign from June 30, 1971 through March 1972.

The format included the following areas: (1) Development of public information campaign and material, (2) Attainment of endorsement and participation of various organizations and legislators, and (3) Establishment of statewide Action Committee for Retarded Citizens.

A seven page implementation plan was printed for staff use. The projected timetable was followed as closely as possible. But as with any projected plan, certain changes were made during the campaign.

During the implementation campaign the Project Coordinator, the Community Education Director, and the project secretary devoted the major portion of their time to the residential study. The Director of Research remained with the project on a half-time basis to assist in the campaign, work with legislative committees in drafting the Community Services Act for the Mentally Retarded, and complete the compilation of research into Volume I of the study which was printed in January 1972. Also the GARC Executive Director and Administrative Assistant spent a major portion of their time working for support of the study and the legislation.

The activities described in the implementation phase of the campaign will be those centered around the Atlanta area primarily. It would be impossible to include all the activities of each of the seven regions and GARC during this period. Therefore, the reader should realize that events similar to some of the ones described in this report were taking place simultaneously across the state.

Public Information Campaign

Press Conferences

In addition to the initial press conference to announce the study, two others relating to the project were held.

The second news conference of the implementation phase of the study was called on June 30, 1971 by the Executive Directors of the GARC and AARC at the State Capitol. The news conference centered around a "Declaration of Independence and Rights for the Retarded," and had originally been planned for the Fourth of July. However, July 4 was on Sunday in 1971 and also other technicalities indicated that June 30 would be the best time to get the most coverage from the news media. In getting as much news coverage as possible for a specialized project such as the residential study, it is very important to coordinate events to suit the schedules of the media.

Major recommendations of the residential study were presented jointly by the Executive Directors. News media representatives present were: WQXI radio and TV, WSB radio, WYZE radio, WGST radio, WAGA-TV, and a free-lance radio reporter. In addition, WAGA-TV visited the DeKalb Rockdale Training Center to shoot film to show during the interview. Slides from Georgia's institutions and group homes in Nebraska were also shown during the newscast. WAGA-TV aired an editorial supporting the study after the news interviews. (See Appendiz G for copy of WAGA-TV editorial, and also copy of the news release which was mailed to all Georgia newspapers after the news conference.)

On November 19, 1971, the AARC Community Education Director arranged a press conference for Senator Robert A. Rowan and the members of his committee on Institutions and Mental Health to announce the committee's unanimous decision to introduce Senate Bill 347, the Community Services Act for the Mentally Retarded, in the 1972 General Assembly.

The press conference was held at the State Capitol with three of the five committee members and the AARC Community Education Director participating. There was excellent coverage of the conference from two television stations, several radio stations, three daily newspapers, and the Associated Press which sent the story across the state. (A copy of the announcement made by Senator Rowan at the news conference appears in Appendix H.)

Newsletters and Bulletins

From the very inception of the study in 1969, AARC members were kept informed of every phase of the study through monthly newsletters and special bulletins. After the AARC Executive Director and a board member toured exemplary programs for the retarded in Belgium, the Netherlands, Denmark, Sweden, and England in 1970, an eight page report with pictures was mailed to approximately 2,000 people on the AARC mailing list.

Periodic reports from the Executive Director and Director of Research helped give the members a good background to grasp the idea of normalization for the retarded in Georgia. After parents began asking more detailed questions about group homes, a four page leaflet in question and answer form was mailed with the November newsletter. Also several thousand extra copies were printed and distributed during the public information campaign. (A copy of this leaflet is included in Appendix I.)

Other information about the study and the bill was included in the GARC monthly newsletter, their Legislative Bulletin and weekly legislative up-dates to the entire GARC mailing list. Other groups throughout the state used their newsletters to distribute information about the bill and how to write to legislators. Special bulletins were mailed as the bill traveled from committees in the Senate and House to the Appropriations Committee. Names of all the legislators on a particular committee were included, therefore a more intense letter writing, telephone calling, and telegram sending campaign could be waged to a few people at a time.

Slide Series - "Georgia's Choice - Normalization or Dehumanization"

A series of forty colored slides of good community programs in Nebraska and elsewhere contrasted to depersonalizing scenes of some of Georgia's institutions were copied for the seven regions, GARC, and an ARC Unit in LaGrange, Georgia. A script was included with each of the slide series. (See Appendix J for slide script.) Each regional coordinator was responsible for setting up a small speaker's bureau and for securing speaking engagements during November and December 1971, and January and February 1972. These slide series proved to be an effective way to convey the meaning of normalization to lay groups. Also, since some really depressing scenes from Georgia's state institutions were shown (for the first time to many people), the slides helped communicate to the general public that not all of Georgia's retarded citizens were able to "enjoy" life.

Five slides at the end explained Senate Bill 347 and the major recommendations. Appropriations needed to implement the bill in 1972 were outlined on the slides also.

The slides were shown to many diverse groups from church groups, to civic clubs, to high school and college classes, to social clubs, to PTA's. Speaking engagements in the Atlanta area were secured by mailing to every club president (from civic club lists from the Chamber of Commerce) a letter explaining the normalization campaign and asking for the time to speak to the club. Post cards were included with the letter. This method produced numerous engagements in other clubs and church groups.

At each meeting where the slides were shown, the speaker answered questions from the group about normalization, group homes, institutions, etc. Also, the brochures "New Hope for Dignity" and "What's a Group Home" and names and addresses of legislators were distributed. Each person and the club as a whole was urged to contact their legislators regarding the bill.

Brochure

One of the items hardest to produce in the public information campaign was the brochure. The AARC staff was faced with the problem: How to condense a voluminous report to an eight page brochure that was attractive, easy to read, yet told the whole story?

Many hours of volunteer service was given by members of Ad Club II in helping the staff edit the copy. One of the members donated his service for the art work and lay-out, and he secured the typesetting without cost. A professional photographer who had worked on other projects with the AARC donated his services for some of the photography in the brochure.

The artist worked with the Community Education Director in securing the paper, the printing, folding, cutting, and stapling of the 30,000 brochures without cost. The only cost involved with the brochures was for typesetting and printing 30,000 lists of legislator's names and addresses which were divided into the seven regions.

The brochures entitled "Normalization - A New Hope for Dignity" were sent to the regional coordinators, and they in turn dispersed them in their region. Many churches and clubs cooperated in the drive to distribute the 30,000 brochures by including them in their bulletins or newsletters to their members. (Brochure is reproduced in Appendix K.)

TV and Radio

Public service television and radio 30 and 60-second spots proved to be one of the most effective public relations tools for the campaign. From the period of August 20 - September 20 AARC was able to combine some of its annual fund drive publicity with the residential study. Many of the TV and radio public service spots during the fund drive centered around the need for group homes and other community services.

Television appearances by AARC staff members and two parents were used to discuss the residential study as well as the fund drive. The Community Education Director appeared on a television interview to discuss her visit to mental retardation programs in Denmark, Sweden and Holland in July and August 1971.

An event in the community which had much favorable public reaction occurred in late August in Atlanta. The area school superintendent decided to relocate the one hundred twenty students at a TMR center because the building was needed for an elementary school again after a housing project was built nearby. The parents rebelled, and decided not to move their retarded children. They stated publicly that they were tired of their children being treated as second class citizens and being shifted from one abandoned building to another. Tremendous support from all TV stations, the newspapers, radio stations, local sports figures, politicians, and the general public resulted in the school board's decision to let the TMR center remain in the building for the year.

Another action in September-October which gained much publicity for the retarded was the near cut-back of funds for two sheltered workshops which had been appropriated by the General Assembly. After a social action campaign to the Governor, the Superintendent of Education, and the State Board of Education, the $500,000.00 was restored to Vocational Rehabilitation's budget. Editorial support was given by the newspapers and TV stations in the area, as well as coverage in the news.

In November 1971 the regional coordinators were given several sets each of two television slides to deliver personally to their local television stations. The first slide was a picture of an ordinary home in the community with the printed caption "Group Homes for the Retarded." The live script stated "Did you know that many of Georgia's retarded citizens could live in group homes in the community?" The second slide was a card with an address, and the script was "For information, write: Action for Retarded Citizens, P.O. Box 1666, Decatur, Georgia 30030."

The other public service spots were professionally done by a local award-winning film artist who was recommended by Ad Club II volunteers. The producer was very much interested in the study and worked for the project staff at a very reduced rate ($1,500.00 for the two spots and eight copies of each). The AARC Community Education Director worked closely with the producer, obtained permission for shooting pictures at a state institution, and accompanied the photographer there.

The initial reaction by the administrators of the institution was to refuse permission to take the pictures. Since the pictures from Central State Hospital were essential for effective spots, AARC staff members and others finally convinced the superintendent that all intentions were honorable, and that nothing distasteful would be shown. Staff members from the institution were most helpful in arranging permission for close-ups of two children and in showing the photographer the different wards.

When the prints were made, the Community Education Director returned to Central State to get approval from the superintendent and other staff members to use certain photographs. After the scripts for the two 60-second spots were written, the AARC Public Relations Committee met to approve them. One of the initial scripts which compared institutions to prisons was not approved by the committee. They felt it would not be consistent with the overall positive approach of the study. Too, the superintendent of the hospital had been told the spots would not be distasteful. The copywriter took the suggestions of the committee and developed a more factual script on normalization.

The sound track from the TV spots was recorded for radio spots. Fifty copies of the spots were made and sent to major radio stations across the state. All the stations were mailed a short suggested editorial along with either the tape or a 30-second live script about normalization.

The TV spots were delivered personally by the regional coordinators to the major stations in their own city in the middle of January 1972, a week after the General Assembly convened.

Originally the television spots had been scheduled to begin running in November or December, but their running simultaneously with the legislative session provided the necessary impetus to keep up the momentum of the social action campaign. The films were excellent and they provided a feeling of "status" for the people across the state who were working hard for the bill.

Most stations ran the spots several times a day during the last half of January and all of February. (Copies of the script from the two 60-second spots are included in Appendix L.)

At the end of the radio and television spots, the P.O. Box for Action for Retarded Citizens was given for people to write for more information. Over sixty letters from across the state were received at the Post Office Box. The AARC Community Education Director answered all the letters and sent material relating to normalization and the Community Services Act for the Mentally Retarded. When the writers not from the Atlanta area asked to do volunteer work, their letters were forwarded to the ARC unit in their area. Only one negative call was received by the AARC office. A parent called when she misunderstood the subtle message of one of the spots.

Television Documentary

The project staff had planned from the beginning of the study to get a local television station to produce a documentary relating to the residential study. The AARC Executive Director and volunteers from Ad Club II contacted the General Manager of a local TV station and arranged a meeting with representatives from the station and AARC staff at the office of one of the volunteers in June 1971.

Following a one and one-half hour presentation of the study and a discussion of the project, the General Manager of the local CBS affiliate station, (which is the second largest in the Atlanta area) committed his station to film a half-hour documentary relating to the residential study. He agreed to his station's assuming full cost of production and costs for prime time viewing. He also stated that WAGA would support the recommendations from the study through editorials.

Another meeting was held a week later at the television station to present the normalization slides and discuss the study and proposed documentary with the Public Affairs Director, the News Director, and Public Service Director of the station. Two staff people from WAGA were appointed to work as liaison with AARC during the planning phase of the documentary. AARC provided the station with a list of comprehensive services for the mentally retarded in the metropolitan Atlanta area and an outline of what the project staff would like to see included in the thirty minute documentary. (This outline is included in Appendix M.)

The producers of the documentary met with AARC staff members and Ad Club II volunteers several times during the month of July before the filming was begun. After the filming began, Channel 5 produced the documentary independently of any involvement by the AARC or others.

Many hours of filming time were spent at the Georgia Retardation Center, Unit IX at Central State Hospital, Hamilton High School, DeKalb Evaluation Clinic, and other places during the latter part of 1971. Also film was shot at the home of a family with a retarded boy showing how the family members had accepted him. The parents talked frankly of the difficulties they have faced by keeping their child at home.

The documentary, entitled "Please Touch," was shown on Channel 5 Thursday night, February 17, 1972 at 8:00 p.m. The station promoted the film for several days before it was aired. Also they placed an ad for the documentary in the TV section of the daily papers on the day it was shown. A local Savings and Loan Association sponsored the program uninterupted by commercials. Their sponsorship was obtained by the station, thus the AARC gained a friend without any effort. The company included an article about the documentary in their quarterly newsletter which was mailed to 55,000 people in the Atlanta area.

The television station showed the film again twice in May 1972. In addition it has been shown in other cities. It was originally planned for the documentary to be shown in November 1971, then copies of the film could be shown to civic clubs and other groups. However, the station had to use video film, thus making it almost impossible to show elsewhere. The February showing of the film turned out to be good timing. The legislative session was just about to end, and Senate Bill 347 had passed in the Senate but had not passed in the House of Representatives. The station ran an editorial on every newscast the day of the showing, urging viewers to watch the documentary and to write their legislators about SB 347. (A copy of the editorial appears in Appendix N.)

Address by Dr. Burton Blatt

Another outstanding leader in the field of mental retardation, Burton Blatt, Ph.D., Chairman of the Department of Special Education and Rehabilitation, Syracuse University, addressed the AARC membership and guests at the 1972 annual dinner meeting in January.

Dr. Blatt discussed some of the moral and ethical questions regarding "The Future for People with Special Needs." He was able to get the audience to look beyond the tangible community services to the more intangible rights of retarded persons and attitudes of others toward them.

During Dr. Blatt's visit to Atlanta he appeared on an hour-long call-in interview show on WRNG Radio with the Community Education Director. Dr. Blatt was questioned about his book "Christmas in Purgatory" and institutions for the retarded. Both he and the Community Education Director talked about the pending legislation for the retarded in the Georgia General Assembly. Many calls were received during the hour and they were all positive regarding community services for the retarded. Many calls were received in the AARC office after the interview. Dr. Blatt was also interviewed by WYZE Radio Station.

Final Releases

The final releases relating to the legislation were mailed when the Governor signed Senate Bill 347 on March 31, 1972. Articles appeared in the daily Atlanta papers the day before the bill was signed, and in weekly papers the week after the signing.

The AARC Community Education Director arranged for people from across the state who had worked for the bill to come to the Capitol to witness the signing. The Governor's wife also attended the ceremony and was included in a picture with the group.

Attainment of Endorsements

The GARC Executive Director wrote to twenty statewide professional and civic groups to seek endorsement of the recommendations and to request that they appoint a representative to a statewide Action Committee for Retarded Citizens. Such groups as the Georgia Council on Mental Retardation, Georgia Federation of Women's Clubs, United Clipped Wings, Southeastern Methodist Agency for the Retarded, and the Atlanta Christian Association for the Retarded did endorse the study and worked during the campaign. Senate Bill 347 was included as one of the top priorities in the legislative platform distributed to all the Junior Women's Clubs across the state.

Another source of help during the legislative campaign came from several churches. One Catholic priest, the minister to Exceptional Children in the Atlanta Diocese, distributed two thousand flyers about the legislation and had announcements made during the services of several churches. Other churches and ministers throughout the state were most cooperative in helping gain support for the bill.

During the early stages of the study the AARC Executive Director had talked with two groups who had worked closely with mental retardation in the past; the Civitans and Jaycees. Both groups had endorsed the study from the beginning but there was not as great a response from these groups during the legislative campaign as had been anticipated. Perhaps this was due to the nature of the project. These civic clubs are accustomed to working with "tangible" projects, such as raising money to buy playground equipment. Also their endorsement was sought too early for them to sustain an interest during the entire project. The help from the civic clubs was necessary since it informed a lot of people outside ARC about "normalization". However, the greatest endorsement of the project came from the families of retarded children and adults from every part of the state. Many legislators commented on the sincere letters from the parents who were well-informed of the bill and its ramifications.

One section of the bill which added to the immediacy of its passage was the provision of one hundred percent state funding of the non-federal costs for community mental retardation programs. Many local ARC units were in the middle of writing federal grants for their day training centers while the legislature was in session. For years they had worked hard to provide a small private school, and SB 347 offered them the chance for publicly supported day training and work activity centers, as well as group homes, transportation, and diagnosis and evaluation centers. Thus letting legislators know about SB 347 became top priority with thousands of people across the state who would be directly affected by the new services.

Metropolitan Atlanta Council on Health

The AARC Executive Director presented the recommendations to the Sub-Committee on Mental Retardation of the Metropolitan Atlanta Council on Health, a regional advisory planning group for health facilities of which two AARC staff members were members. The committee voted unanimously to endorse the recommendations of the residential study.

University of Georgia Conference

The AARC and GARC Executive Directors attended a conference on "Strategy--Action" for meeting the mental and emotional needs of Georgians June 1971 at the University of Georgia. The conference was sponsored by the Georgia Association for Mental Health and the University of Georgia Center for Continuing Education. At the conference they had an opportunity to talk with several key legislators and the heads of several state departments in the health and welfare field regarding the residential study.

