

MOTION NO. 2385

1  
2 A MOTION approving the 1976 King County Plan  
3 for Mental Retardation/Developmental  
4 Disabilities Services and authorizing the  
5 County Executive to transmit the plan to the  
6 State of Washington, Department of Social and  
7 Health Services.

8 WHEREAS, the State of Washington declares in RCW 71.20 that  
9 it is state policy to cooperate with communities to encourage the  
10 establishment and development of services to the mentally  
11 retarded through locally administered and locally controlled  
12 programs, and

13 WHEREAS, state law authorizes the appointment of a community  
14 board to plan services for the mentally retarded and other  
15 developmentally disabled, to provide directly or indirectly a  
16 continuum of care to such persons, and to coordinate all services  
17 to such persons within the county or counties served by the  
18 board, and

19 WHEREAS, King County by Ordinance No. 1846 created the King  
20 County Mental Retardation Board with duties, services and powers  
21 as established by state law, and

22 WHEREAS, state law authorizes a county levy to be used for  
23 federal matching funds purposes, and

24 WHEREAS, state law requires that application for state funds  
25 shall be made by the community board with the approval of the  
26 County Council or on behalf of the community board.

27 NOW THEREFORE, BE IT MOVED by the Council of King County:

28 1. The 1976 King County Plan for Mental Retardation/  
29 Development Disabilities Services as recommended by the King  
30 County Mental Retardation Board is hereby approved by the Council  
31 of King County provided that the plan is amended on page 17 to  
32 add the following new section:

33 F. Legislative Coordination

It is essential that, in all discussions with state and  
federal officials, King County present a unified  
position. This posture can best be achieved if the  
Board coordinates its efforts through the county

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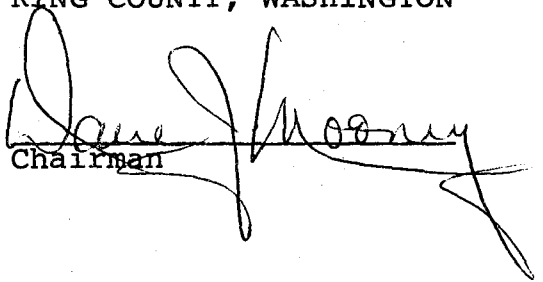
council's legislative coordinator. The Board recognizes that the county council is the final policy-making authority for the county. At the same time, the county council recognizes that the Board has an expertise in mental retardation acquired through years of diligent efforts in the field. The first priority of the council's legislative coordinator should be to point out and attempt to reconcile any divergent views that might arise between the two bodies.

2. The County Executive is hereby authorized and directed to transmit the 1976 King County Plan for Mental Retardation/development Disabilities Services to the Department of Social and Health Services for consideration and approval.


3. The 1977 King County Plan for Mental Retardation/Developmental Disabilities Services shall contain a definitive list of funding criteria and shall explain how each agency recommended for funding met those criteria. Such criteria shall be in priority order and shall reflect goals and policies defined in the plan.

PASSED this 29th day of March, 1976.

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

  
Chairman

ATTEST:

  
Clerk of the Council

1976 MR/DD PROGRAM ADOPTED BUDGET  
VS.  
REVISED BUDGET

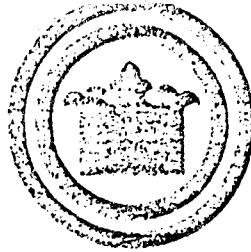
	<u>1976 MR Budget as Adopted</u>	<u>1976 MR Budget as Revised</u>	<u>\$ Change</u>	<u>% Change</u>
Childrens Orthopedic Hospital	24,000	22,000	(2,000)	(8.4)
Custom Industries	224,100	191,900	(32,200)	(14.4)
Industrial Skills	97,200	60,420	(36,780)	(37.8)
Inglewood School	41,200	28,820	(12,380)	(30.2)
King County Parks	12,000	-0-	(12,000)	(100.0)
WARC	78,800	85,374	6,574	8.4
Merrywood School	24,300	17,650	(6,650)	(27.5)
Northwest Center	414,500	428,400	13,900	3.4
SKCAC Industries	147,300	162,260	14,960	10.2
Spastic Children	50,000	41,800	(8,200)	(16.4)
The Childrens School	15,400	12,510	(2,890)	(18.9)
United Cerebral Palsy	264,600	273,960	9,360	3.5
Wonderland Pre-School	9,700	11,700	2,000	20.8
Auburn Pre-School	21,000	10,950	(10,050)	(48.1)
Lighthouse for the Blind	28,800	16,720	(12,080)	(42.1)
Randolph Center	85,800	38,760	(42,040)	(54.9)
WISER	10,500	6,650	(3,850)	(37.0)
Vashon	15,300	21,570	6,270	41.3
CSH	10,500	55,440	44,940	432.1
Orion	16,150	-0-	(16,150)	(100.0)
Sunrise	<u>-0-</u>	<u>6,000</u>	<u>6,000</u>	<u>100</u>
	1,591,150	1,492,884	(98,266)	

For detail explanation of budget changes, refer to December 24, 1975 memo.

KING COUNTY'S ONE-YEAR PLAN  
for a  
CONTINUUM OF SERVICES  
for  
MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED CITIZENS

Prepared By  
King County Mental Retardation Administrative Board

September, 1975  
Revised January - 1976



August 19, 1975

The Honorable John D. Spellman  
King County Executive  
400 King County Courthouse  
Seattle, Washington 98104

Dear Mr. Spellman:

On May 1, 1975 I had the pleasure of transmitting a Five-Year Plan for a Continuum of Services for the Mentally Retarded and Developmentally Disabled Citizens of King County to you. As you will recall, the letter of transmittal spelled out the basic elements of the Planning Project process, citizen involvement, the Plan's development, and the King County Mental Retardation Administrative Board's position on service needs within the community. The Plan makes it very clear that the mentally retarded/developmentally disabled citizen has the same rights as other citizens; that there are needs being unmet and so forth. It also identifies those things which will assist in causing further development of already existing services within this County and further cause citizen awareness in the public and private sectors. In turn, the awareness of the citizenry and government officials could bring about necessary changes and improvements to get the job done.

In order that we might respond to your request for a One-Year 1976 Plan (as stated in your letter of January 16, 1975), and in order that continuity and clarity be maintained in keeping with the Five-Year Plan, items in your letter will be addressed by referencing pages in the Plan (Five-Year) that respond to the format and lead up to/are current with that item in the One-Year Plan. We have included documents/data pertinent to your request which were developed from the Planning Project Survey to determine the population and assess the needs of that population.

You will note that the budget information is addressed in two ways:

- A) Overall budgets which address needs for the Five-Year Plan and for a One-Year Plan; and,
- B) A budget based on known revenues but does not meet needs.

It is unfortunate that the "Allocation of Funds" section of the Plan for 1976 must be addressed in such a way. Further, that the Five-Year Plan will have these requirements. However, the funding base is, as it is.

The Honorable John D. Spellman  
Page Two  
August 19, 1975

Perhaps immediate and future planning and innovative thinking at the County government level may cause this to change for the better.

Your personal attention and continued open support of the work that has gone before, and will proceed through the years in behalf of mentally retarded and other developmentally disabled citizens of King County, is deeply appreciated.

Sincerely,

*Barbara Stever :bc*

Mrs. Thomas W. Stever, Chairperson  
King County Mental Retardation  
Administrative Board

BS:BH:bl

KING COUNTY MENTAL RETARDATION ADMINISTRATIVE BOARD

MEMBERS

Mrs. Barbara Stever, Chairperson  
Mrs. Janet Taggart, Chairperson - Educational Services Committee  
Mr. Phillip J. Fenner, Chairperson - Vocational Services Committee  
Mrs. Helen Armour, Chairperson - Recreation Services Committee  
Mrs. Estelle M. Jackson  
Mr. Harold Franklin  
Mrs. Willard Wright, Chairperson - Residential Services Committee  
Mrs. Cecile Lindquist  
Mr. Cecil V. Lowe  
Mrs. Suzanne Parks  
Mrs. Renee Nowak  
Ms. Jennifer R. Sarzillo

PROGRAM STAFF

Mr. Ralph J. Larson, Program Coordinator II  
Mr. Louis E. Sternberg, Program Coordinator I  
Mr. Don Sundbom, Work-Study Student  
Mrs. Helyn Champagne, Executive Secretary

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## 1976 ANNUAL PLAN

### MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

#### A. ASSESSMENT OF NEED

##### 1. Definition of the Problem

This 1976 Annual Plan for the King County Mental Retardation/Developmental Disabilities Program is a plan to obtain and continue the basic minimal services for Mentally Retarded/Developmentally Disabled citizens of King County. Mental retardation/developmental disabilities includes a wide variety of handicapping conditions including but not limited to: mental retardation (all degrees or levels: borderline, mild, moderate, severe, and profound), cerebral palsy, epilepsy, hydrocephalus, autism, Down's Syndrome (mongolism), phenylketonuria (PKU), brain damage and other inherited or developmental conditions which may require the same similar treatment. Mental retardation/developmental disabilities may occur in any type of family regardless of its background.

For this plan then, the problem of mental retardation/developmental disabilities is defined as any barrier to the securing for mentally retarded/developmentally disabled persons and/or their families of any of the basic services available to other members of society.

This definition correctly states that all citizens of King County who have one or more problems caused by handicap of mental retardation/developmental disability should have available to him/her each and every service he/she needs to live as normal a life as possible. On this point Wolf Wolfensberger indicates in his book, "The Principles of Normalization in Human Services": "Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are culturally normative as possible."<sup>2</sup>

The actions planned for 1976 are aimed at obtaining services for mentally retarded/developmentally disabled persons from generic (existing) agencies as well as providing specialized services, i.e., therapies, treatment, training, etc. where none are available.