Senator Bobby Rowan was contacted at this meeting and he seemed enthusiastic concerning a leadership role in the Georgia Senate to spearhead the legislation resulting from the study. Also at the conference, the State Director of Mental Health indicated to the Directors that his department might support most of the recommendations of the study.

Governmental Contacts

During the month of June 1971 the recommendations from the study were presented to the Governor's Executive Secretary in hopes that the Governor would endorse some of the recommendations. The Executive Secretary was very busy and met with the AARC and GARC representatives for only a short time. He promised to read the summary of the study left with him and to write the AARC Executive Director. Later, the Governor's Executive Secretary arranged an appointment for the GARC and AARC Executive Directors with a member of the Governor's Governmental Reorganization staff to discuss the recommendations regarding the position of State and District Mental Retardation Chiefs. They emphasized to the reorganization staff member that by creating these positions, the efficiency and coordination of mental retardation services at various levels of government would be enhanced. The study recommendations were well received by the reorganization staff, and they promised to give them consideration in their planning.

Governor's Commission to Improve Services for Mentally and Emotionally Handicapped Georgians

A group outside the Association for Retarded Children whose actions added greatly to the public awareness of the problems relating to mental retardation in 1971 was the Governor's Commission to Improve Services for Mentally and Emotionally Handicapped Georgians. The Commission was appointed by Governor Jimmy Carter in April 1971 and was composed of John L. Moore, Jr., attorney-at-law, Chairman; Rosalynn A. Carter, the Governor's wife; James A. Mackay, former U.S. Congressman and President, Metropolitan Atlanta Mental Health Association; and State Senator Robert A. Rowan, Chairman of the Senate Committee on Institutions and Mental Health.

Governor Carter had expressed an interest in the mentally retarded and the mentally ill in his inaugral address, and he appointed the commission to provide him with guidelines in planning for an overall program for these people.

The commission invited every group in Georgia involved in mental health; retardation, alcoholism, drugs, and related areas to describe the most efficient, economical, and humane way to treat Georgians with mental and emotional handicaps. Three public hearings were held at the State Capitol in June and for the next several months the commission sought further counsel and advice from professional and citizen groups in Georgia and elsewhere.

The GARC and AARC Executive Directors testified before the commission in June 1971. The AARC Director presented a brief overview and background of the study, and then the GARC Director presented the entire Summary of the Recommendations for Action with a brief explanation of each recommendation. Members of the Governor's Commission stated that they were impressed with the thoroughness of the study and the recommendations.

The commission's report entitled "Helping Troubled Georgians Solve Their Problems" was released in October and it included many of the same recommendations that the GARC had made during their presentation to the group. One of the primary recommendations with which both groups agreed was that the state should commit no more funds for construction of additional institutional beds until a statewide program of community services for the retarded and the mentally ill demonstrates that more beds are necessary.

The recommendations of the residential study that the proposed second unit of five hundred beds at the Georgia Retardation Center in Atlanta not be completed had been met by strong opposition by the State Director of Mental Health. At the Atlanta Regional Citizens' Hearings the Director stated that he could not agree with that recommendation because his department was faced with two thousand mentally retarded persons on the waiting lists to institutions.

State Board of Public Health

In August 1971 the AARC Executive Director and Research Director met with the State Board of Health to discuss the residential study and to present a brief summary of recommendations from the study. In November the AARC Research Director and the GARC Executive Director presented a more detailed report of the study's recommendations to the Mental Health Committee of the State Board of Health. The Committee voted to support the recommendation for the establishment of pilot group homes in each health district as soon as possible. They instructed the Community Mental Retardation Services Director to draft guidelines for the initial group homes.

In January 1972 the entire Board of Health endorsed the concept of group homes and they approved the State Department of Public Health's proposed request for additional money for community mental retardation services. In February the Board approved the guidelines for the group homes.

State Director, Division of Mental Health

In September 1971, the AARC Research Director met with the Director of the Division of Mental Health, State Department of Public Health, to seek his comments on the recommendations of the study. At this meeting, the State Director approved the majority of the recommendations and gave suggestions to help with the study.

Other Groups

In September 1971 the GARC Executive Director presented the recommendations to the Committee for the Development of Manpower and Health Services of Georgia and the Georgia Council on Mental Retardation.

The AARC Research Director presented the recommendations to the DeKalb County Legislative Committee for Exceptional Children. They appointed a liaison to the Action Committee for Retarded Citizens and worked in the legislative campaign. One of the Atlanta Coordinators arranged an information coffee in her home for civic leaders of the neighborhood. She invited forty persons to view the normalization slides and to learn how they could help in the campaign. Members of a local Junior Woman's Club served as co-hostesses. Excellent newspaper coverage was given to the meeting.

Action Committee for Retarded Citizens

Realizing that the key to any successful statewide campaign is to have local people involved in every area of the state, the project staff established a statewide Action Committee for Retarded Citizens. The committee members included: (1) the seven regional coordinators of the Citizens' Hearings, with an additional five other people to the metro Atlanta area, (2) ARC Board representatives, (3) GARC and AARC project staff, (4) volunteers from Ad Club II, (5) liaison from state and local civic and professional organizations who had endorsed the study, (6) GARC Legislative Chairmen, and (7) key legislative officials.

A letter was mailed to all Action Committee members on November 1 inviting them to a one day workshop at an Atlanta church. Local units of GARC agreed to cover expenses of the regional coordinators since the project had been endorsed by the GARC Board of Directors. The meeting was held on a Friday (November 19, 1971) so as to be more convenient for the people who had to travel great distances. Thirty persons from across the state attended the workshop. At this meeting, public information materials were distributed to the regional coordinators. Also ten civic club representatives took brochures and legislative lists to mail to their members. The workshop ended with a brief inspiring address by the Chairman of the Senate Institutions and Mental Health Committee. (The agenda for the workshop is included in Appendix O.)

After the workshop, pictures were made of the regional coordinators with the legislative officials present and sent to their local newspapers. The workshop proved to be a good impetus for starting the statewide drive.

The coordinators returned to their areas and began contacting legislators, making talks, distributing brochures, etc. A successful legislative workshop was staged in Rome, Georgia by the regional coordinator. Over one hundred people from the northeast section of the state attended the meeting to hear officials from the State Health Department's Community Services Branch, GARC, AARC, and key legislators of the Senate Institutions and Mental Health Committee discuss Senate Bill 347. The regional coordinator worked very hard and got many different people and groups involved in the arrangements for the meeting. She also arranged for very good news coverage.

Another regional coordinator collected hundreds of letters from parents and came to the State Capitol during the General Assembly with a group of parents to present them to their legislators. A meeting was arranged at the Capitol with the legislators and the regional coordinator got pledges of support of Senate Bill 347.

In retrospect, it would have been difficult to pass SB 347 without the grass roots support of members of the Action Committee and other parents and friends all across the state. Every legislator contacted by the project staff knew about SB 347 and its implications. This personal contact from "home town" people could not be matched by any amount of correspondence from an Atlanta office.

Development of Legislation

After the initial favorable reaction to the study's recommendations by the Senate Committee on Institutions and Mental Health, the Committee Chairman instructed the project staff to draw up a very rough draft of the items which they would like included in a bill.

The project staff knew it would be much easier to get the needed community services if the provisions of the Act followed the existing divisions of responsibility of the State Departments of Health and Education. A major reorganization of state government was taking place in the 1972 General Assembly and at the time of the drafting of the bill, no one knew what services would be offered by any particular department. By following the existing structures, the project staff found that the legislation did not become controversial in any way. There probably would have been strong opposition by many people if the bill had allocated all the community services to the Department of Education.

The only opposition to the bill came from a local director of the health department who felt the extra services would greatly overload his staff. He expressed the opinion that these services were being forced upon them because the health department's traditional role in the community did not include operating day training centers, activity centers or group homes.

There was much cooperation by the Community Mental Retardation Services Branch of the State Department of Public Health in projecting costs for the needed services. The proposed appropriations were carefully weighed as to what could reasonably be obtained from the legislature at the time, and also what programs the State Health Department could spend and administer well during the next fiscal year.

The AARC Research Director worked with the Director of Mental Retardation Community Services in drawing up the initial draft of the Act. The draft was then written into correct bill form by the Legislative Counsel of the legislature. Several subsequent meetings of members of the project staff, a State Health Department official, and the Legislative Counsel attorney were held to perfect the bill.

Before the final form of the bill was written, a local attorney who had worked with mental health legislation for several years met with the project staff and offered helpful suggestions in improving the bill. On November 18, 1971 the bill was written in final form and assigned a number, Senate Bill 347, by the Legislative Counsel. (See copy of SB 347 in Appendix P.)

Legislative Support

The AARC Executive Director wrote to key legislators during June 1971 to ask for individual meetings to discuss their sponsoring the proposed legislation for the retarded. Representatives and senators who had helped pass mental retardation legislation in previous years were contacted, as well as recently elected legislators who had expressed an interest in the retarded.

In August 1971 members of the project staff met with the Chairman of the Senate Institutions and Mental Health Committee at the State Capitol to discuss the study recommendations. Methods of introducing the proposed legislation were discussed.

In September 1971 the AARC Executive Director met with a local legislator who had worked for the appropriation for the sheltered workshops in the 1971 General Assembly to summarize the residential study for him and to seek his support for the legislation.

Information kits containing the study recommendations and related material were mailed to the members of the Senate Institutions and Mental Health Committee in mid-September. Late in September 1971 project staff members met with the entire Committee to review the study and the recommendations. The introduction of a mandatory Community Services Act for the Retarded was discussed and the projected appropriations were introduced.

The AARC and GARC Executive Directors and members of the Action Committee from all over the state discussed the proposed legislation with legislators at private meetings, over the phone, and at public meetings during November and December 1971. When the General Assembly opened in the middle of January 1972, most legislators knew about SB 347.

During the second week of the session, SB 347 was read in the Senate, referred to Committee, and received a favorable recommendation by a unanimous vote. On January 27, 1972, it was introduced in the Senate by the Chairman of the Senate Institutions and Mental Health Committee. He spoke about four minutes in favor of the bill, there were no questions from the floor, and the vote was 33-0.

In the House of Representatives the bill was referred to the House Committee on Health and Ecology which also was discussing a controversial abortion bill. Due to the inactivity of the Committee, SB 347 was not reported out of Committee until near the end of the session.

It was introduced in the House by a very influential legislator who is the law partner of the AARC President. He had spearheaded legislation for the retarded for several years, and his position as Chairman of the Highway Committee gave him a powerful voice in the Appropriations Committee.

When the bill was voted on in the House of Representatives, there was only one dissenting vote. The project staff later learned that the one negative vote was changed. Other than the bill, the most important legislative action was the appropriating of approximately 2.5 million dollars for community mental retardation services during FY 73. The FY 72 funding was $700,000.00. A supplement appropriation for $250,000.00 was granted the Division for FY 72. The project staff had gotten a promise from key legislators to obtain the money if the appropriations were not included in the State Department of Health's budget request.

During the budget hearing of the joint Appropriations Committees, project staff members were surprised when the State Director of Public Health requested the exact appropriations which were recommended by the residential study. This request by the health department was the first time a sizeable amount of money had been requested for the Community Mental Retardation Services Branch. In FY 71, $425,000.00 had been appropriated. In FY 72, the Governor requested $500,000.00 in his budget, but AARC was instrumental in getting the Senate and House Appropriations Committees to appropriate $700,000.00. (See Appendix Q for amount of FY 73 appropriations.)

In retrospect, the Community Services Act for the Mentally Retarded was not at all as controversial as it had been anticipated originally. Several factors influenced its smooth, quiet, sail through the legislature. Firstly, there were two very controversial bills in the 1972 General Assembly, an early childhood education bill and governmental reorganization. These two programs introduced by the Governor led to a split in the legislature of forces supporting the Governor and forces supporting the Lt. Governor, and consequently they were in the spotlight all the time.

Secondly, the Action Committee, parents, and friends had done their homework well in contacting legislators. The legislators knew about the bill and they knew every local health district in the state would be affected. And thirdly, since there was no controversy, there was no news to report about the bill. The project staff was actually amazed that everything went so smoothly.

The Governor signed Senate Bill 347 on March 31, 1972 and several members of the Action Committee and the Governor's wife attended the bill signing ceremony at the State Capitol.

Printing and Distribution of the Study

Five hundred copies of Volume I of the residential study were printed in January 1972. The printing was done by mimeograph in the AARC office. The cover and division pages were type-set and printed by an offset press. The books were collated and bound on contract with a local printer. Volume I was first available at the AARC annual dinner meeting at a cost of $3.00. Copies were mailed to the Residential Care Committee, all superintendents of Georgia's institutions for the mentally retarded, health department officials, legislators, and others.

In March, letters were sent to all the ARC Executive Directors in the United States telling them of the study and Volume I. Letters were also mailed to all State ARC Residential Committee Chairpeople about the availability of the report.

During March the AARC Executive Director met with the Public Information Director of PCMR in Washington, D.C. to present the radio and TV public service spots and other material produced for the public information campaign. PCMR ordered one hundred copies of the residential study to send to selected mental retardation leaders and others.

By May 1972 approximately two hundred eighty copies of Volume I had been distributed to persons from all parts of the United States. Although the AARC was not directly involved, some facts from the study were used in the brief of a class action suit filed in federal district court in Atlanta March 29, 1972. The suit was filed by the American Civil Liberities Union for several plaintiffs against the several state institutions serving the mentally ill and the mentally retarded.

Summary of Phase Three Activities

Activities of the implementation phase from January 1971 to June 1971 were confined to the Atlanta area with the exception of seven regional citizens' hearings which were held across the state in May.

From June 1971 through March 1972 a statewide campaign was conducted. The public relations campaign included use of television, newspapers, radio, brochures, slide series, newsletters and bulletins.

A statewide Action Committee for Retarded Citizens was the key to a successful legislative campaign which resulted in the passage of Senate Bill 347, the Community Services Act for the Mentally Retarded.

ADDENDUM

Since the comprehensive Community Mental Retardation Services Act was passed in the 1972 Georgia General Assembly, the Mental Health Division of the Department of Human Resources (formerly Health Department) has announced that thirteen group homes will be established in Georgia before the end of 1972. (See copy of news article and editorial, Appendix R.)

In addition, Title IV-A grants have been submitted by the Community Services Branch of the Division of Mental Health to fund diagnosis and evaluation centers in each of the thirteen regional health districts and hire additional mental retardation personnel on the state and district levels.

Dr. Thomas R. McConnell, Coordinator of Community Mental Retardation Programs, Community Services Branch, Division of Mental Health, State Department of Human Resources, stated on June 20, 1972, that he expects one hundred twenty grants for day training centers to be submitted by local health departments and private groups before July 1, 1972. This will be an increase of over sixty day training centers within one year. According to Dr. McConnell, only thirty-five of Georgia's one hundred fifty-nine counties will not have day training services for the mentally retarded next year. Some small counties have contracted for services with nearby counties.

AARC feels their study and the resulting legislation helped instigate the development of group homes and speeded up the implementation of other community services which were in the planning stage by the Community Services Branch of the State Division of Mental Health.

When the state funds appropriated by the 1972 Georgia General Assembly are matched with federal and local monies, nearly nine million dollars will be available for community mental retardation programs during fiscal year 1973.

It is hoped that 1972 will only be a start for more social action campaigns to provide additional community services and to upgrade the institutions for those persons requiring hospital care. More importantly, it is hoped that the concept of "normalization" will be the basis for future planning for the mentally retarded citizens of Georgia.

FIRST "NEWS AND VIEWS" ARTICLE CONCERNING RESIDENTIAL STUDY - JANUARY 1970

FROM THE EXECUTIVE'S DESK - G. Thomas Graf

A priority of the Atlanta Association for Retarded Children during 1970 should be concerned with Georgia's residential facilities for the retarded as they affect Atlanta's retarded. Answers to these questions affect all levels of our concern for Atlanta's and Georgia's retarded children. During the past ten years our organization has placed a major emphasis on the development of comprehensive community programs based on a full range of services for the retarded. To a large extent our efforts have been quite successful. Our most recent survey revealed that nearly 7,000 retarded in Atlanta are presently receiving services from various public and private Health, Education, and Welfare Agencies. Although the need exists for a more comprehensive evaluation of the quality of community services, this factor was not included in this survey or in reality has it been included in any survey.

Applied research on the quality of community services should be a very real concern of our Association. It is the feeling of many AARC leaders that applied research directed at evaluating the quality of residential care and community services should become a major service function during the next several years. The results and findings would then become a major AARC social action area for implementation in the future.

The gravity of this problem can best be exemplified by a look at the per diem cost variance in Georgia hospitals serving the mentally retarded. The current per diem cost are as follows: Central State $8.54; Southwestern Regional $11.09; Gracewood $13.35; Atlanta Regional $35.00; Georgia Retardation Center $43.54.