##### 2. Frequency of Occurrence

Mental retardation/developmental disabilities is a national problem affecting a conservatively estimated three percent of the national population. Based on analysis of all local data, a two percent rate seems to be indicated for King County. While there are some 280 known reasons or causes that may affect an individual's developmental

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<sup>1</sup> Conley, Ronald W., The Economics of Mental Retardation; John Hopkins University Press, Baltimore, 1973.

<sup>2</sup> Wolfensberger, Wolf, The Principle of Normalization in Human Services, National Institute on Mental Retardation, Toronto, 1972, p. 27

process adversely, the problem of determining frequency of mental retardation/developmental disability is compounded in that nearly 50 percent of the total cases of mental retardation/developmental disability involve at least one other handicapping condition which in and of itself would constitute a developmental disability.<sup>3</sup> Further definition on the distribution can be found in Tables I and II.

PRELIMINARY HANDICAPPED ALLOTMENT  
INTERMEDIATE SCHOOL DISTRICT 110\*  
 1974 - 1975

TOTAL PREDICTED ENROLLMENT FOR I.S.D. 110 - 243,991

PREDICTED SPECIAL EDUCATION ENROLLMENT FOR I.S.D. 110

Secondary	4148	(45.66% of Special Ed. Enrollment)
Elementary	4717	(51.93% of Special Ed. Enrollment)
Pre-School	219	( 2.41% of Special Ed. Enrollment)
Total	9084	( 3.72% of Total I.S.D. 110 Enroll.)

PREDICTED ENROLLMENT OF MENTALLY RETARDED/DEVELOPMENTALLY DIS-  
 ABLED STUDENTS

Secondary	2025	(45.71%)	(48.82% of Secondary Spec. Ed.)
Elementary	2200	(49.66%)	(46.64% of Elementary Spec. Ed.)
Pre-School	206	( 4.65%)	(94.06% of Pre-School Spec. Ed.)
Total	4430	(100.00%)	(48.77% of Special Ed. Enrollment)

\*Data is taken from Form 1219 and excludes Bainbridge School District which is not in King County. Form 1219 lists 11 categories of handicaps for Special Education programs of which 9 can be considered as mental retardation or other developmental disabilities. The remaining two are not, by definition, developmental disabilities. The categories and number of students enrolled in each are listed below.

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

Multiply handicapped	685	7.51%
Sensory handicapped, blind	49	0.54%
Sensory Handicapped, hearing impaired	367	4.04%
Gross motor impaired	41	0.45%
Mental retardation, severe	102	1.12%
Neurological impairment	622	6.85%
Mental retardation, moderate	456	5.02%
Sensory handicapped, partially sighted	30	0.33%
Mental retardation, mild	2079	22.89%

OTHER CATEGORIES

Emotionally disturbed	2744	30.21%
Learning disabilities	1912	21.05%
<b>TOTAL</b>	<b>9084</b>	<b>100.00%</b>

TABLE I

SUMMARY OF POPULATION DISTRIBUTION STUDIES

CONLEY STUDY <sup>a</sup>

<u>Distribution of Mental Retardation</u>		<u>Age Distribution</u>	
Mild	88.2%	0-4	11.7%
Moderate	8.3%	5-19	32.9%
Severe	3.5%	20-64	48.6%
	100.00%	65+	6.8%
			100.0%

STEDMAN REPORT <sup>b</sup>

<u>Distribution of Mental Retardation At 2% Rate for Suburban Community</u>		<u>Age Distribution (2% Rate) (1965 Census, Age Group/Per- centage Population)</u>	
Mild	83.43%	0-6	10.68%
Moderate	13.30%	6-19	28.82%
Severe	3.27%	20-24	6.66%
	100.00%	25+	53.85%
			100.00%

KING COUNTY MENTAL RETARDATION BOARD PLANNING PROJECT  
Estimates of Distribution of Mental Retardation and other  
Developmental Disabilities in King County, Washington, 1975

<u>Distribution of MR/DD<sup>c</sup></u>		<u>Age Distribution (2% Rate)<sup>d</sup></u>	
Multiply handicapped	15.1%	0-5yrs.	1539pop. (6.4%)
Blind	1.2%	6-13	3680 (15.3%)
Partially Sighted	0.7%	14-18	2280 (9.6%)
Hearing Impaired	8.2%	19-24	2514 (10.6%)
Gross Motor Impaired	0.9%	25-34	4040 (16.9%)
Neurological Impairment	14.1%	35-44	3260 (13.5%)
MR, Severe	2.4%	45-54	2630 (10.9%)
MR, Moderate	10.2%	55-64	2770 (11.5%)
MR, Mild	46.9%	65+	1257 (5.2%)
	100.00%		24,000 100.0%

a. Taken from data presented in Chapter II, The Economics of Mental Retardation, Ronald W. Conley, 1973, pp. 6-49.

b. Stedman, Donald J., "The Hypothetical Community, A Template for Planning Mental Retardation Programs," Vanderbilt University Medical Ctr., publication date unknown.

c. Based on 1219 Report on Preliminary Allotments, 1974-75 School Year, obtained from Intermediate School Dist. 110, King County, Washington.

d. Based on 1970 Census Data, birth rates for 1970-74 from Vital Statistics Section, Seattle-King Co. Dept. of Public Health, and 2% rate of mental retardation estimated for King County.