It seems to me that over 400% difference between the Georgia Retardation Center's and Central State's per diem has not been justified satisfactorily by the Georgia Department of Public Health and the current state of affairs cannot be accepted by the Atlanta Association. In essence the question can be raised as to whether Georgia's mentally retarded institutional population is given equal treatment. Basic questions arise such as: Who determines what children go to Central State versus the Retardation Center or Gracewood? What are the major differences in the treatment and training programs at these institutions? Who determines spending priorities for Georgia's retardation programs? If additional community half-way houses and day training centers were available, how many current institutional residents could return to the community? Are institutional services for the retarded based on resident needs or on the most efficient manner of handling the residents? Are our new regional hospitals newer and nicer buildings but still based on the same old traditional concepts of care and treatment?

These are questions that need to be answered both objectively and honestly. These are questions parents and concerned citizens in Atlanta want answered. We can only find answers to these many questions by working together in an open fashion.

In the past we have witnessed exposes by newspapers and certain political leaders concerned with the dehumanizing conditions at our state residential facilities. These efforts have resulted in crash legislature capital improvement programs creating better window dressing but certainly not contributing to any long range solution to the problem. We have chipped away at the tip of the iceberg and largely have ignored the larger part which is under water.

The need exists for a comprehensive and objective evaluation of Georgia's residential institutions by an organization competent to not only perform this function but to also follow through in implementation of the findings.

I sincerely believe that AARC has these capabilities and should give major emphasis to such a study within the next year and one-half. Our objective would be to evaluate programs, comparative costs, priorities on spending, composition of resident enrollment and perhaps stress the many factors relating to the delivery of services to the Atlanta's mentally retarded in state institutions. Naturally such a comprehensive study would provide implications for broader social action on a statewide basis.

In summary, we must be more concerned with the quality of care at all levels for the retarded person from Atlanta and all of the State of Georgia if we are truly an Association concerned with the retarded. I am sure that our membership will want to provide the leadership to accomplish this objective and this objective is within our capabilities to accomplish.

APPENDIX B

AN INQUIRY INTO THE STATUS OF RESIDENTIAL CARE
OF GREATER ATLANTA, GEORGIA'S MENTALLY RETARDED

Sponsored by

The Atlanta Association for Retarded Children

G. Thomas Graf, Executive Director

* *

A PRELIMINARY STATEMENT

Throughout the history of the Atlanta Association for Retarded Children the welfare of all retarded persons has been our primary concern. We have not been content to see the retarded denied services available to others; we have not accepted sub-standard services, either as to quality or quantity.

Although the Association is concerned primarily with the provision of services to the retarded, its evolving role is that of a change agent, pinpointing mental retardation needs, engendering community interest, and mobilizing community agencies and resources to meet these needs.

Our efforts have been and will continue to be directed toward insuring that all the retarded receive optimal services providing a "continuum of care."

The following project is the natural outgrowth of these historical and philosophic roots. We hope you will read these pages in the light of our past history, remembering past obstacles and successes, visualizing present needs, and anticipating future accomplishments.

Thomas L. Tidmore, Jr.
President AARC

G. Thomas Graf
Executive Director AARC

I. Objectives

The primary objective of this inquiry will be to assess the current status of residential care services delivered to the mentally retarded of Greater Atlanta. Although the initial focus will be on residential care, the broad concerns of the Atlanta Association for Retarded Children are all elements of care and services needed by and offered to the retarded in this area.

The element of residential care and the geographic area encompassed in Greater Atlanta were chosen as targets in order to have a realistically sized problem in which to begin the study process. It is realized that any inquiry involving Atlanta's retarded will radiate outward to include all of the mentally retarded in the state of Georgia.

The inquiry or study is not seen as an "expose" or "muckraking" approach. It is hoped that all agencies and individuals, who are concerned with the mentally retarded, will work cooperatively within the framework of this project. To this end all aspects of the project will stress free and open communication without implied political threat or sensationalism.

Specific objectives will include the following:

A. To study and obtain documentation of other programs, both nationally and internationally, which have effectively mobilized and utilized community action processes for better programs and services for the retarded.

B. To establish a "Master Plan" in the Greater Atlanta Area which will effectively structure the roles, goals and activities of the project. The term "Master Plan" refers to the establishment of clear definitions, achievable program directions, and the methods and techniques of carrying this project to completion.

C. To conduct a study or inquiry into the quality and quantity of residential care afforded the retarded of the Greater Atlanta Area. This objective is dependent on the assessment of all levels of programs and services offered in the community as well as the institutions. This concern reflects the needs of the whole individual.

D. Based upon the study or inquiry, a variety of recommendations will be formulated concerning residential care and those other areas such as comprehensive community services which have a direct relationship to institutional programs.

E. To establish processes and methods of action which will effectively implement the various recommendations. At this time, it is anticipated that there will be a greater in-depth involvement of national, state, and local agencies who have been involved in this project.

F. To prepare and disseminate information and publications throughout the life of the project. At the termination of the project a formal publication will be prepared for national, state and local distribution. On the state and local level, this document will be a prime tool for those individuals and groups in Georgia working in behalf of the mentally retarded.

G. The utilization of various public information and media approaches to inform and involve all segments of the general population of Georgia as broadly as possible so they can be effectively involved in the implementation of the recommendations.

H. As a follow-up of the original study process, an assessment of the quality and quantity of residential care and of other programs and services will be made approximately two years after the original study has been completed. This will allow objective measures to be used in evaluating the success of the project in improving the quality and quantity of the service.

II. Historical Background

Since 1964, the State of Georgia has carried out an extensive and comprehensive program of planning for the mentally retarded. A number of unanswered questions have continued from the beginning to the present with particular reference to the amount and kind of residential care afforded the retarded from the Greater Atlanta Area.

Examples of such questions might include the following:

A. Why is there a major per diem cost variance in Georgia's residential facilities for the retarded? See Table I, Appendix A.

B. Why is the percent of need now met in residential care almost double that of public school Special Education and five times that of Community Training Programs? See Table II, Appendix A.

C. Why are there extreme differences between projected costs and fiscal needs of the various facilities?

D. Why do spending priorities appear to overwhelmingly reflect the residential care system at the expense of community programs? See Table III, Appendix A.

E. Who determines, and how is it determined, where a retardate receives residential care and treatment?

F. Are there differences in the care and treatment programs at the various state institutions?

G. Are certain inequities carried out based upon race, geographic area, or socioeconomic considerations?

H. Are comprehensive education, treatment and rehabilitation services uniformly available in the institutions and in the community?

I. Does the existence of the long established institutional system make difficult new programs and activities?

J. Does the residential institution system stress efficient management at the expense of various normalization processes?

K. Is the Georgia taxpayer getting his dollars worth in mental retardation programs?

L. Do the families of retarded individuals receive full and equal treatment in the provision of care to their retarded?

These questions and many other similar ones have stimulated the leadership of the Atlanta Association for Retarded Children to look for answers and solutions. In the existing scheme of things no finite answer or solution is available. Parents and concerned individuals have been forced to rely on assumptions which have little or no reality base. No business, industry or institution bases its operation on assumptions. The valid question is raised - why then should so critical a field of endeavor as the care and treatment of our thousands of mentally retarded in Georgia, involving millions of dollars and a host of workers, be based upon the frail projections of unanswered questions?

The current direction of the Atlanta Association for Retarded Children is to obtain a full array of services for the retarded through appropriate agencies. It is therefore felt that the objectives of this Association as it evolved to the present clearly supports a project of this type.

III. Scope of Project

As previously mentioned, this project will study and assess the various residential programs available to the retardates in the Greater Atlanta Area. In carrying out such a mandate, alternatives to institutionalization and effective post-institutionalization programs will also be considered. It is further assumed that a study of this nature will have an effect on and be ultimately concerned with the needs of all the mentally retarded in the State of Georgia.

To achieve the project's goals of a broad inquiry, specifically identified phases of planning, study-recommendations, implementation, and follow-up evaluation will be utilized.

It is to be stressed that the project process is a flexible one which will mold itself at any given time on the conditions and the reality of the situation being considered.

IV. Procedures

A. General Rationale

It is presently conceived that this project will have four identifiable phases and each will be discussed in the following section as to time involved, staff, methodology, etc. Although the four phases are seen as separate - one from the other - it must be understood that there is a high degree of overlap in actual operation.

Greater detail will be devoted to the initial phase, that of planning, in that this is more immediate and less dependent at this time on other phases.

The overall time involved in this project is approximately two years for the first three phases. The fourth phase will occur approximately two years following the termination of the third phase of the project. The procedural phases that will be discussed are as follows: Planning, Inquiry-Recommendations, Implementation of Recommendations, and Evaluation Follow-Up.

B. Planning

1. Rationale for Planning

To mount a project of this scope and size requires careful preparation in a variety of areas. Once the actual study or inquiry has been undertaken, it will be too late to establish the basic framework, its operation, and reason for being. In a sense, planning without implementation is futile but implementation without planning is disastrous.

2. The Planning Process

In order to begin this process, the project must receive AARC approval and a permanent residential project committee established. This group in turn will appoint two advisory committees representing involved agencies and individuals; one being composed of professional, technical, consultative persons and agencies, and the other lay, civic, and service organizations. Also involved will be key members of AARC staff assigned to this project for identifiable portions of their time. It is further assumed that professional consultative services will be offered by such agencies as NARC, GARC, President's Committee on Mental Retardation, and possibly the Atlanta Community Planning Council. Throughout the life of the project other consultants and specialists will be drawn for special tasks or assignments. See Appendix B for Organization Chart and Appendix C for committee breakdown.

It is anticipated that the time schedule for the planning process will involve a period from January 1 through June 30, 1970. During this period the AARC key project staff will be assigned as follows:

G. Thomas Graf, Project Director	40%
Mrs. Jane S. Query, Child Services Dir.	20%
Norman L. Meyers, Dir. Adult Services	10%
Mrs. Patricia Powell, Dir. Community Services	10%
Mrs. Sue TeStrake, AARC Soc. Worker	10%
Secretarial Time	30%

During this initial period, basic information concerning the project must be widely disseminated to concerned and potentially concerned organizations. The involvement of these organizations and agencies will be asked for on an official basis in order to effectuate a broad program of community action. Specific contacts have been or will be initiated with the following:

Professional, Technical and Consultative

1. Georgia Association for Retarded Children
2. National Association for Retarded Children
3. President's Committee on Mental Retardation
4. Atlanta Community Planning Council

Lay, Civic and Service

1. Georgia Jaycees
2. Georgia Jaycettes
3. Georgia Civitan Clubs
4. Federation of Women's Clubs
5. Kiwanis
6. Other Community Service Groups

The professional and technical groups will be asked to officially sanction, approve and involve themselves in the project. It is hoped that each of these groups will appoint a representative to serve on the Professional Advisory Committee to the project and to provide technical and consultative assistance when appropriate.

The civic groups will also be asked officially to sanction and support the project and to appoint a representative to the lay or civic advisory committee. This person will have the dual role of providing information to the project and perhaps more importantly will be the liaison interpreting the project and its activities to his group and affiliates. These civic groups are seen as instrumental in affecting and interpreting change.

Although our primary concern is the care and treatment of the retarded, it must be stressed that the establishment of an effective community action approach is the key to the ultimate success of this endeavor.

The role of the residential project committee, as an official arm of the AARC Board, will be to provide overall direction to the staff and the two advisory committees. Further, it will be responsible for the calling of special meetings, for providing information to the public and to the membership and for special assigned tasks for individual committee members. The residential committee will be composed of six members with the AARC Executive-Project Director serving as secretary and ex-officio member. The Committee will have a General Chairman and Vice-Chairman appointed by the President of AARC.

The roles of the various assigned staff are conceived as follows:

G. Thomas Graf, Project Director - He will supervise the activities of other staff members, provide liaison to the two advisory groups, serve as secretary to the residential care committee, and generally be responsible for the methodological aspects of the planning process.

Jane S. Query, Child Service Director AARC - She will have prime responsibility for the collection and interpretation of data and other information collected during the project. She will obtain and keep collected reference material and provide position or work papers as required.

Norman L. Meyers, Assistant AARC Executive Director and the Director of Adult Services - During the initial phase, he will assist in the collection and evaluation of pre and post-institution information. He will also assist in the establishment of techniques to collect administrative and fiscal data.

Patricia Powell, Director, AARC Community Services
Susan TeStrake, AARC Social Worker - During the initial phase these individuals will assist the Project Director in the relations with community agencies. They will also have some responsibility for the establishment, collection, and collation of surveys, samples and other statistical information.

Resumes of all key staff are listed in Appendix D.

3. Phase One Methodology

To effectively carry out the first phase, extensive information and materials must be pulled together. This will include information on community action and residential care and treatment programs obtainable in this nation and elsewhere in the world. This "need to know" element underscored the paucity of information available in the field of mental retardation concerning community action; who is involved, how they are involved, and the procedure used to effect change. A fair amount of information is available on residential care and changes or innovations made in these programs; however, we are left with the question - how did these occur?

A variety of states and countries will be surveyed by mail. This approach is felt limited and several selected site visits by key staff and committee members will allow an in-depth collection of information and assessment of programs which are felt to be applicable and appropriate to this project.

Two primary visitations, each involving a staff member and a committee member are seen as critical for information needed in the planning stage. One visit might include Denmark, Norway and either Holland or Great Britain. Each of these countries have evolved very sophisticated and advanced residential care and treatment programs. They have also made maximum use of alternative programs which avoid institutionalization or keep institutional stay to a minimum. Our primary questions are concerned with how these programs evolved, what elements of community action occurred and how other innovative approaches might be applied to our own problems. A second trip might involve visits in the States of Wisconsin and Connecticut, looking for the same factors mentioned in the previous visitation projection.

It is anticipated that a variety of scales or information retrieval forms will be established to obtain information of particular use to our project. It might be noted one committee member has personal knowledge and contacts in all of the projected visit areas which can be used to assure maximum impact.

In summary, the planning processes is conceived as a period wherein the organizational structure of the project is established and put into action. It is also a period in which the basic data and information upon which the remainder of the project is dependent are collected.

C. Inquiry - Recommendations

This phase is seen as involving eight to nine months beginning officially July 1, 1970. The staff, committee and other individuals and groups mentioned in the planning phase will continue to be involved with modification as to extent and amount of their time. For example, Mrs. Query is projected as devoting 100 percent of her time, Mr. Graf 40 percent, Mr. Meyers 20 percent, Mrs. Powell and Mrs. TeStrake 20 percent each, and the secretary 50 to 75 percent.

Either at the termination of the previous phase or the beginning of this phase, a major public meeting co-hosted by the President's Committee on Mental Retardation and AARC is projected. This will provide open presentation of the nature and scope of the project and a projection of future directions.

The areas presented in the section entitled "Objectives" and the questions under the section "Historical Background" will provide the general areas which is assumed will be covered in this inquiry stage. Material will be obtained through public documents and the hoped for cooperation of the concerned public agencies.

Recommendations will come from the joint efforts of all involved in this project and will be presented to the board and general membership for their approval.

A publication outlining findings and recommendations will be prepared and be the basis for the next phase of the project--implementation of recommendations.

D. Implementation of Recommendations

It is estimated that this phase will be from eight to nine months beginning approximately April 1, 1971 and ending January 1, 1972. Staff and committee times would be obligated on the basis mentioned in phase two with major modifications of roles and activities. However, the major differential in involvement will affect groups and agency representatives in that this is the primary community action phase. It will involve a major public education and information approach in informing the general public of Georgia of the needs and suggested recommendations for change. This outreach process is aimed at mobilization of the general public towards constructive administrative and legislative action. Success of this phase will depend heavily upon the combined coordination of the civic and service agencies augmented by the support of professional and technical groups.

A variety of methodological techniques are anticipated. These will include: regional and local meetings sponsored by the various civic and service groups involved in the project, use of all parts of the mass communication media, publications and articles, etc.

As the termination of the project coincides with the beginning of the 1972 Georgia General Assembly, those recommendations in which action is critical will be formally presented to appropriate elected and administrative officials.

E. Evaluation Follow-Up

Evaluation will be done throughout the project; however, total evaluation of the effectiveness of the project is felt to be dependent upon legislation enacted, priorities changed, and changes in the delivery of services to the mentally retarded in a period of one to two years following the termination of phase three.

This evaluation will involve a repeat study of residential care and other services and at this point no finite projection on staff utilization or special methodology can be postulated.

V. Project Budget Projections

The narrative section of this document discusses the various functions of staff time and roles, and other rationale that reflect projected expenditures. It must be assumed that certain budget modifications might be required over the two year life of the project. The first twelve months projection would appear to remain quite stable while the latter twelve months might be more subject to change. No projections are made at this time for the fourth phase evaluation occurring one or two years following termination of phase three - Implementation.

The projected budget is outlined by fiscal year rather than by phases in order to coincide with AARC budgeting procedures. Financing for phase one will be derived from the existing 1969-70 budget appropriation with only a small amount needed to be transferred from existing cash reserve. The major cost of phase one will result from staff time reassignments currently funded in the budget.

The major expenses of the project will occur in phase two and three falling within the 1970-71 AARC fiscal year and the first half of the 1971-72 fiscal year. Revenue to finance these two phases of the project will be obtained from regular and projected AARC increased contributions, possible foundation grants, reassignment of existing staff time and role requirements plus projected phasing out of several currently funded AARC projects programmed for July 1, 1970 termination. The budgets do not include technical and consultative services furnished by other agencies listed in the narrative.

The project budget expenditures for the first three phases are as follows:

A. Phase One - (Planning) - January 1, 1970 - June 30, 1970

	Available from Existing Budget	Supplement Needed	Total
1. Personnel			
Six existing AARC staff with percent of time listed in narrative section.	$6,600.00	none	$ 6,600.00
Consultants		$1,000.00	1,000.00
Subtotal	6,600.00	1,000.00	7,600.00
2. Benefits			
FICA	600.00	none	600.00
Subtotal	600.00		600.00
3. Operational			
Supplies - Office and Postage	350.00	none	350.00
Telephone	100.00	none	100.00
Subscriptions	75.00	none	75.00
Travel			
Study visits to Wisc. & Conn.-Denmark, Holland England as listed plus in-state travel.	1,900.00	2,500.00	4,400.00
Subtotal	2,425.00	2,500.00	4,925.00
Grand Total	$9,685.00	$3,500.00*	$13,185.00

*The first phase will require only $3,500.00 being transferred from AARC cash reserve to supplement cost.

B. Phase Two-Inquiry and Four Months of Phase Three - Implementation July 1, 1970 - June 30, 1971

	Totals
1. Personnel	
Six staff members with percent of time listed in narrative.	$27,000.00
Consultants	4,000.00
Subtotal	31,000.00
2. Benefits	
FICA, Health Insurance, etc.	2,700.00
Subtotal	2,700.00
3. Capital	
Equipment	800.00
Pro-rated share of 833 Springdale Rd. mortgage 1/3	1,250.00
Subtotal	2,050.00

4. Operational

	Totals
Supplies - Office and Postage	$ 800.00
Share of repairs and maintenance	400.00
Telephone and share of utilities	2,000.00
Community Education	1,800.00
Share of Insurance	600.00
Staff and Volunteer Travel	3,000.00
Subscriptions	100.00
Audit and Accounting	300.00
Contingency	300.00
Subtotal	9,300.00
Grand Total	$45,050.00

C. Phase Three - Implementation of Recommendations - July 1, 1971 - Jan. 1, 1972.

1. Personnel

Approx. six staff members with percent of time listed in narrative.	$14,500.00
Consultants	1,500.00
Subtotal	16,000.00

2. Benefits

FICA, Health Insurance	1,600.00
Subtotal	1,600.00

3. Capital

Equipment	400.00
Pro-rated share of 833 Springdale Road mortgage	625.00
Subtotal	1,025.00

4. Operational

Supplies and postage	600.00
Share of repairs and maintenance	200.00
Telephone and share of utilities	1,200.00
Community Education (Produce and print study)	5,000.00
Insurance	300.00
Staff and volunteer travel	2,500.00
Subscriptions	50.00
Audit and Accounting	150.00
Contingency	300.00
Subtotal	10,300.00
Grand Total	$28,925.00
Total cost of two-year project	$87,160.00

* * * * *

To summarize the budget, it is our honest opinion that an investment of $87,160.00 for a project of this magnitude and promise is a very reasonable price to pay for the possible benefits that could accrue for Atlanta's and Georgia's mentally retarded population. We feel that the project is a sound investment for over four thousand institutionalized retardates, and thousands of other retardates now in special education classes, community centers and the large majority at home without any service whatsoever.

APPENDIX A - TABLES

Table One*

Current Per Diem Cost of Georgia's Institutions

Central State	$ 8.54
Southwestern Regional	$11.09
Gracewood	$13.35
Atlanta Regional	$35.00
Georgia Retardation Center	$43.54

Table Two*

Percent of Need Met by Existing Services

Special Education	38%
Residential Care	62%
Community Training	13%

Table Three*

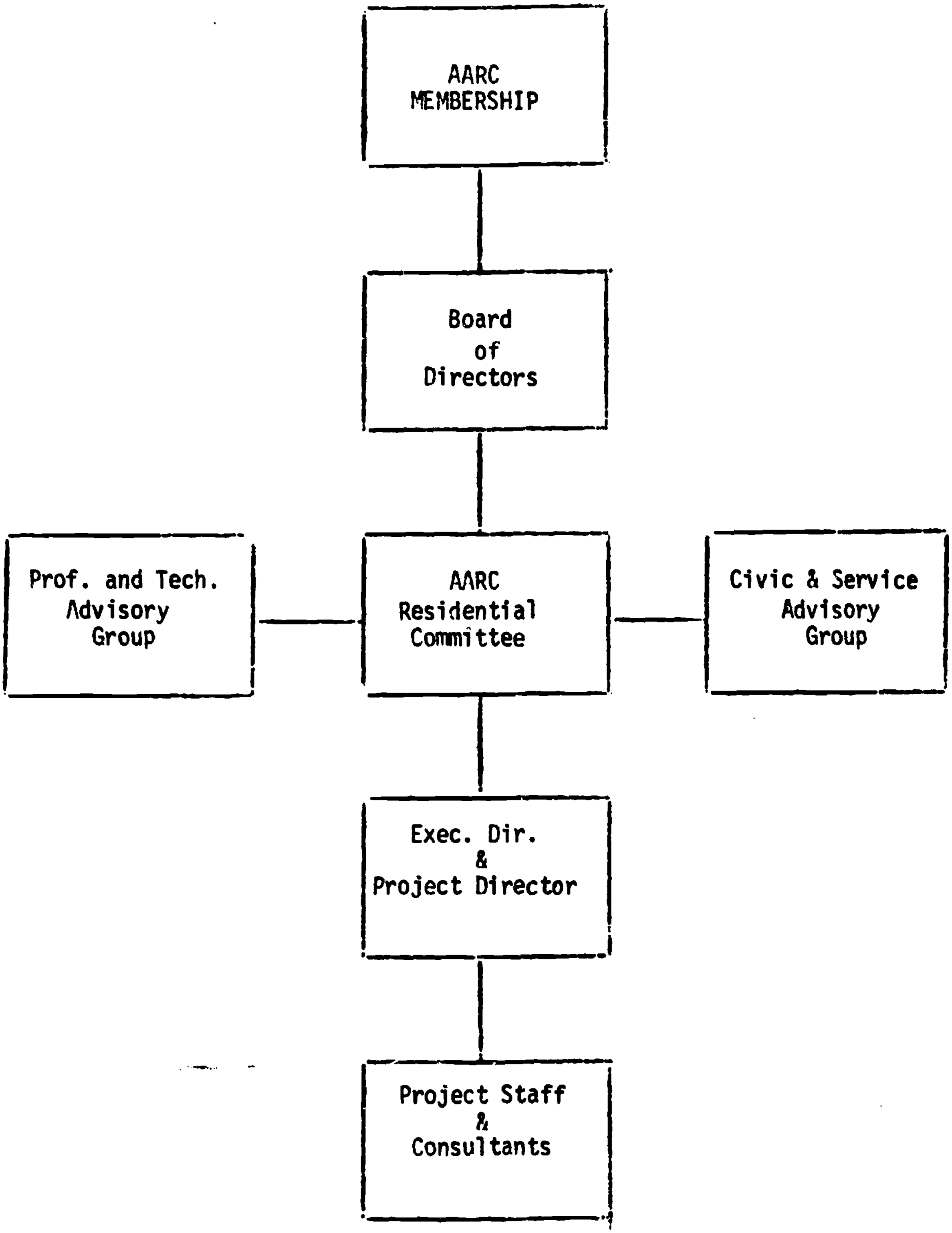
Sample Mental Retardation Program Cost

Program	Individual Cost Per Year
Public School Special Education	$ 550 (nine months)
Residential Care (Gracewood)	$5095 (twelve months)
Community Training	$1750 (twelve months)

*Estimates derived from the Georgia Department of Public Health.

APPENDIX B

AARC Residential Project Organization Chart



APPENDIX C

AARC Residential Project Committees, Advisory Group, and Staff

A. Residential Care Committee

1. Robert Freeman, Chairman
2. John Webster, Ed.D., Vice Chairman
3. Thomas L. Tidmore, M.D.
4. Benjamin Hudson, Ph.D.
5. Janice Thomas
6. G. Thomas Graf
   Ex-Officio and Secretary

B. Project Staff

1. G. Thomas Graf, Executive Director, AARC, and Project Director
2. Jane S. Query, AARC Child Services Director - Project Administrative Assistant
3. Norman L. Meyers, Assistant Executive Director, AARC, - Director Adult Services
4. Patricia Powell, Director AARC Community Services
5. Susan TeStrake, ACSW, AARC Social Worker
6. Mary Townley - Secretary
7. Consultants - Medical, Administrative, Research Specialist, etc., furnished by other agencies or contracted.

C. Professional and Technical Advisory Groups

1. President's Committee on Mental Retardation -
2. Georgia Association for Retarded Children -
3. National Association for Retarded Children -
4. Atlanta Community Council -

D. Civic and Service Advisory Groups

1. Georgia Jaycees -
2. Georgia Jaycettes -
3. Georgia Civitan Clubs -
4. Georgia Federation of Women's Clubs -
5. Georgia Kiwanis Clubs -
6. Georgia Youth Association for Retarded Children -
7. Church Organizations -

APPENDIX D

RESUMES OF THE PROJECT STAFF

G. Thomas Graf, AARC Executive Director and Project Director

Mr. Graf has been Executive Director of the Atlanta Association for Retarded Children since 1965. From 1962-1965 he served as administrator of the Ashtabula County, Ohio Mental Retardation Community Programs and from 1960-1962 he taught retarded children in the Columbus, Ohio Community Program. He holds a B.S. Degree in education from Ohio University, Athens, Ohio and an M.A. in special education with emphasis in mental retardation from Ohio State University, Columbus, Ohio. He earned his degrees in 1960 and 1962 respectively. He has extensive experience in the field of mental retardation program planning and direction and has served on numerous committees and boards at local, state and national levels. He is a permanent member of the Mental Health Board of the Fulton County Health Department.

Jane S. Query (Mrs. R. M.), AARC Director of Child Services

Mrs. Query holds a B.A. Degree from Flora MacDonald College in North Carolina. Professional experience in the area of mental retardation includes two years as a teacher at Fairhaven School from 1958-1960. In 1961 she was promoted to school director and remained in that position until 1968. In 1969 she was promoted to the Director of Child Services, Atlanta Association for Retarded Children.

During her tenure as Child Services Director she was assigned to both the DeKalb and Fulton County Health Departments to write comprehensive community mental retardation training center federal staffing grants, one of which is now funded and operational. She also serves on various professional local and state advisory boards and committees.

Norman L. Meyers, Assistant Executive Director AARC and Director, Division of Adult Services.

Mr. Meyers holds a B.A. Degree in business administration from Rider College, Trenton, New Jersey, 1959, and a Masters of Education in vocational rehabilitation administration from Northeastern University, Boston, Massachusetts, 1966. He has completed thirty-two graduate semester hours in clinical psychology at Ohio University, Athens, Ohio 1960. From 1960 through 1965 he served as a counselor and district supervisor for Ohio Bureau of Vocational Rehabilitation. From 1966 to 1969 he served as administrative assistant to the Director of the Ohio Bureau of Vocational Rehabilitation. As administrative assistant, he prepared the agency budget and fund allocation. He also wrote proposals for government grants and participated in agency planning and control functions. Since January 1969 he has served in the role of Assistant Executive Director of the Atlanta Association for Retarded Children and Director of Adult Services which includes three programs: Adult Activity Center, Bobby Dodd Workshop and Model Cities Work Activity Center.

Patricia S. Powell (Mrs. B. J.), Director of Community Services, AARC

Mrs. Powell's professional background includes a B.A. Degree in psychology, with a minor in sociology, from Agnes Scott College, Decatur, Georgia, which was awarded in 1964. She completed one year of graduate work in psychology at the University of Georgia and has been employed as staff psychologist by the Atlanta Association for Retarded Children since 1966.

In 1967 she was made Coordinator of the newly formed Department of Evaluation and Social Services. During her work with the Atlanta Association for Retarded Children she has provided psychological testing, parent counseling, referral services, worked as a consultant to teachers of the retarded, conducted surveys of the community resources in obtaining needed services. In the summer of 1967 she was responsible for staffing, administering, and evaluating a SWEAT Grant. She has been responsible for evaluating a Kennedy Foundation, AAHPER Grant to Fairhaven School and an HEW Demonstration Grant which funds the Atlanta Adult Activity Center. (Both centers are projects of the Atlanta Association for Retarded Children.)

In 1969 she was promoted to Director of Community Services which included the above mentioned evaluation and social services department plus Project RESCUE, a $340,000 Model Cities Home Visitor Service funded by HEW. Mrs. Powell also serves as Project Director of this new service.

Susan P. TeStrake (Mrs. Bernard), AARC Social Worker

Mrs. TeStrake holds a B.A. Degree in sociology and psychology from Agnes Scott College, Decatur, Georgia, in 1965 and an M.S.W. from the University of North Carolina, Chapel Hill, in 1967. Her previous experience includes four summers as receptionist and electrocardiograph technician with the Marshfield Clinic, caseworker and initiator of Kerr-Mills Program with the Wood County Department of Public Welfare for nine months, a four-month field work placement in casework with the Rosewood State Hospital for Retarded, Owings Mills, Maryland, and a five-month field work placement as school social worker with Charlotte-Mecklenburg County Public School System, Charlotte and Davidson, North Carolina. She has served as Staff Social Worker in the Department of Evaluation and Social Services with the Atlanta Association for Retarded Children projects: Fairhaven School and the Adult Activity Center, for two years, and received her A.C.S.W. certification in August 1969. Also in 1969 she expanded her role by devoting a large percent of her time as Social Worker at Project RESCUE, a new AARC Model Cities Project. For the month of December 1969 she was temporarily reassigned as acting director of the Association's Fairhaven School.

APPENDIX C

A PUBLIC RELATIONS PLAN
FOR THE
ATLANTA ASSOCIATION FOR RETARDED CHILDREN

Prepared for:

President's Committee on Mental Retardation

By: Raymond Nathan
Ruder & Finn, Inc.
1819 H Street, N.W.
Washington, D. C. 20006

(In fulfillment of contract with Public Affairs Communication, Inc., a subsidiary of Ruder & Finn, Inc.)

July 17, 1970

SCOPE OF PLAN

This plan has been prepared with specific reference to the "Inquiry Into the Status of Residential Care of Greater Atlanta, Georgia's Mentally Retarded," which was launched at the beginning of this year by The Atlanta Association for Retarded Children."

Since the planning phase of the Inquiry has been completed, we will concern ourselves with the present stage--Study and Recommendations--and with the succeeding stage of Implementation, which runs to January 1, 1972. To a lesser extent, we will deal with the Evaluation phase, which may take place a year or two later.

We will examine the public relations implications of the contemplated Inquiry activities, and offer recommendations designed to facilitate achievement of the Inquiry objectives. Since the Inquiry is so comprehensive, and probably will raise many controversial questions, it will put the Association far more in the public eye than do the normal recurring programs of the group. Inevitably, therefore, the public acceptance of the Inquiry will have a spillover effect on general attitudes toward the Association.

Conversely, whatever the Association does to enhance its standing in the community through its continuing activities will influence the readiness of the public to support proposals that emerge from the Inquiry.

It thus becomes especially important during the next two years for the Association to mount an effective information program, that will cultivate maximum public understanding of both the Inquiry and the day-to-day Association activities.

SUBJECT MATTER

To formulate a public relations plan, we must first consider the subject matter we have to work with. The procedures being followed in the Inquiry will, it appears to us, generate a continuing flow of information at each stage. By recognizing the public interest element in these developments, the Association will find ample raw material for all aspects of a public relations program.

The planning stage has passed with virtually no public attention to the Inquiry, except in the "immediate family" reached by the Association newsletter and the groups such as Civitans and Jaycees who work closely with the Association.

It will be just as well if the Inquiry can continue until about September 1 in the same quiet non-controversial atmosphere, in order to assure the cooperation of all sources from which data are required. To proceed any longer without generating an appropriate level of publicity would not only throw away opportunities, but almost invite a sensationalized treatment of the Inquiry.