TABLE II

### 3. High Risk Populations

As previously stated, mental retardation/developmental disabilities can occur in every type of family regardless of family background. However, in certain groups of families, the possibility of occurrence of mental retardation/developmental disabilities is slightly higher than average. Some of these groups are: children born to mothers who are beyond the age of 35 at time of birth, when the mother has had no prenatal care, when the mother and/or father are mentally retarded/developmentally disabled, when the mother has P.K.U., when the family is socially/economically deprived, etc. In many of these cases, timely intervention can significantly reduce the severity of the handicap, or eliminate it entirely.

### 4. Consequences for the Individual's Quality of Life

Through the provision of a wide range of services most residents of King County who are mentally retarded or otherwise developmentally disabled can and will be able to survive and be productive members of society. Without this wide range of services this special population cannot survive, cannot possibly compete and be productive and generally will cost the taxpayer many times more in both dollars and mental anguish than that cost incurred by providing it.<sup>4</sup> It has been and is the responsibility of Federal, State and local governments<sup>5</sup> to provide, within as practical means as possible, the wide range of services, facilities, training and education needed to insure that each mentally retarded/developmentally disabled citizen can develop to reach his/her maximum potential, enhance the social well-being of these individuals and to ensure that individual and civil rights are protected.

Within the continuum of services there exists individual program continuums that together make up the complete array of services which will allow and encourage each person to progress to his/her maximum capability, thus maximizing the "normalization" of each person. The end result for each individual cannot be accurately predicted in that what is "normal" for each person in society is different from every other person and, therefore, no generalizations can be made. The systems must remain flexible and capable of providing services that respond to individual needs.

What can be generalized, however, is that maximizing the person's ability to function in at least as restrictive environment as possible increases the dignity of the person and secondarily reduces the cost to society to support the person from public funds.

Additional benefits to society are contained in the Introduction to the Five Year Plan.

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<sup>4</sup> Conley, op cit.

<sup>5</sup> Current Federal and State statutes pertaining to this are PL 91-517, PL 93-383, S.B. 3351, RCW 71.20, H.B. 90 and Vocational Act of 1975.

## B. RESOURCE INVENTORY

King County at present is not without facilities for the training, education, residential care, etc., for the mentally retarded/developmentally disabled population. The following is a brief listing of what is available at present. It is the expansion and filling of gaps which is needed as well as the replacement of old, worn down and inappropriate facilities which must be addressed: (Description of modalities follows - See 2).

### 1. Facilities:

a) For Education: K-12. There are 22 school districts in King County and all have Special Education either within their own buildings or on contract with other districts. King County does not provide funding for the public school programs<sup>6</sup>, therefore, this inventory will not be discussed.

b) For Training: Infant and Pre-School. There are presently eight formal independent pre-schools in King County exclusively serving the mentally retarded/developmentally disabled child in the age group birth to five. There are two or three other pre-school programs in the County (Head Start, The Academy, etc.) that provide a service to the mildly disabled child as part of their ongoing pre-school program but essentially all of the mentally retarded/developmentally disabled children of this age group are recruited into either one of the eight independent programs or a publicly supported program.<sup>7</sup> Of the eight, two of the facilities are appropriate and adequate (C.O.H. and Spastic Children's Clinic and Pre-School). The remaining six are located in church basements and old houses. As a result of H.B. 90 (Education for All Act) the King County Mental Retardation Board has not addressed facility needs for this age group inasmuch as there has been considerable shifting of this service modality to public school supported programs. However, it may be anticipated that there will be a permanent need for at least the birth to three program and some facility improvements will be required. Present space (estimate) 15,000 square feet. Additional space needs: unknown. Renovation (estimate) unknown.

c) For After-School Activity Programs:

There are presently only three after school/activity programs in King County. These are located at Northwest Center (central), Inglewood (Kenmore) and Merrywood (Bellevue). All are in inappropriate and inadequate quarters. The King County Mental Retardation Board in its Five-Year Plan for a continuum of services has documented the need in this area as literally 100 percent unmet (page 25). Facilities must be built or acquired to the following extent: Present space (estimate) 3,700 square feet. Additional space needed (estimate) 6,000 square feet. Renovation (estimate) 3,000 square feet. Cost estimate @ \$25 equals \$225,000.