We therefore recommend that in the very near future the Association begin, in a low-key way at this stage, to issue to the media pieces of well-substantiated information resulting from the Inquiry. The first subject matter area that might be covered is the preliminary findings of Dr. Webster and Mr. Graf on their inspection of European facilities.

This should be covered while the trip is still of relatively recent vintage and the impressions are fresh in the minds of the two men. It can be used nicely as a "curtain-raiser", because, as nearly as we can judge from a quick run-through of Mr. Graf's slides, it offers a chance to show that retardation facilities can be pleasant, homelike affairs rather than grim institutions, and at acceptable cost levels. The material can be presented as an inspiration and challenge to Georgia, while avoiding any emphasis on direct critical comparisons, at least for the present.

The availability of good slides makes this subject a natural for both television and speaking engagements. We understand that a television interview already is in the works, and recommend that the two travelers (and perhaps Mr. Freeman as well when he returns) seek out appropriate speaking platforms. Since clubs need lead time for programming, this should be done at once. It might be desirable to emphasize the Civitans and Jaycees, because even though their cooperation has been offered to the Inquiry, the slide talk will make the subject come alive for them and stimulate a more intensive level of participation.

If the local newspaper has a feature writer who has been friendly to the Association, and who leans more to the human interest than the investigative style of reporting, he or she should be approached at the end of August with an offer of an interview on the trip. Hopefully, the travelers have some black and white photos from their trip. If not, an attempt should be made in advance of the interview to get black and white prints from some of the color slides.

Depending, of course, on their availability in the recommended order, we suggest the following schedule of subjects for news releases to all Georgia newspapers, radio and TV stations:

1. Information obtained on retardation programs in other states.

2. Information (statistical, as distinct from impressions provided in interviews) on programs in other countries.

3. Information obtained on programs in Georgia.

Each of these numbered items may well take the form of several different releases, e.g., one on Connecticut and another on Wisconsin. They should be issued at intervals of one to two weeks--no closer to avoid wearing out your welcome with the media, but not much further apart, in order to build up interest toward the more intensive coverage desired when recommendations are approved and released.

These stories should, of course, be strictly factual, but in selecting from the mass of statistical data you will be able to highlight aspects of special significance to Georgia's emerging needs. For example, one story might deal with comparative costs of residential care in foster homes, small group homes, small institutions, and large institutions. (Later, when recommendations are out, some of this material may be reworked as supporting data, and used in "backgrounder" pieces for editorial writers, in advertisements, etc.)

TIMING

The last of this series should be issued about a week before any meeting of the Atlanta or Georgia Association at which recommendations will be considered. It should be a fairly comprehensive roundup of the findings on Georgia programs, setting the stage for a major announcement after the recommendations are adopted.

The timing of this announcement deserves the most careful thought. First of all, if there is a prospective sponsor of any legislation that may be called for, he certainly should be informed fully before any public announcement of a program. The only sure way of doing this may be to have him sit in on the board meeting at which decisions are made.

A second consideration is the selection of a release mechanism that will, as far as possible, assure an accurate presentation of the program. We suggest a two-step procedure:

1) Write a press release immediately after the directors' meeting, and have several key people in the organization review it for its overall tone and impact, not for personal editorial preferences or technical fine points.

2) Call a press conference as soon thereafter as possible. Distribute the release at the conference, allowing the reporters enough time to read it before the person or persons to be questioned appear. (Copies could also be mailed the day before to media who, when invited, have indicated they cannot send a reporter. At the same time, copies should be mailed to any key members of the Association who may not be aware of the contents.) If possible, select your spokemen at the conference for their ability to make a lucid, effective presentation in response to questions, rather than on a protocol basis. Weigh the advantages and disadvantages of inviting the legislative sponsor to appear.

As soon after the press conference as possible, a private briefing session should be held for people likely to be key allies in pushing the recommendations. These would include leaders of the Jaycees and Civitans, and the most active workers in the movement for the retarded. Perhaps the legislative sponsor might want at this time to hold a separate session for some of his colleagues, but this would of course be his decision.

Another group it would be very desirable to sit down with at this stage are the key professionals in the existing mental retardation structure. These would include health, education, and other appropriate local officials. Such an informal, private exchange of views would eliminate misunderstandings, neutralize possible opposition, and hopefully, even enlist some positive support. Perhaps some constructive suggestions for modification of the legislation might emerge.

THE LONG PULL

At this point, after the initial flurry of activity involving the press conference and briefing sessions, the Association must temporarily gear down and begin a steady uphill climb toward the peak of the 1972 session of the Legislature. It is here that any recommendations of the Inquiry either will come to fruition or fail. The public relations program therefore must reach its crescendo in late 1971 or early 1972. What does this mean in terms of a specific timetable of activities?

During January 1971 we see a need to train as many volunteers as possible to bring the action message of the Inquiry to the public. The small staff of the Association, with its many operational duties, cannot by itself do more than scratch the surface in a big state like Georgia. While a volunteer cannot be expected to master in detail the intricacies of present and proposed programs, he can be oriented on the main thrust of Operation Community Care (or whatever easily to remember title is given the campaign), and that is all he or she will need in appearances before lay groups such as Rotary, Women's Clubs, etc.

Simultaneously with the training of volunteers, a speech kit should be prepared for their use, and speaking engagements lined up for the February-May period. The kit might include a model speech for those who would feel more comfortable this way; cards containing high points for those who can talk without prepared text; a model press release for local media; and as an option, slides.

One of the goals set forth for the volunteers in their training should be to identify, in the course of their speaking rounds, influential individuals who show an interest in the program. Attempts can then be made, through mailings and personal contacts, to enlist them as activists to whatever degree is possible, ranging from their writing to their legislative representative on up to their becoming speakers for the program.

Some further discussion of content of the public information campaign is called for at this point. By now, the data gathered in the study will have been pretty well mined, and the recommendations generally made known. We would therefore suggest a concentration during the May-September 1971 period on development of certain themes that closely support the program goals, and using these as the basis of news releases, interviews, and speeches. Some possible examples:

1. The waiting list of 2,000 for admission to state hospitals. What is happening to these people in the meantime? Could facilities other than large institutions better serve their needs?

2. How is the system of day training working in the one county that now has it? How many people might it serve if adopted statewide, and what would the benefits be? Get pictures of system at work.

3. A business page story on earning capacity of trained retardates, extent and distribution of their employment, comparison with cost of welfare or institutional support.

4. The youth association in action. This would support program goals in indirect but useful ways. It would suggest that the retarded can remain in the community and be objects of affection from normal young people, not fearsome creatures who must be "put away." It would identify the program as responsive to the interests of youth, who increasingly will dominate the political scene.

5. Assuming some supporters of the program are located among officials connected with state hospitals, show by interviews with them how these hospitals could expand their community services under the program--through respite care, out-patient services, and medical-dental services.

ACTION STAGE

We see the period September-December 1971 as calling for maximum effort in behalf of any legislation that may be required to implement the recommendations of the Inquiry. The preparatory work done before then is essential, but this is the time when you must "close the sale."

The big new element you should bring into the picture at this stage is paid newspaper advertising, using the coupon technique that has yielded such remarkable results in earlier campaigns. If sufficient funds can be raised, however, we would suggest a schedule that builds up from relatively small, informational ads and culminates in the large, action-oriented coupon ad. Weekly insertions over a 13-week period would be ideal.

In presenting any legislative proposals, simplicity and sharp focus are of prime importance. Even if the bill contains an assortment of diverse provisions, the emphasis in advertising and other public support efforts should be on its basic thrust, so that the public can relate to it. What was said earlier about the need for a good overall title for the campaign applies equally to the bill. With the sponsor's cooperation, of course, agreement should be reached on a readily grasped name, such as "Community Care for the Retarded" bill.

Every effort should be made to avoid public controversies among the experts on technical details of legislation. It may help to accomplish this if at an early stage, they are given every opportunity to provide input for the drafting of the bill, and then mobilized to support the basic objectives in the final thrust.

During this action stage, particular effort should be made to reach editorial writers of newspapers throughout the state. A background kit of materials should be prepared for their reference, and wherever possible, brought to them personally by someone who (1) knows them and (2) is sufficiently knowledgeable on the program to answer any questions they may raise.

To the extent that editorials in support of the program are obtained, they would be reproduced and brought to the attention of legislators.

STATE AND LOCAL ROLES

Although the writer is not a resident of Georgia, he believes it would be true here as in many other places that sectional feelings must be taken into account.

All that this need mean is that work done in the Atlanta area can be under the banner of the Atlanta Association, but elsewhere the Georgia Association should be in the forefront. Given the apparent good relationship between the groups, this should present no problem.

PERSONNEL REQUIRED

The plan outlined above calls for intensive and highly skilled public information work over a 16-month period. To accomplish this, we believe it essential to strengthen the staff resources of the Association either by hiring a full-time professional or by retaining a public relations firm.

The decision between the two methods of meeting the need would be based in part on whether a qualified person is available for what may be short-term employment.* The Association should be prepared to look for someone in the broad range of $15,000 to $25,000 a year, or to spend similar sums for the services of a public relations firm. Additional budget should be allocated for travel, mailings, and other out-of-pocket costs.

In looking for an indivisual, desirable qualifications are:

1. Experience in planning and executing campaigns to enlist widespread public support.
2. Knowledge of media techniques, and if possible, of Georgia media.
3. A personality that combines persuasiveness and tact.
4. Good writing skills.

EVALUATION PHASE

This far in advance, it is possible to offer only some generalizations about the public relations aspects of the evaluation phase.

Above everything, we stress the importance of a completely open and honest approach. If the Inquiry results in positive steps forward, which appear to be working well, they should be publicized. But if unexpected flaws show up in any new programs adopted, they should be freely admitted.

Attempts to cover up any basic deficiencies can never succeed for long, and can only destroy the credibility of the Association's future endeavors. What can be done is to bracket with any statement of errors a positive program for correcting them.

This kind of combination will actually improve the standing of the Association, and put it in a strong position to move forward.

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*Unless the Association is prepared to indicate when recruiting that the position will become part of the permanent Association staff at the close of the Inquiry period.

"NEWS AND VIEWS" ARTICLES ON RESIDENTIAL STUDY

BOARD APPROVES RESIDENTIAL INQUIRY - February 1970

The AARC Board approved a two-year $87,000 residential care project at its February meeting.

The project will be a study or inquiry to assess the status of residential care services delivered to the mentally retarded in the greater Atlanta area. G. Thomas Graf, Executive Director of AARC, will present a full description of the project in his remarks at the Association's Annual Dinner on February 27. He will also give a full report on the project in the March Newsletter.

According to Dr. Tidmore, AARC President, "This residential project could very well be the most ambitious as well as potentially rewarding endeavor ever undertaken by the Atlanta Association for Retarded Children."

* * * * *

FROM THE EXECUTIVE'S DESK - G. Thomas Graf, March 1970

On February 10th, your Board of Directors gave unanimous approval of a two-year, $87,000 project to inquire into residential services provided Atlanta's retarded. Why is the Board willing to set such a priority, and make such an investment? The reason is simple - to find answers to many questions hitherto unanswered in spite of extended comprehensive planning conducted and publicized by the State Health Department. There are questions as to the wide variance in per diem costs at Central State Hospital, and the Georgia Retardation Center. Priorities in spending for services, admission procedures, comparison of the adequacy of services in different institutions - all of these elements should be evaluated.

The project will develop in four phases: planning, study and recommendations, implementation, and follow-up evaluation. With the help of two advisory boards and consultative help, the project structure will be planned and data gathered. The findings and recommendations will be published, and information disseminated to civic, service, professional and technical groups. With the help of these community groups, the Atlanta Association for Retarded Children will work with the appropriate public agencies to implement the recommendations. At a later date, a review will be conducted to determine the projects success. A further elaboration on the roles of other groups will be discussed in the next newsletter.

There are those who say we should keep our noses out of the professionals business - that our role should be one of supporting their plans and programs without question. I say that this <u>is</u> our business. If <u>we</u> as parents, relatives and professionals working with the retarded are <u>not</u> their advocates, if <u>we</u> don't speak for them, who will?

APPENDIX E

FIRST RELEASE. MAILED TO EVERY LOCAL AND DAILY NEWSPAPER IN GEORGIA. NAME OF COUNTY FILLED IN BLANK SPACE OF SECOND LINE.

Atlanta Association for Retarded Children
Suite 369, First National Bank Building
Decatur, Georgia 30030

FOR IMMEDIATE RELEASE

Alice W. Thrasher, Community Education Director
Telephone: 378-2521

A project that could result in revolutionary change in the way mentally retarded citizens of __________________ and throughout the state of Georgia are treated was announced at the State Capitol last week.

At a press conference attended by Mrs. Jimmy Carter, Georgia's first lady, Senate members of the Mental Health Institutions Committee, other legislative leaders, and Bobby Dodd, Georgia Tech Athletic Director and Honorary Chairman of the Atlanta Association for Retarded Children's Fund Drive, the announcement was made of a two-year study of the care given to the mentally retarded persons in Georgia's six state supported institutions serving the mentally retarded.

The Atlanta Association for Retarded Children was chosen by the President's Committee on Mental Retardation to conduct this institutional study on the basis of their past experience in waging effective social action campaigns.

This inquiry into the state institutions serving mentally retarded persons is not designed to be "muckraking" in approach. Rather, the Association is conducting an open study and is receiving close cooperation from public agencies.

The Association is cooperating with public agencies and consultants well known in the field of mental retardation. After regional hearings all over the state this spring to get consumer reactions and ideas to feed into the study, a public announcement will be made of the recommendations which will be made to the General Assembly next year to improve the services for mentally retarded citizens. This public announcement will be made on the Fourth of July of this year.

The Association's study has a three-fold purpose:

1. To initially study the quantity and quality of residential services now offered to the mentally retarded citizens of Georgia in the six state supported institutions. The need for these services is inevitably dependent on all the other programs and services offered in the community.

2. Based upon this study we plan to make recommendations concerning the various alternatives to institutional placement and the improvement of the existing residential services it will be necessary to keep. By alternatives, we mean provisions of education and training, special treatment, medical care, and job training within the home community of the retarded persons, as well as any other component needed in providing a comprehensive approach to the prevention, care, and treatment for our mentally retarded citizens. We know there will always be some people who will require placement outside their home. Even so, we should try to provide them an environment that is as normal as possible.

3. An extensive statewide public education campaign will be conducted from July to January through the help of civic clubs and church organizations. Also, the news media will be called upon to help in this information campaign to tell the citizens of Georgia about the recommendations.

Work done on the study so far includes: research into the area of residential services in this country and abroad, visits to model programs in Europe and in Wisconsin and Connecticut, and consultation with outstanding leaders in the field of mental retardation.

Visits to the Georgia institutions have been made to conduct surveys, data have been collected, and the Association's staff is compiling it for the finished report.

The Atlanta Association has received outstanding cooperation from the State Division of Mental Health, the Superintendents and the staff of the institutions for the mentally retarded during the survey. Findings that come out of the study are not intended to be reflections upon the staff of the public agencies. All citizens of Georgia have to share the blame for allowing the dehumanizing conditions to exist that have for so long been a part of the institutional system. Dehumanizing conditions exist not only in Georgia, but in institutions for mentally retarded persons all across the country.

Alternatives to institutions do not have to be complex or expensive. Consultants who have been working with a comprehensive community service system in other countries and other states in our own country, say the alternatives cost much less than the huge dehumanizing institutions, and too, a more normal living situation can be provided through comprehensive community services.

2-24-71

APPENDIX F

SAMPLE NEWS RELEASE TO ANNOUNCE REGIONAL CITIZENS' HEARINGS SEVEN DIFFERENT RELEASES WITH SAME INFORMATION LOCALIZED

GEORGIA ASSOCIATION FOR RETARDED CHILDREN
Dr. Jack Blackstone
Regional Chairman, Residential Hearing
P.O. Box 3911
Savannah, Georgia 31404

FOR IMMEDIATE RELEASE

Dr. Jack Blackstone of Savannah, Executive Director of the Chatham Association for Retarded Children, urges all parents, educators, health department staff members, elected officials, and others interested in mental retardation to attend a regional citizens' hearing in Savannah May 11th.

The hearing, conducted by the Georgia Association for Retarded Children, will be in the auditorium of the Savannah Regional Hospital, Eisenhower Drive. Registration will begin at 6:30 p.m. and the hearing will start at 7:00 p.m.

Dr. Blackstone is the Georgia Association for Retarded Children's Regional Hearing Chairman for the twenty-four counties of southeast Georgia.

The seven citizens' hearings across the state are being conducted to get local ideas and reactions for a major study of the institutions serving the retarded in Georgia. The Georgia and Atlanta Associations for Retarded Children have been conducting a study of the institutions and will be making recommendations for changes and improvements to the General Assembly in 1972.

Dr. Blackstone says of the study: "This inquiry into the status of residential care in Georgia has a plan for action. The final report will not be published just to be filed away. There are plans for implementing the recommendations."

Blackstone adds: "If you care about the welfare of thousands of our retarded citizens who are living in overcrowded, dehumanizing conditions in some of our institutions, be sure to attend the citizens' hearing."

April 30, 1971

* * * * *

SCRIPT FROM PUBLIC SERVICE RADIO AND TV SPOTS

VIDEO	AUDIO
Slide of Bobby Dodd and child Cut to slide of information on hearing	This is Bobby Dodd. If you share my concern for Georgia's mentally retarded, attend the Citizens' Hearing, May 25th, Augusta-Richmond County Library. Thank you.

APPENDIX G

H.W. "BUDDY" RAY
Vice President & Gen. Mgr.
TERRY McGUIRK
Station Manager
DALE CLARK
Dir. Public Affairs

TV 5
WAGA
Atlanta
EDITORIAL

WAGA-TV5
P.O. BOX 4207
ATLANTA, GA.
(404) 875-5551

GEORGIA'S MENTALLY RETARDED DESERVE CHANCE FOR NORMAL LIFE

(Presented by Buddy Ray)

Wednesday, June 30, 1971

We have developed a growing interest here at TV-5 in the 142,000 Georgians who have been neglected too long. We think it's about time something is done to help those people -- rejected, pushed aside, misunderstood and often dehumanized. We refer to the 142,000 men, women and children in the state who suffer varying degrees of mental retardation. Of these,4,600 are housed in six institutions, and according to the Atlanta Association for Retarded Children, many of them don't belong there.

The Atlanta Association has just released a study of mental retardation in Georgia, and the most outstanding recommendation made is that mentally retarded people be taken out of institutions and housed in community-based small home groups to normalize the individual rather than institutionalize him. The study recommends that institutions be used only for individuals with severe physical or behavioral problems.

This makes sense to us, and it makes even more sense when we consider that most people now considered to be mentally retarded can perform useful and rewarding work. In other words, this is one more opportunity to make productive citizens out of people who are being shunned and ignored. We urge citizens and legislators to make up for the years of neglect by providing our mentally retarded citizens with a chance to become full-time members of society. It can be corrected in the next session of the legislature.

COPY

APPENDIX G (Second Part)
JUNE 30, 1971 NEWS CONFERENCE, STATE CAPITOL. RELEASE MAILED TO EVERY NEWSPAPER IN GEORGIA.

A DECLARATION OF INDEPENDENCE AND RIGHTS FOR GEORGIA'S MENTALLY RETARDED CITIZENS

A Declaration of Independence and Rights for Georgia's approximately 142,000 mentally retarded citizens was announced by the Georgia Association for Retarded Children at the State Capitol on Wednesday, June 30. In a joint statement by Webb Spraetz, Executive Director of GARC, and G. Thomas Graf, Executive Director of the Atlanta Association for Retarded Children, recommendations were made for a change in the way we treat our retarded citizens.

Webb Spraetz said, "We feel this Declaration of Independence and Rights for Georgia's retarded citizens is timely since we are celebrating Independence Day for the United States. There are still thousands of retarded citizens in Georgia who are not given the basic rights of education, training, and a home in the community."

Tom Graf added, "Over 3,700 of our citizens live in two of our large, overcrowded, institutions behind locked doors. Not all of these people need to live in detention. We have discovered during our study of Georgia's institutions that about 40 - 50 percent of the mentally retarded in Gracewood and Central State could function in the community with supervision and proper services."

The press conference was held to announce recommendations resulting from a two-year study by AARC of Georgia's institutions serving the retarded. Included in the study were seven regional citizens' hearings across the state to obtain consumer opinions. The major recommendation is for legislation in 1972 for a "Community Mental Retardation Services Act." This Act will make the following services for the mentally retarded mandatory for local health districts: day training for children excluded from public school classes and adults of post school age; work activity centers for those adults not eligible for rehabilitation services; community residential placements; and social services. Full implementation of these services should be over a six-year period.

The Georgia ARC will request an appropriation of $1,350,000 in FY 73 over and above the $700,000 appropriation for the State Department of Public Health's community services in FY 72. Following the principle of "normalization" the GARC feels every retarded person should be given the opportunity to live a life that is as close to normal as possible.

Recommendations were made to establish a small group home in each of Georgia's fifteen health districts. These homes would be regular homes in the community where 6 - 8 retarded adults could live with supervision. They could work in a sheltered workshop or attend a work activity center in the community and return to their homes at night.

Also a recommendation was made to establish five hostels, or transitional boarding homes, for adults returning to the community from an institution. Experience in other states show that the cost of community services runs from one-third to one-half the cost of institutional placement.

Mr. Graf remarked, "We realize that not every retarded person can live in the community. Those retarded people with severe medical and behavior problems will require hospitalization."

In order to make the existing institutions more liveable and humane, a request for $1,378,000 will be made to improve the unfortunate conditions at a couple of Georgia's institutions. Most important is a one million dollar request for physical renovation of Central State Hospital into smaller living units.

A statewide public information campaign will be conducted during the next six months to let the citizens of Georgia know that the mentally retarded should be offered the basic rights and choices "normal" people have.

STATEMENT MADE BY SENATOR ROBERT A. ROWAN, PRESS CONFERENCE, STATE CAPITOL

Senator Robert A. Rowan
November 19, 1971
Room #341, State Capitol
9:30 a.m.

As Chairman of the Senate Committee on Institutions and Mental Health, I would like to announce that the Committee has voted unanimously to introduce a bill in the 1972 General Assembly which will change the direction in the way we treat our mentally retarded and other developmentally disabled Citizens of Georgia.

In order to provide the most humane and the most economical treatment for mentally retarded persons who do not require the special medical care or behavior training of hospitals, we are introducing a "Comprehensive Community Services Act for the Mentally Retarded and Other Developmentally Disabled Persons". This act would direct county boards of health to establish and operate comprehensive community services for those persons not eligible for educational or vocational rehabilitation services because of their age or severity of their handicaps and not in need of total institutional care. It will authorize and direct the State Department of Public Health to encourage and assist county boards of health in planning and developing community services through consultation, provision of standards, and financing all operating cost.

The State Department of Public Health shall implement the provisions of this Act by June 30, 1978. Community Services shall include the provision of diagnostic and evaluation services, day care and training services, work activity services, community residential services (such as group family care homes), transportation services, social services, medical services and specialized home services.

In order to expand existing community services and establish new services in the immediate future, we will be seeking the following funds:

1. $700,000 (line item FY 72) as a supplemental appropriation to Community Services Branch of State Health Department to obtain matching federal funds for community retardation centers.

2. $1,925,000 (line item FY 73) to Community Services Branch, State Department of Public Health, to begin the establishment of day training and diagnostic centers and group homes in local health districts across the State. TOTAL MONEYS: $2,625,000.

In addition to the above funds, we will be seeking money to continue to upgrade the existing service. We will work hard to get a $1,378,000 appropriation for additional personnel and improvements of Central State Hospital, and to provide physical therapy at these hospitals: Central State, Southwestern, and Georgia Regional at Atlanta.

Finally, we will be seeking $150,000 to allow the Division of Vocational Rehabilitation to establish hostels and boarding homes for their mentally retarded clients who need some supervision in the community. TOTAL MONEYS: $1,528,000. Our Committee has discovered that other states, particularly Nebraska, have made great strides in community services for the past few years and we want Georgia Retarded Citizens to have the opportunity for similar services.

APPENDIX I

WHAT'S A GROUP HOME?

by
G. Thomas Graf
AARC Executive Director
and
Jane Query
AARC Director of Research and Planning

The words group home, hostel, boarding home, foster home, nursing home, etc. have been used with increasing frequency in ARC circles during the past several years. AARC's two-year study of Georgia's residential and community services for the retarded strongly recommends that these types of homes be established in all Georgia communities as a more normal living arrangement than large institutions. In fact, our study indicates that approximately one-third of the residents at Gracewood and Central State could be returned to the community if suitable homes along with training centers, workshops, and other community services were available. Many people ask then what is a group home, hostel, boarding home, etc.? In this article we will attempt to answer some of the questions parents ask.

(1) What is the difference between the various types of group care homes and how many and what type of retarded live in these homes?

GROUP HOME: A boarding home serving six to ten children or adults, the number depending on the age range. The younger the child the smaller the group should be. This home would offer extended care to retarded persons who for some reason cannot live in their own homes, but who do not require unusual medical treatment or intensive behavior training. As far as possible, residents would be grouped homogeneously as to age and level of function.

HOSTEL: A boarding home serving ten to fifteen young people or adults who are thought capable of independent living. This home is seen as transitional, offering training preparation for moving into the larger community. Residents would be largely drawn from the mildly and moderately retarded groups. A limited period of residence, possibly up to eighteen months, would be offered.

FOSTER HOME PLACEMENT: For the young child without severe medical or behavior problems who cannot live at home, placement in a foster home is seen as the most suitable. From one to three children would be served in a selected family, living in the home as members of the family group. Such placements might be suitable for the adolescent or older retarded person if appropriate homes could be found.

NURSING HOME: The older retarded person requiring either limited or extensive nursing care could be served in nursing homes similar to those now caring for older normal persons. Many older retarded persons who do not have behavior problems could function at levels comparable to those of the senile so-called normal person. Suitable good nursing homes whose management is willing to serve the retarded are operating in other states, and could be developed in Georgia.

(2) Who will run these homes? What will be the training level and qualifications of the staff? How will they be supervised? Are there enough trained staff available in Georgia?

In our view, it is not necessary to employ highly trained persons to serve as house parents in group homes and hostels. Attitudes and motivation are extremely important. A mature and emotionally stable couple with high school or less than degree college work could serve as house parents. One person would be designated as the house parent; the other partner would receive certain benefits in housing, etc. for which some supervisory or supportive services might be rendered. House parents would be supervised by the district mental retardation chief and his staff. Pre-employment training and continuing education for house parents would be supplied by the district mental retardation staff. An employment pool of trained persons would not be required.

(3) What happens to the retarded children or adults during the day? What of leisure time, recreation, and religious nurture?

It is proposed that residents of group homes, hostels and other types of community residential placements receive services from generic community agencies just as do all other citizens. School age children would attend special education or day training facilities in the community. Adolescents and adults would be placed in regular employment, in transitional or sheltered workshops, or in work activity centers. Leisure time and recreational activities would be supplied by the community itself through its recreation agencies, by volunteer church and civic groups, and by the group home itself. In other words, residents would occupy their leisure time just as do normal citizens. Religious training and experience would be furnished by the churches of the community, and as far as possible left up to the free choice of the resident and his family.

(4) How will they get medical care?

Residents of community group homes, hostels, etc., will be selected from those retarded persons without unusual medical problems. Routine medical care and supervision might be supplied in several ways. Contracts with private physicians, services of health department well-child clinics, out-patient services from nearby regional MR facilities might all be used. All retarded persons over eighteen who can be judged permanently and totally disabled are eligible for medicaid services.

(5) Who should be in an institution rather than these types of homes?

Any child or adult whose needs cannot be met in the family, or who cannot function in a community group placement, would be served in the existing institutions. In our view, this population should consist of those retarded persons with severe medical and behavior problems requiring either continuous nursing care and medical supervision, or highly structured training in behavior control. In effect, most institution residents would be drawn from the severe and profound levels. Mildly and moderately retarded persons requiring institution placement would have additional emotional or behavior problems, such as uncontrollable anti-social behavior or contact with juvenile authorities or other law enforcement agencies.

(6) How much do these homes cost the taxpayer? Aren't institutions cheaper?

It will be impossible to arrive at reliable figures for group home operation without establishing pilot programs in different areas of the state and evaluating them over a period of time. However, other states such as Connecticut and Nebraska operate homes such as we propose for annual costs of $1,500 to $2,500 per resident. The location of the home, the type of resident served, the ability of the resident to contribute to his own expenses, all affect the operational costs. Institution costs in Georgia range from approximately $3,600 to $10,000 per year. However, such homes should be provided, not because they are cheaper, but because they allow the retarded person to live a more normal life.

(7) Will these homes and community programs offer me as a parent the same security of good lifetime care as the public institution?

Since these homes will be under the supervision of the same state and local agencies which provide the present institutional care, the factor of security and lifetime care would be the same.

(8) What are the advantages of a group home vs. an institution?

A group home is smaller, more personalized, more home-like, closer to family and friends. The retarded person remains a resident of the community at large, and not of the institutional community. In a word, it permits a more normal existence. The community group home is more visible, and consequently more responsive to community standards. If its administration is bad, only a few children are affected, and the condition can be quickly discovered and corrected. If the institution is bad, thousands are affected, and it is much more difficult to place the blame.

(9) Where will these homes be located? Will group homes be set up in neighborhoods with single family residences?

Group homes should be placed in communities offering education, training, work activity and employment to the retarded. The retardates served should come from the immediate surrounding area. The actual housing provided should be located, if possible, in areas permitting multi-family occupancy, such as boarding houses and apartments.

(10) What other states have group homes? Have they been accepted? Are they successful?

Connecticut, Nebraska, California and a number of provinces in Canada operate group home programs. Although there has been scattered initial opposition to these homes, they have been largely accepted by communities, particularly where a good public education program has been provided. Administrators of these programs are enthusiastic over the humane, satisfying type of care offered these retarded persons.

(11) If the Mandatory Community Services Act is passed how many homes will Georgia develop, how soon, and how many retarded will they serve?

Initially, a group home in each of the 15 health districts should be established as a pilot program to give a basis of experience to future development of the homes. Eventually, around 300 homes serving approximately 2,400 persons is projected. We hope that the pilot homes will be funded for FY 73.

(12) In Georgia, who will operate these homes? How will they be financed?

Local health departments and health districts, supervised and funded by the State Health Department, will operate these homes. They will be financed by state and local funds where possible. If local communities are too poor to furnish their share, 100% state financing should be provided. At present, parents of children in institutions must pay for their care if able. If this system is continued, parents may also contribute to operational expenses. In some cases working retarded adults could pay part of the cost of a hostel, buy their own clothes, and use their own spending money. However, the major cost of the home, meals, clothing, rent, etc. would be paid by public funds.

(13) Can my child be transferred from an institution to one of these homes?

Your child, by present Georgia law, may be transferred to other institutions, or discharged from any state facility at the discretion of the institution staff. Of primary importance is the question of where the retarded person may receive a program most beneficial to him. If, in the judgment of the staff, your child would have a more appropriate program in another institution or another type of residential placement, the institution has the legal right to order this transfer. In practice, however, state facilities ordinarily comply with the wishes of the parent.

In past years, residents have been transferred from Gracewood and Central State to Southwestern, Atlanta, and Savannah regional hospitals, Batty Hospital and Georgia Retardation Center. Transfers between hospitals are common.

Many residents of Central State have been placed in nursing homes and foster care. It is possible that a resident may be ready to live in the community, but his family may not be able to provide an appropriate environment. In such cases, the retarded person might be placed in a group home in the same community. This is being done now in Nebraska and other states.

In summary, we have attempted to answer some of the questions parents, legislators, and our general citizens ask. Since the development of community based group homes is a major aspect of our study and 1972 legislative platform, we hope that answers to the above questions will make our membership better informed on this aspect of our program to improve Georgia's services for the retarded.

SCRIPT OF SLIDE SERIES
GEORGIA'S CHOICE

This slide series is called Georgia's Choice. It presents two alternatives for the lives of the mentally retarded - "Normalization or the traditional medical approach of hospitalization - and it is up to us, the citizens of Georgia, to decide how we want our 142,000 retarded citizens to live.

These slides depict some unfortunate conditions in a couple of Georgia's institutions where the majority of over 4,500 retarded people in institutions live. These scenes are contrasted with "normalization" scenes, just to show what can be done.

True, there are several other institutions in Georgia which do not have a depersonalizing conditions as the ones pictured - but the slides depict the conditions where the greatest needs for several thousand retarded people of all ages exist.

Slide 1 - The concept of "normalization" was developed in the Scandinavian countries several years ago and has just recently been in practice in the United States.

"Normalization" means merely that the retarded individuals should be given the opportunity to live their life as normally as possible. Our study of Georgia's institutions has convinced us that the concept of "normalization" offers Georgia economic benefits beyond its obvious humanitarian advantages.

Slide 2 - Just as it is normal for young children to live at home and attend nursery school or kindergarten, most retarded youngsters should have the same opportunities.

Slide 3 - These retarded youngsters of about the same age live in a completely abnormal environment in some of our institutions. These children are here for a number of reasons. Sometimes there is no alternative community services - such as special education, day training centers - perhaps their family is not able to keep them at home for a number of reasons.

Slide 4 - Unless children have severe medical or behavior problems, in many people's opinion they can live a much more enjoyable life in a foster home or supervised small group home in the community if for some reason they cannot live in their own home. This children's home in Nebraska is operated for about one-half the cost of keeping these children in a medical model institution.