<sup>6</sup> No funding is provided through King County Mental Retardation Program for children of the age group 3 to 21.

<sup>7</sup> One school district as well as the CDMRC provide programs for

d) For Adult Developmental Programs:

There are presently seven adult developmental centers in King County. All are part of and work in conjunction with existing sheltered workshops programs. As documented in the King County Five-Year Plan (page 27), there is currently a waiting list to get into these programs and, as documented by the Region IV Referendum 29 (Washington Futures D.S.H.S. facilities, construction Bond issue) Planning Committee report published January, 1974, there is a need for considerable expansion and renovation. Most of the seven Developmental/Workshop Programs are housed in inadequate and inappropriate warehouses and industrial buildings, they are overburdened with clients, paying disproportionately high rents and are expected to take on more and more clients, as young people "graduate" from the public school programs and others are placed from the institutions.

Present space (estimate) 115,000: Additional space needs (estimate) 90,000. Renovation (estimate) 60,000. Cost (estimate) \$5,400,000.

e) For Residential Services:

Residential services are presently purchased primarily by D.S.H.S. However, as documented in the Five-Year Plan the need is great to both expand the existing group home concept<sup>8</sup> and develop other residential alternatives such as supervised apartment living, respite care, and residential treatment. The Region IV Referendum 29 Committee Report documented the needs for group homes as follows:

Present: 13 group homes. Additional needs: 32 group homes  
Cost (estimate) \$4,800,000.

2. Description of Modalities: These are:

- a) Almost all services purchased through the King County Mental Retardation Program are purchased on "units of service" and are described as "modalities" within the Five-Year Plan. Briefly, Planning and Coordination is discussed in detail on pages 46-54 of the Five-Year Plan. Planning and coordination of the mental retardation programs at the County level is mandated by S.B. 3351. It is described: "Coordinate all local services for the mentally retarded and other developmentally disabled and their families to insure the maximum utilization of all services available", to "make comprehensive plans for present and future development and reasonable progress toward development of mentally retarded and other developmentally disabled." Although planning and coordination has been legislatively mandated since 1967, this activity has

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<sup>8</sup> The State Bureau of Developmental Disabilities office has described a need for some 26 group homes in King County.

taken a back seat to the development and provision of direct services desperately needed in the community. Up to the preparation of the Five-Year Plan, which was funded on a grant from PL 91-517, planning has generally been short-term and incremental in nature and more loosely tied to yearly budgeting efforts than to planning. Units: none-1975, cost estimate (office - 2 staff and one secretary and fringe, travel, etc. - approximately \$71,000 1976 estimate \$72,745.

b) Information and Referral

Information and referral is discussed in detail on pages 58-64 of the Five-Year Plan. Information and referral is considered to have two major components; case finding and consumer information and referral. The provision of information and referral within the County plan for services is mandated by State Law (S.B. 3351). Generally, it may be said that information and referral simply means to provide (professionally) an appropriate and central information center where citizens can obtain information about mental retardation/developmental disability programs, services, etc., and where there may be expected an appropriate referral to same. Follow-up service is an integral component of all information and referral. Units: none. (Information and referral is funded on a contract via a block grant based on true cost. It has been on contract through King County Chapter - W.A.R.C.). 1975 costs \$56,827. 1976 estimate \$68,040.

c) Transportation

Transportation is discussed in detail on pages 65-71 of the Five-Year Plan. Transportation is a service that affects nearly all other services from residential to work to recreation. As with anyone else, transportation is a necessity, not just a privilege, for mentally retarded/developmentally disabled citizens. Lack of transportation prevents many mentally retarded/developmentally disabled individuals from participating in programs that they need. The policy of the King County Mental Retardation Board has been that where the mentally retarded/developmentally disabled person is unable to provide this for himself, through public or private means, it is incumbent upon the program managers to develop and provide the necessary transportation. In some cases, this means special busses with special equipment (hand rails, lifts, etc.) and in others, a van or station wagon. In all cases, the King County Mental Retardation Board endeavors to define the true cost and need, to exhaust other means of support and to work cooperative arrangements between agencies for maximum efficiency. Units: Round trips - present reimbursement \$1.50 per unit. True cost (average \$1.30 per unit). Present expenditure - 1975 \$37,089. Anticipated 1976 \$13,320 - for pre-school children and emergency one-time services only.

d) Vocational Services:

(Vocational Services is discussed on pages 72-81 of the Five-Year Plan). Vocational services include any training which leads to the development of increased vocational competence, no matter how severely disabled the individual might be or the level of skill competence. Within vocational services there is/should be a continuum of training opportunities including (in rough order of skill development):

1. adult development
2. pre-vocational training
3. vocational training in public schools
4. work evaluation
5. work adjustment training
6. sheltered employment (with various levels of skill development or competency or work activity)
7. on-the-job training
8. competitive employment

The public school pre-vocational and vocational programs are defined, monitored and evaluated by the Superintendent of Public Instruction. Work evaluation and the various levels of sheltered employment are defined, monitored and evaluated by the Department of Vocational Rehabilitation (in D.S.H.S.). The County funds, monitors and evaluates programs at seven adult developmental centers in nine separate locations in the County. Definitions of these programs are currently undergoing revamping and will be more completely developed in cooperation with D.S.H.S. Standards and guidelines, however, for the operation of these programs have now been formally adopted by the State and are published.<sup>9</sup> (Similar to standards and guidelines for sheltered workshops). Units: daily - cost per unit: approximately \$14; current rate \$9.50. Estimated 1975 expenditures: \$737,636. Estimated 1976 expenditures: \$1,202,850.

e) Recreational Services: (Recreational Services are discussed in detail on pages 82-93 of the Five-Year Plan).

Recreation is a right of the mentally retarded/developmentally disabled person as it is a right of all people. It provides the content of leisure living which is satisfying, meaningful and necessary for the purposeful fulfillment of life: mentally, physically, emotionally, socially, culturally and spiritually. It includes the leadership, service and facilities desirable to achieve such quality of life. The overall goal of the Mental Retardation Board is to secure provision of as diversified recreation services for all mentally retarded/developmentally disabled citizens of King County as are now provided for all other citizens. The philosophy behind this goal is:

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<sup>9</sup> In September, 1975 the Legislative Budget Committee of the Legislature accepted and adopted Standards & Guidelines for the operation of Adult Developmental Centers for Washington State.



- 1) Recreation is a basic human right
- 2) Recreation is as important as any other aspect in a person's life.
- 3) Mentally retarded/developmentally disabled citizens tend to have more free time than other citizens.
- 4) Mentally retarded/developmentally disabled citizens should be able to spend that free time in meaningful activity appropriate to their needs/capabilities.

An ideal list of specialized recreational services includes (but is not limited to) the following ten categories:

- |                     |                       |
|---------------------|-----------------------|
| 1. Arts and crafts  | 6. Socialization      |
| 2. Sports and games | 7. Literature         |
| 3. Music            | 8. Dance              |
| 4. Drama            | 9. Outdoor            |
| 5. Hobbies          | 10. Community Service |

Recreation services, as indicated in the Five-Year Plan, has two components, recreation programs and activity programs.

Recreation Program Units: not defined<sup>10</sup> (block funded to city/county parks and recreation programs). 1975 expenditure estimated \$11,870. 1976 estimated \$600. Activity Program - defined as ... "those programs designed, organized and implemented to meet specific needs of the enrolled participant during after-school hours, weekends and holidays, when and where no other appropriate or existing resource is available. Activities provided are not specifically vocationally, educational or recreational in nature but are a combination of these and sequential in design with specific carry-over values in each area as well as having heavy emphasis on daily living skills development and personal awareness." (page 92). Activity Program units: daily or hourly - costs 1975 expenditures estimated \$23,149; 1976 estimated \$43,474.

- f) Education Service (Educational services are discussed in detail on pages 94-101 of the Five-Year Plan).

Education is a key element in the continuum of services for the mentally retarded/developmentally disabled citizen. As discussed in the Five-Year Plan "The quality and availability of education services for the mentally retarded/developmentally disabled greatly determines the degree to which the person will be able to live independently." (page 94). Education is defined as that active process which involves the person in learning. We should note that with the "normal" person the acquisition of new knowledge (learning) is relatively simple and uncomplicated and may be considered "second nature to the species". However, with the mentally retarded/developmentally disabled citizen,

while it still is part of the human nature of person to learn, it can be said that it is a far more complicated task to teach and to educate than it is with the normal. Consequently the development of special education techniques within the public schools has progressed to a fine art of the past ten years. There has been much research<sup>11</sup> done to prove conclusively that: The mentally retarded person (1) can and does learn although at a slower pace than normal; (2) education is more expensive and time-consuming for the mentally retarded but pays off in the same and similar dividends as with the normal youngsters; (3) every citizen either mentally retarded or of normal or gifted intellect has a right to an appropriate education based on his needs.<sup>12</sup>

King County funds pre-school (birth to three) and aids in the development and coordination of all public school and post-school education programs in King County.<sup>12</sup> At this time the only funds being expended for education programs by the County are the Infant Stimulation/Developmental Pre-School (IS/DP) programs. These programs are defined in detail by the Association of Pre-Schools for Handicapped of King County (August, 1974). Essentially, they provide early (preferably just after birth) intervention and stimulation of the infant and toddler born mentally retarded/developmentally disabled to develop to the maximum the sensory, motor and pre-academic skills required for proper growth. They provide a close working relationship for the physician and family with appropriate feedback to them regarding progress. The program includes physical therapy and other prescriptive therapies as outlined by attending specialists.