Slide 5 - Many of these children in our institutions could function in group homes in the community.

Slide 6 - In the past, we have tended to be overly protective of the retarded. We now realize they should be given some of the risks that are encountered in everyday living. These men who formerly lived in an institution behind locked doors now live in a group home - they even have a fireplace.

Slide 7 - These children in one of Georgia's institutions (as in most institutions across the country) are kept behind locked doors. Even many of the new institutions being built today are still penalizing those people who can live in an open environment. When a child has lived at home most of his life and didn't run away, there is no reason he should be locked behind doors if he is placed in an institution when he is older.

Slide 8 - When children reach school age it is normal to start to school. It should be just as normal for most retarded children to start to school. In Georgia a special education act was passed in 1968 which states all exceptional children must be provided a public education by 1976. This bill is still a long way from being fully implemented so we must continue to push for special classes for all the educable and trainable children in Georgia.

Slide 9 - Many of these girls in one of our institutions were not given the opportunity for training in a community facility. Many could be enrolled in special classes or day training centers if they were available in their home communities.

Slide 10 - Just as normal people graduate from high school and go out into the "working world" - most retarded people should be given job training and if possible placed on a job in the community. For those people who cannot work in competitive employment - a sheltered workshop or work activity center should be provided by a public agency.

Slide 11 - Many of these young men could be benefiting from job training or a work activity center. In addition, there should be supervised boarding homes in the community where these boys could live and work as nearly as possible as "normal" young men do. In one of our institutions several hundred retarded people work and are paid very little. If they can work in an institution - with special preparation they might be able to live in their own communities, work for a "real" salary and pay taxes.

Slide 12 - To show you some examples of a group home in the community - the third on the left house in Omaha, Nebraska is a home for retarded men. It has house parents and assistants, and is not set apart from the community. These men work in the community.

Slide 13 - This building is a "home" for over 400 people - set apart from the community where the retarded have traditionally been placed out of sight.

Slide 14 - This is a young man in his own room in a hostel in Nebraska. He has moved from an institution and is learning to live in the community in this transitional boarding home. After living here for six months to a year, he may be able to move into an apartment with less supervision. Or he may require supervised living all his life. He works in the community and pays room and board to the state agency which operates the hostel.

Slide 15 - The middle floor of the right wing of this building contains three apartments; first for men, second for young houseparent couple, and third for four women. Many retarded adults can live semi-independently and require only minimum supervision.

Slide 16 - This woman lives in a hostel and her parents live in the same area. Following a normal life cycle, she has left the family home and works in the community. Her parents have the security of knowing that a state agency will be responsible for her after their death.

Slide 17 - This young man who formerly lived in an institution now has privacy in his own bedroom - and he is able to keep his personal belongings.

Slide 18 - This retarded girl in Nebraska works in a cafeteria during the day and returns to her group home at night. She bought her own bedspread and curtains to personalize her room.

Slide 19 - Holidays are celebrated in group homes just as in other homes in the community.

Slide 20 - Of course, not every retarded person will be able to live at home. There is a small percentage who will require hospitalization or institutionalization. Particularly those people with severe medical or behavior problems.

Slide 21 - Yet there can be a difference in the treatment at these hospitals.

Slide 22 - This is a hospital room in an institution where the patient is perceived as a "human being" rather than an object. Toys are provided - as well as storage area for personal belongings. This is a regional hospital and his family is only a short distance away.

Slide 23 - This is a hospital room in one of Georgia's institutions which provides a very bare, unstimulating and impersonal environment. The overworked staff has not much time to do anything but take care of basic custodial needs.

Slide 24 - In most of our hospitals we need to provide more therapists and technicians to work with physically handicapped patients such as in this hospital.

Slide 25 - Several hundred people in our institutions are in wheel chairs or in bed - yet there are no physical therapists in two of our institutions.

Slide 26 - This hospital has enough staff to have small rooms - even though it is a "hospital" it is made as "homelike" as possible since it will probably be a profoundly retarded person's home for his lifetime.

Slide 27 - Without enough staff in some of our hospitals some of the residents spend most of their time lying in the bed without much stimulation.

Slide 28 - It is possible to let most retarded persons enjoy some of the pleasures of life.

Slide 29 - In other institutions life is not so pleasurable.

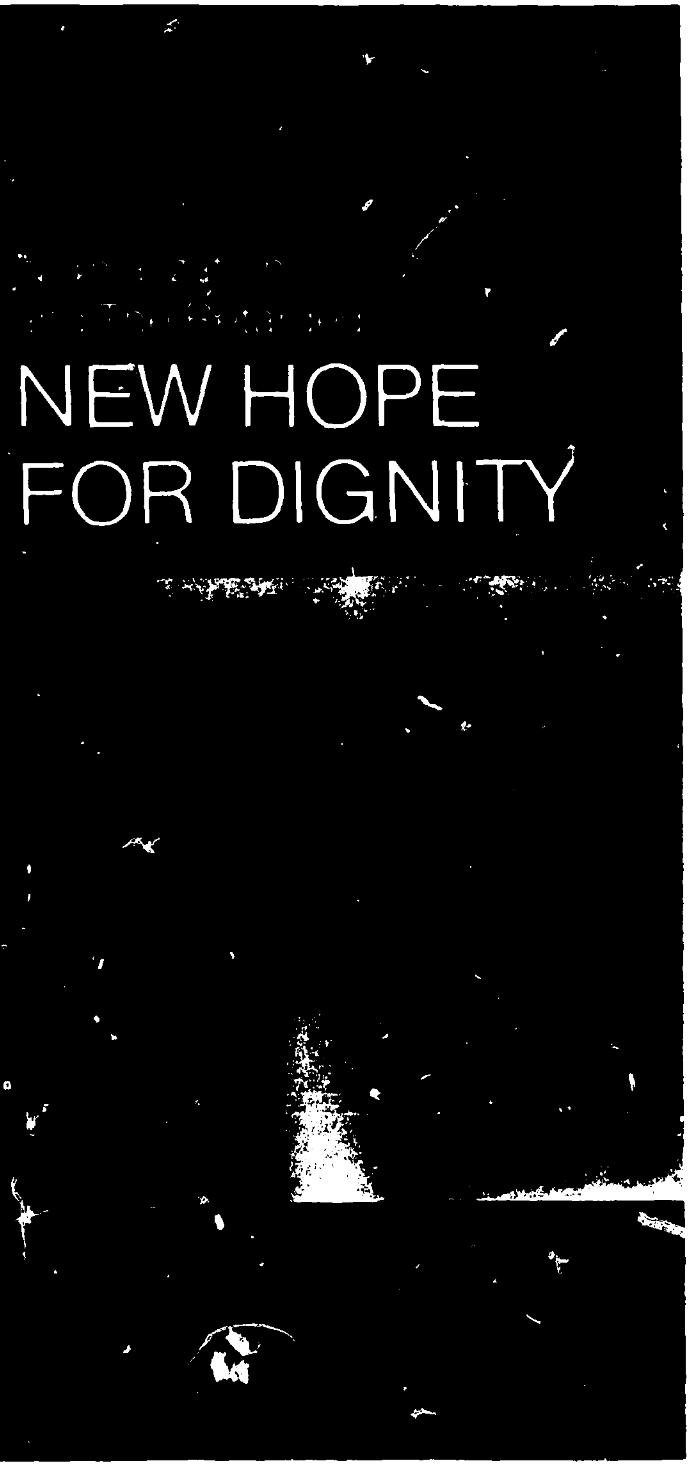
Slide 30 - In a good institution, most of the residents eat meals in a family setting.

Slide 31 - In some of our institutions residents have to eat every meal with fifty or sixty other people.

Slide 32 - In some institutions, we still allow dehumanizing conditions to exist.

Slide 33 - It is really up to us, the citizens of Georgia, to decide if our retarded citizens will have normalization, or

Slide 34 - Dehumanization.



NEW HOPE FOR DIGNITY

The Goal

There are more than 140,000 mentally retarded citizens in Georgia. In the past, we've sought to protect the retarded by removing them from society and maintaining them in hospital-like institutions which are usually inadequate and always expensive—for the parent and the taxpayer.

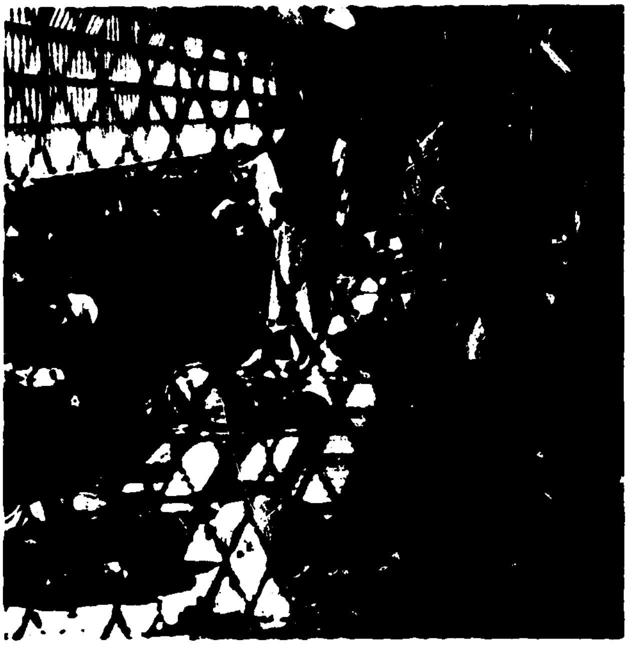
In attempting to provide custodial care to as many as possible with our limited resources, institutions have been enlarged and structured for economy of operation rather than the human needs of the residents. The result is a dehumanizing environment that removes any hope of returning the retarded citizen to society as a functioning member.

Now there's a hopeful alternative to institutionalization. A recently completed study by the Atlanta Association for Retarded Children (AARC) found that leading authorities in the field of mental retardation and public health say no more than three percent of the retarded require the close custodial and medical care of an institution. Most, they feel, can be integrated into society through specialized public education, job training, employment and a home in the community. Underlying this change in concept is the realization that the retarded, like normal children, develop most rapidly, emotionally and intellectually, when confronted with the challenges and stimuli of a normal environment. This concept is called "Normalization".

It is the goal of the Georgia Action Committee (headed by the GARC, AARC, Civitans and other interested groups) to obtain publicly supported community services for the mentally retarded — programs that will draw them closer to the normal life of the community and allow them to develop to their greatest potential.

The Study

The Atlanta Association for Retarded Children has conducted a study of Georgia's institutions serving the mentally retarded, and alternative programs for the mentally retarded operating in other states and abroad. The study includes input from nationally-and internationally-recognized leaders in mental retardation as well as citizens throughout Georgia who attended seven public hearings across the state. The study revealed that the majority of the 4,600 mentally retarded people in Georgia's institutions live in depersonalized, overcrowded conditions. Most live behind locked doors. Many are institutionalized simply because there are no services available in their community. In



almost every case, institutional staffs were found to be dedicated people working with extremely limited resources.

A detailed report of the study is yours for the asking. Briefly, here are some of the findings:

Approximately one-third of the mentally retarded in Georgia institutions could live in the community if there were services available.

Over 1,000 mentally retarded residents of Central State Hospital are placed in units with mentally ill, drug abusers and alcoholics where there are no specialized programs for the retarded. In the units for the severely and profoundly retarded at Central State, some residents have less than an hour of planned daily activity.

Central State and Southwestern Hospital at Thomasville had no physical therapists to serve over three hundred non-ambulatory residents.

The average cost per year for institutional care of the retarded in 1970 was $7,393. There is great inequity in care and treatment offered by state institutions. Costs per year in 1970 ranged from $3,562 at Central State Hospital to $12,118 at the Georgia Retardation Center.

The Alternative

The Residential Study points out the need for additional services that expand and improve the community programs now in effect. An effective community services program should include special education, day training, job training, sheltered workshops, work activity centers, and residential facilities. Central to the concept of normalization is a home-like environment that approximates a normal family situation. Mental retardation specialists in other states have found that small group homes, boarding homes and foster homes provide such an environment without large capital outlays. In a leased residence, supervised by houseparents, the retarded can learn to function in the community and do most things for themselves.

The establishment of group homes within the community also benefits indirectly those

retarded with severe medical or behavior problems who usually require the close supervision of institutional care. These group homes would serve an estimated one-third of the retarded in our institutions who could be returned to the community. If institutional populations were reduced by one-third, the existing staff and facilities could then provide far better service to those who remain.

Economics of Community Services

The long term economic advantage of helping the retarded citizen to become a tax payer is obvious. However, cost analysis of community services and small group homes in Connecticut and Nebraska has revealed important immediate savings over institutional care. The average cost per year of serving one of the 4,600 mentally retarded residents in Georgia institutions in FY 1970 was approximately $5,000 (state money). To serve 12,000 people in community services instead of institutions (all in day training centers and 2,400 in group homes), the average cost per person is only $1,000 (state money).

Federal funds from Title IV-A of the Social Security Act will provide seventy-five percent matching funds for community day training, diagnosis and evaluation centers. A supplemental appropriation of $700,000 for FY 1972 is needed by the Community Services Branch of the State Department of Public Health to secure over $4,000,000 in Title IV-A monies. A ceiling will probably be placed on new applications for these funds June 30, 1972.

The Plan for Action

In order to change Georgia's priority of residential care from central institutions to community-based services, the statewide Action Committee for the Retarded recommends these legislative actions:

A. MANDATORY COMMUNITY SERVICES FOR THE RETARDED which requires local health districts to provide these services:

1. Day training and work activity centers for children and adults not eligible for education services.
2. Community group homes.
3. Diagnosis and evaluation centers.
4. Family social services.

The Act should allow the State Department of Public Health to provide one-hundred percent funding of the non-federal costs for community programs.

B. Appropriate a supplementary $700,000 (line item) for FY 1972 State Department of Public Health's budget, Community Services Branch, for community mental retardation centers. Without these funds, Georgia will not be able to take advantage of over $4,000,000 in matching Title IV-A funds available now

C. Appropriate $1,925,000 (line item, FY 1973) to the Community Services Branch, State Department of Public Health, for community mental retardation services.

D. Appropriate $325,000 (line item, FY 1973) to State Department of Public Health, Division of Mental Health, to create the position of STATE MENTAL RETARDATION CHIEF and a DISTRICT MENTAL RETARDATION CHIEF in each of the fifteen health districts in Georgia.

E. Appropriate $1,378,000 (line item, FY 1973) for additional personnel and improvements of Central State Hospital and to provide physical therapy at these hospitals: Central State, Southwestern, and Georgia Regional at Atlanta.

F. Appropriate $150,000 (line item, FY 1973) to Division of Vocational Rehabilitation. State Department of Education, to establish hostels and boarding homes.

WRITE YOUR LEGISLATOR TODAY!
ASK HIM TO SUPPORT THE ITEMS ABOVE.

For more information or a speaker, contact:

Action for Retarded Citizens
P. O. Box 1666
Decatur, Georgia 30030
Telephone: 378-2521

SCRIPTS OF 60-SECOND PUBLIC SERVICE TV SPOTS APPENDIX L

VIDEO	AUDIO
THE VISUAL PORTION OF THIS SPOT WILL CONSIST MAINLY OF VARIOUS SHOTS TAKEN AT CENTRAL STATE HOSPITAL.	All children need to feel that they belong. Somewhere. To someone. And being retarded doesn't weaken that kind of need in a child. It only magnifies it. Today, over one-third of all retarded children in Georgia's institutions don't need to be there. They don't belong there. But that's where they stay, for lack of a better alternative. Now, for the first time, we've found that alternative. A way we can give them more individual, more effective care. A way that will actually cost less in the long run than what's being done right now. Our plan is called "Normalization". We aren't asking you to contribute any money to it. We aren't asking you to volunteer any of your time.
FREEZE FRAME OF A RETARDED CHILD	We're just asking you to care.
FADE DOWN ON FREEZE FRAME UP FROM BLACK TO CARD	For more information, write: Action for Retarded Children Box 1666 Decatur, Georgia 30030
	* * * * *
THE BASIC IDEA IS TO START OUT SHOWING WILDLIFE SHOTS, THEN TO DISSOLVE THROUGH SOME SORT OF TRANSITION TO SHOTS WHICH APPLY TO THE SITUATIONS OF RETARDED CHILDREN.	Most species of animal life react the same when one of their litter is retarded, mentally or physically. They abandon it. And it's left to die. Or, it's destroyed by its own parents. Man is the only animal which has the opportunity and ability to care for his retarded young. And he does. With ideals of rehabilitation and therapy. But somewhere along the way, man seems to lose interest. And his inadequate state institutions form an artificial environment. Cold. Sterile. Completely foreign to the human animal. Right now, in Georgia, our retarded children are waiting. Not really alive. But not really dead. We've got to do more. And fulfill our obligation for keeping them alive.
FREEZE FRAME OF RETARDED CHILD	Man did the right thing to save them. But what is he saving them for?
FADE TO BLACK. THEN FADE UP ON CARD	We have the answer. It's called Normalization.
	(CARD) Write: Action for Retarded Children Box 1666 Decatur, Georgia 30030

OUTLINE - TV DOCUMENTARY ON GEORGIA'S RETARDED CITIZENS

I. WHAT IS A RETARDED PERSON

The purpose of this introductory explanation is to establish the nature of mental retardation - what it is - what it isn't. This should be a natural lead into the story.