IS/DP Unit: Hourly or daily. Present cost approximately \$24 per day. Present reimbursement rate \$9.50 per day. 1975 expenditure estimate \$92,671. 1976 expenditure estimate \$126,600.

g) Residential: (Pages 102 - 114 of the Five-Year Plan)

Residential services are any services providing live-in 24-hour per day arrangements. This includes a wide range of types of facilities already familiar to most persons. King County does not provide funding for residential programs at this time. All such funding has been through the D.S.H.S. The impact of the State's deinstitutionalization policy has been dramatic. There are 13 group homes in King County with 139 residents at present.

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<sup>11</sup> Robinson & Robinson, "Teaching Mentally Retarded", 1965. American Journal of Mental Deficiency 1965 - 1975.

<sup>12</sup> H.B. 90 Education for All Act, requires public schools to provide an appropriate education program for common school age youth. Therefore, King County does not fund programs for age group 3-21.

As indicated earlier, the State Bureau of Developmental Disabilities office has estimated a need for some 26 more group homes in King County and the Region IV Referendum 29 Committee has documented a need for construction running into the millions. The present funding through D.S.H.S., though recently improved from \$275 per month to \$325 per month effective January 1, 1976, per adult, is still woefully inadequate support for the program required within the group home. In addition, almost no alternative residential programming exists whatsoever, such as supervised apartment living, residential treatment, and respite care. This lack of range of services or gaps causes a slowdown in the rehabilitative process, thereby adding more expense to an already expensive program.

Present unit of service: Day. Present funding: None.  
Estimate 1976 need for respite and alternate living support: None.

h) Prevention Diagnosis and Evaluation: (Pages 115-118 of Five-Year Plan)

Prevention services are any services designed to ultimately prevent the birth of infants with a mental retardation/developmental disability handicap. This would include services such as genetic counseling, research, immunization, nutrition, family counseling, pre-natal care, pari-natal care, post-natal care and public information. Diagnosis and evaluation services include medical and psychological assessment, academic assessment, vocational assessment and social assessment.

Prevention, diagnosis, and evaluation services begin the continuum of services to the mentally retarded/developmentally disabled person. Early identification and intervention is crucial to: (1) the prevention of infants with mental retardation/developmental disabilities through genetic counseling; (2) the prevention of developmental disabilities in infants through medical, surgical treatment or by providing necessary additional stimulation for normal development; and (3) to reduce severity of non-preventable developmental disabilities by providing medical treatment and additional developmental stimulation.

King County provides prevention, diagnosis and evaluation services via a small contract with the Children's Orthopedic Hospital in Seattle. Much of the need for prevention, diagnosis, and evaluation goes unmet as a result of the lack of information regarding the mental retardation/developmental disability early development by physicians and the lack of health insurance funds to provide other than superficial medical needs. Actually the health care systems appear to have totally by-passed the mentally retarded/developmentally disabled population preferring to rely on early institutionalization when identification is made. It is well known, however, that it is economically and administratively more efficient to provide medical services to mental retardation/developmentally disabilities in the same setting and program as for the non-handicapped. Specialized programs for most health care needs of the mentally retarded/developmentally disabled are unnecessary.

Unit of service: Undefined as yet (by January, 1976 it is anticipated that a unit of diagnosis and evaluation will be defined: 1975 estimated expenditure - \$21,875; 1976 expenditure - \$22,000.

i) Systems Management: (Pages 121-123 of Five-Year Plan)

System management includes Case Services, program/client data systems and Individualized Evaluation and Progress Tracking System.

- 1) Case Services: The function of Case Services is to: "Provide a comprehensive community-based care service program, including information and referral, case management, supportive relationship and other important social service and counseling functions as required to service mental retardation/developmental disability persons. Case Services will function as the initial entry mechanism into the D.S.H.S. Developmental Disabilities System."<sup>13</sup> Case Services are not funded through the King County Mental Retardation Board but are solely supported through State staffing with Region IV (King County). It is anticipated that at full strength the State will have approximately 20 persons in Case Services Region IV serving the mental retardation/developmental disabilities population.
- 2) Program/Client Data Systems: To do a proper job of planning for the delivery of services, information on clients to be served, demand, costs, and program information must be available to the planner/administrator. With increased demands being made for services for mentally retarded/developmentally disabled people, many administrators of service programs are finding it increasingly difficult with their present information/data system to meet the program and budget planning tasks. As a result of the nature of developing services for the mentally retarded/developmentally disabled in a sequence of opportunities to insure life development, it has become increasingly desirable to be able to follow or track an individual's movement through various program components. Research has revealed that there are not at present any data systems that approach the data needs now being placed on program administrators from the local level, County, State, and Federal.

Both D.S.H.S., Public Assistance, and Social Security S.S.I. programs have data systems but neither are able to provide sufficient information for tracking clients. The King County Mental Retardation Board, in cooperation with its many contracting agencies, the Mental Health, Drug and Alcohol Boards and their contract agencies, developed a grant request in 1973 to the National Institute of Mental Health for the purpose of developing a County-wide demonstration project entitled, Consolidated Reporting System.