II. PAST CARE AND TREATMENT

This section would outline historical concepts of care and treatment of the mentally retarded. From an evaluationary point of view - it would explain the nature of todays problems. Pictures of large centralized institutions with their dehumanizing conditions could illustrate this point.

III. MODERN CONCEPTS OF CARE AND TREATMENT

This section would describe changing attitudes based on new knowledge and greater public understanding - concern of the mentally retarded. Here we could show the potential of retarded persons living in the community - living at home - going to school as children and as adults working in competitive industry or sheltered workshops and living in small group homes, engaging in recreation programs, etc. Small regional hospitals treating the more severely retarded with medical problems should be illustrated.

IV. GEORGIA'S CHOICE - A COMPREHENSIVE STUDY OF GEORGIA'S PROGRAMS FOR THE RETARDED - BY THE ATLANTA AND GEORGIA ASSOCIATIONS FOR RETARDED CHILDREN.

Major findings and recommendations of the study should be brought out in this section. Economic and cost differences between the old and new system should be compared. Testimony from Tom Graf, Atlanta Association for Retarded Children Executive and Project Director; Jane Query, Director of Research; and Webb Spraetz, Georgia Association for Retarded Children Executive Director, should be included. Also, selected parents of retarded children should be interviewed. Testimony from consultants such as Wolf Wolfensberger, Fran Kelley and John Webster (Consultant and Chairman of the Study Committee), should be taken.

Health Department officials such as Dr. Addison Duval, Dr. Tom McConnell and Dr. Norman Pursley would add to the governmental side. Knowledgeable public officials such as Senator Bobby Rowan, Representatives "Sloppy" Floyd and Clarence Vaughn, and Mrs. Jimmy Carter would add a different dimension. Throughout the documentary actual examples of large and small institutions, community training centers, group homes, community recreation services, etc. should be pictorially illustrated.

V. CHANNEL 5 EDITORIAL

This section should furnish the viewer with method by which he could assist in bringing about the needed changes. Main recommendations should be outlined such as write your State Representatives and Senators asking their support of Community Services Act for Retarded. Ask your Legislator to support the Act and Georgia ARC recommendations for Action. Get your neighbors and church and civic clubs to write or call your Legislators.

For further information on how you can help, write: Action for Retarded Citizens of Georgia - WAGA-TV, Atlanta, Georgia. (Regionalized brochures could then be sent out.)

TV 5
WAGA
Atlanta

EDITORIAL
WAGA-TV · PO BOX 4207 · ATLANTA, GA. · 30302

PAUL RAYMON
Vice Pres. & Gen. Mgr.
TERRY McGUIRK
Station Mgr.
DALE CLARK
Dir. Public Affairs

GEORGIA'S RETARDED CHILDREN...THEY CAN BE HELPED

(Presented by Ray Moore)

Wednesday, February 16, 1972

Our state has taken some big steps in recent years to educate and train thousands who in the past have been forgotten and forsaken...the mentally retarded. Another major step has been proposed, and whether Georgia takes it depends on legislative action in the next two weeks.

There are an estimated 120,000 of these citizens in our state, and many can lead useful, nearly normal lives if they can get the right kind of help and education. Our public schools and institutions within the Public Health Department are achieving some heart-warming results. You may get an informative, and stirring, picture of these youngsters and what is being done for them in a program TV-5 will present at 8:00 p.m. Thursday. It's titled "Please Touch." We think no one who watches will miss the message... these youngsters need and deserve the help today's educators and enlightened methods can provide -- if we add the ingredients of care and love. Those ingredients are reflected in Senate Bill 347 sponsored by Senator Bobby Rowan of Enigma, Georgia. It will provide day training centers for 6,000, group homes for 2,500 and diagnostic centers for 1,300. The program will tend to normalize as much as possible the lives of these youngsters. Its sponsors believe that within five years the number now institutionalized can be reduced by one-third.

Senate Bill 347 has passed the Senate with a unanimous vote. It must be cleared by the House Health and Ecology Committee and approved by our State Representatives if it is to become law. We urge two things; that you watch the program "Please Touch" at 8:00 p.m. Thursday on Channel 5, and that you ask your state legislator to support Senate Bill 347.

COPY

GEORGIA ACTION COMMITTEE FOR RETARDED CITIZENS
AGENDA FOR MEETING, FRIDAY, NOVEMBER 19, 1971

APPENDIX O

10:30 - 11:00 a.m.	Registration. Coffee and doughnuts in Social Hall.
11:00 a.m.	Meeting begins in Sanctuary Welcome - Webb Spraetz, GARC Executive Director Background of Study - G. Thomas Graf, AARC Executive Director Slide Presentation - Margie Anna Gatlin, AARC Board of Directors Study Recommendations - Jane Query, AARC Director of Research and Planning
12:30 - 1:00 p.m.	Lunch in Social Hall
1:00 p.m.	Organization of Action Committee, Explanation of materials in kit, and Publicity - Alice Thrasher, AARC Community Education Director Working with Civic Clubs - Annie Joe Denney, GARC Working with Legislators - James Moncus, Fayette County ARC - Jean Yates, Griffin ARC Introduction of Senator Robert A. Rowan - Webb Spraetz Address - Senator Robert A. Rowan, Enigma, Georgia Chairman, Senate Mental Health and Institutions Committee
3:30 p.m.	Adjourn

A BILL TO BE ENTITLED

AN ACT

To authorize, empower and direct county boards of health to provide comprehensive community services for certain mentally retarded and other developmentally disabled persons; to authorize, empower and direct the Department of Public Health to encourage and assist county boards of health in planning and developing community services through consultation, provisions of standards and financing of all operating cost; to provide a short title; to provide for the declaration of policy; to provide definitions; to provide for the application of the Act; to provide for the Department of Public Health to establish standards; to provide for the employment of professional and nonprofessional personnel; to provide for full implementation of this Act by June 30, 1978; to provide for the application of a specific Act; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

Section 1. Short Title. This Act shall be known and may be cited as the "Community Services Act for the Mentally Retarded".

Section 2. Declaration of Policy. Since the State of Georgia accepts a responsibility for its mentally retarded citizens and an obligation to them which it must discharge, a pattern of facilities, programs and services shall be made available to meet the needs of each mentally retarded person during his entire lifetime. The primary purpose of this Act shall be to provide community alternatives to total institutional care, so that mentally retarded individuals can continue to live in their home communities.

Section 3. Definitions. Unless the context indicates otherwise, the terms used in this Act shall have the meanings ascribed to them in this Section.

(a) "Mentally retarded individual" shall mean a person whose ability to care for himself is substantially impaired by mental retardation or by a neurological dysfunction associated with mental retardation.

(b) "Department" means the Department of Public Health.

(c) "Community services" shall mean all services deemed reasonably necessary by the Department to provide for education, training, rehabilitation and care of mentally retarded individuals, and shall include, but not be limited to, diagnostic and evaluation services, day care and training services, work activity services, community residential services such as group family care homes, transportation services incidental to educational, training and rehabilitation services, social services, medical services and specified home services.

Section 4. Application of the Act. (a) The provisions of this Act shall apply to all county boards of health in Georgia and to the Department of Public Health.

(b) Mentally retarded individuals who are not eligible to receive the services enumerated in subsection (c) of Section 3 from other public agencies and mentally retarded individuals who are not in fact receiving such services shall be entitled to receive all services afforded under the provisions of this Act.

Section 5. Community Services for the Mentally Retarded. (a) County boards of health shall, subject to limitations herein specified, provide such community services as defined in subsection (c) of Section 3 and employ such personnel as may be needed to serve those mentally retarded individuals in their respective counties.

(b) The district health department shall be designated as the fixed point of referral and information, providing lifetime advice and guidance to the family or guardian of the retarded person, and referral to appropriate services.

Section 6. Development of County Plan. (a) Each county board of health shall, on or before July 1, 1973, submit to the Department a plan for providing comprehensive community services to mentally retarded individuals residing in the county; provided, however, that any group of counties comprising a health district may join and submit one plan covering the entire health district. The plan shall state:

(1) an estimate of the number of mentally retarded individuals residing in the county who require services afforded by this Act;

(2) a description of the specific services required by mentally retarded individuals residing in this county;

(3) a description of physical facilities available for use in providing the required community services;

(4) a description of physical facilities, if any, which must be constructed to provide the necessary services;

(5) a proposed staff roster of professional and nonprofessional employees who must be hired to provide necessary services;

(6) a detailed budget showing all costs of providing the necessary services for fiscal years 1977, 1978 and 1979, and a summary budget for each fiscal year from 1980 through 1985 inclusive.

(b) The Department shall provide assistance to county boards of health in preparing the plan required by subsection (a).

(c) The Department shall review the plan submitted by each county or district as required by subsection (a) and shall suggest such changes as may be necessary to achieve the objects of this Act.

(d) On or before July 1, 1975, the Department shall publish an approved plan for each county or district which shall specify each point set out in subsection (a).

Section 7. Development and Consultation. (a) The Department of Public Health shall provide assistance to county boards of health in developing a full range of community services for the mentally retarded through consultation and provision of standards. The Department shall assist county boards of health in obtaining federal funds where such resources are available, and shall finance 100% of all operating costs not borne by federal funds.

(b) Should a county board of health fail to take the necessary action to provide approved community services for mentally retarded individuals, the Department of Public Health shall be empowered to establish and operate such services in lieu of operation by said county board of health.

Section 8. Standards. The Department of Public Health shall establish standards for community services, shall regularly inspect programs under operation and shall issue statements of approval to programs meeting State standards. Where deficiencies are found, county boards of health shall be notified, and a reasonable time to correct such deficiencies shall be allowed. Reinspections shall be made as necessary to assure State approval of services.

Section 9. Payment of Cost of Care of Persons. The community residential services provided in this Act shall be covered by an Act approved March 23, 1960 (Ga. Laws 1960, p. 1138), relating to the payment of the cost of care of persons admitted or committed to State institutions which come under the management and control of the State Board of Health or Georgia Department of Public Health, as amended. The services provided by this Act such as day care and training services shall not be covered by the provisions of said 1960 Act.

Section 10. Implementation of Act. The Department of Public Health shall employ sufficient professional and nonprofessional persons to assure full implementation of this Act by June 30, 1978. All community services specified in Section 4 (b) shall be made available for all mentally retarded individuals by June 30, 1978.

Section 11. Standard Repealer. All laws and parts of laws in conflict with this Act are hereby repealed.

APPENDIX Q

SUMMARY OF MENTAL RETARDATION LEGISLATION GEORGIA GENERAL ASSEMBLY - 1972

Senate Bill 347, the Community Services Act for the Mentally Retarded, passed the 1972 Georgia General Assembly with only one dissenting vote and Governor Jimmy Carter signed the bill on March 31, 1972.

SB 347 is one of the most comprehensive bills for the retarded in the nation and was designed to "close the gap" in community services for the retarded not offered by educational, vocational rehabilitation, or other public agencies.

SB 347 mandates local health boards to provide a full range of services to the retarded -- including small group homes, day training and work activity centers, transportation to the centers, thirteen district diagnosis and evaluation centers, and other social services such as counseling and referrals.

Appropriations to begin funding services mandated in SB 347 (which must be fully implemented by 1978) include:

--$250,000 (Supplemental FY 1972) to fund additional day training, diagnosis and evaluation centers.

--$2,583,000 (FY 1973) Community Services Branch, Division of Mental Health, State Department of Public Health, for group homes, diagnosis and evaluation centers, day training and work activity centers, and transportation. (These funds can be matched with approximately seven million federal dollars.)

In addition to SB 347, an Early Childhood Development Bill (Senate Bill 676) which will also serve preschool retarded children passed in the General Assembly. The bill states that the Department of Education will offer diagnosis and evaluation to mentally and physically handicapped children ages one to three, education services to the handicapped ages three to five, and kindergarten to all children at age five. The services will be offered in cooperation with agencies of Family and Children Services and Health Departments. A supplemental appropriation of $500,000 (FY 1972) was granted to the State Department of Education and an appropriation of $1,400,000 (to be matched with $4,200,000 federal funds) was granted for FY 1973. The program will be administered by local school boards.

Other action for the mentally retarded includes:

--$247,000 - State Department of Education - to purchase mini-busses to transport exceptional children.

--717 additional Special Education teachers.

--SB 617 passed. Amends Georgia Code to provide for continuation of health insurance coverage of mentally retarded after age eighteen.

APPENDIX R

ARTICLE FROM THE DEKALB NEW ERA AND NORTH DEKALB RECORD - Thursday, June 1, 1972

The Mental Health Division of the newly formed State Department of Human Resources has announced a program for "group homes" for retarded children, one of which will be located in Decatur.

The division announced as a long range goal the creation of a statewide chain of 300 small "group homes."

According to state mental health chief Dr. Addison Duval, 13 homes -- each to house eight youngsters under age 13 -- are scheduled to be operating by the end of 1972. These will be located in the headquarter cities of Georgia's existing health districts, including Decatur.

Dr. Duval said that approximately 60 homes will be activated each year until the anticipated 300 homes -- housing approximately 2,400 mentally retarded residents -- are in full operation.

Dr. Tom McConnell, a psychologist and the coordinator of community mental retardation programs for the State Human Resources agency, says that the activation of the network of group homes "Will gradually reduce the waiting list for admission to state hospitals."

In time, the psychologist explains, "The waiting list, which currently totals some 2,800 names, probably will be completely eliminated." Dr. McConnell added that another state program currently working to set up day training centers for the retarded will supplement the group home effort in providing close-to-home care.

Dr. McConnell stated that admission to the community-based homes, as they are activated, will be made by choosing four residents from the community or health district where the home is located and four hospital residents who are considered eligible for release from a state facility. "The local residents selected would most likely be from the current waiting list, with the approval of the child's parents," said the state official.

Funding for the initial phase of the group home effort will come from state mental health appropriations; these funds are expected to be augmented by a U.S. Developmental Disabilities Act grant. The proposal application estimates a "start-up cost" of $16,500 for each home as it is activated; living expenses are anticipated to be $3,700 per year for each group home resident.

A "group home" according to the Department of Human Resources program proposal, is defined as "a small homelike, residential facility located in a community, and housing from 8 to 12 retarded children and adults on a permanent or semi-permanent basis."

Dr. McConnell indicated that the beginning phase of the project would include selection of a suitable rental property in each city, screening applications for the employment of house parents - "preferably a married couple who will live in an apartment in the house" - and the selection of equipment and supplies for daily living when the residents arrive.

According to Dr. McConnell, the most important aspect of a successful group home program will be the personalities and attitudes of the house parents. The psychologist stated that the parents would move into the residences "some two to three weeks before the children arrive, to be sure things go smoothly."

He explained that "neighborhood and community cooperation are needed to make this badly-needed program work."

The plan states, "Group homes will be established only in communities which have appropriate training, work activity or educational services for the retarded residents in the home."

It is anticipated that the residents will spend most of their time involved in community rehabilitation, learning and recreational activities, returning to the home at night. Mental health authorities feel that life in group homes will more nearly duplicate normal living patterns than is possible in hospital settings.

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EDITORIAL IN THE DEKALB NEW ERA AND NORTH DEKALB RECORD - June 1, 1972

The Mental Health Division of the State Department of Human Resources has announced as a long range goal a statewide chain of 300 small "group homes" for retarded children -- a long time dream of parents and friends of the retarded.

One of the first such homes, according to a statement from that department, will be located in Decatur. It is scheduled to be operating by the end of 1972.

According to Dr. Addison Duval, acting state mental health chief, each home will house eight youngsters under 13. Thirteen such centers would be established through the state this year with approximately 60 activated each year until the anticipated 300 homes -- housing approximately 2,400 mentally retarded residents -- are in full operation.

The homes, according to the state mental health officials, have two purposes: they will reduce the waiting list for admission to state hospitals and will more "nearly duplicate normal living patterns than is possible in hospital settings." Another advantage, of course, is providing help, care and training to youngsters in a location closer to their homes and families.

The group home has long been a goal of the Atlanta Association for Retarded Children. The success of the plan will depend, say officials, on the personalities and attitudes of the house parents.

And they add, neighborhood and community cooperation are needed to make the program work. There is little question that the state will find both in DeKalb, a community which has worked hard in the area of special children. The facilities are here; the people who can make it work are here.

We're very pleased to see the state take this action which will mean much to our retarded youngsters, and to their families.