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<sup>13</sup> Ten-Year Plan, O.D.D., D.S.H.S. Washington State 1974. p. 15.

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This initial grant was followed by an 18-month implementation grant. The Consolidated Reporting System intended to consolidate multiple reporting demands placed on local agencies by funding sources and to feed back information to the local agency administrators to increase program planning, evaluation and budgeting capability. Upon completion of the implementation grant, project staff determined the system to be too costly to implement and terminated the contract. The Mental Retardation Board instead will participate in the Division of Human Services Management Information System by recommendation of \$7,000 for this project. The Board however, reserves the right to review the system in April and if it is determined the information provided from the system is not meeting the Board's expectations, then a Board recommendation would be made to the County Executive for terminating the use of mental retardation funds in support of the information system.

### 3) Individualized Evaluation and Progress Tracking System

Individualized Evaluation and Progress Tracking System is defined as any system of reporting which will provide for the tracking of progress of individual clients within the program. Historically there has been a major problem in the social service programs in that records kept in one agency relative to the progress of a client is totally unrelated to records kept in another. Often either there is no record kept at all or the progress records are so minimal in nature they hardly communicate to the reader what they should. Obviously, it is expensive and time consuming to record bits of information on client progress. It is even more expensive and time consuming to document the client's needs (specific behavior deficits, visual or sensory or motor deficits, etc.) in understandable simple terms and then to set up training objectives based on those needs (behavioral objectives, etc.) yet this, in essence, is what the County is purchasing when it purchases services that are training oriented. Up until now, there has been no real effort in King County to develop an Individualized Evaluation and Progress Tracking System. Generally there had to be: (1) a consensus of need by the agencies and County alike; (2) an available appropriate system to model; (3) training for staff in the agencies; and (4) additional funds to provide the agency for the extra work involved. Through the help of the planning effort undertaken in the past year, the training now available through Seattle University, as well as additional funding authorized by the Legislature for this biennium (following the passage of "Standards & Guidelines" mentioned earlier), King County now has the opportunity available to develop a single acceptable Individualized Evaluation and Progress Tracking System. There are approximately 40 systems currently in use in the nation. Three of these are the "Behavioral Performance Profile" (used by Mid-Nebraska Mental Retardation Services, Inc.), The Nebraska Client Progress System (used by Lancaster County Office of Mental Retardation) and the Individualized Data Base (developed and used by the U.C.L.A. Neuropsychiatric Institute at Pacific State Hospital, Pomona, California).

The King County Mental Retardation Board has included in its Five-Year Plan the implementation of a County-wide Individualized Evaluation and Progress Tracking System by December 31, 1979. A modest initial start-up cost is estimated at \$6,000 (for training). On-going costs are estimated at \$3.75 per year per individual client (based on the Nebraska Client Progress System costs as an example).

j) Legal Services: (Pages 134-138 of Five-Year Plan)

Legal services for the mentally retarded/developmentally disabled person are generally thought of as proper legal counsel and representation on an individual basis to insure protection of human and civil rights. Legal services as outlined here does not include legal services for the King County Mental Retardation Board and/or its staff. Generally, legal services for the mentally retarded/developmentally disabled are the same services which are available to the general public. The King County Mental Retardation Board policy has been that special attention must be given to the mentally retarded/developmentally disabled population because of the inherent differences and problems associated with mentally retarded/developmentally disabled. The Public Defender's Office, Legal Aid Services and private practitioners may not be alert to nor have been trained to work with individuals who may have a poor understanding of the laws of the community, poor communication skills, negligible knowledge of the criminal justice system, and virtually no comprehension of their own civil and human rights. In addition, immediate legal services are not usually available through established legal programs and the mentally retarded/developmentally disabled person may have to wait three to four weeks to receive help. Many mentally retarded/developmentally disabled persons do not know they are entitled to have legal counsel, consequently rarely receive individualized attention.

Legal services span and affect all services in the continuum. Types of legal problems for which services have been provided include credit discrimination, misdemeanors, criminal defense, discrimination in employment, marriage and family problems, guardianship, education, landlord/tenant relationships, and driver's license problems. Many mentally retarded/developmentally disabled persons are often exploited and have very little if no recourse of action. Legal services deals with these problems, helps in prevention of further legal problems and is an educational process for the mentally retarded/developmentally disabled citizen as well as attorney and judges involved.

It is the policy of the King County Mental Retardation Board to endorse the concept of "normalization" for the mentally retarded/developmentally disabled citizen and to assist these persons in entering the mainstream of society. It is also the Board's policy to help defend and protect the human and civil rights of these persons within the County.

Unit of service: Hour session. Present cost: Estimate \$17.50 per hour. 1975 funding estimated \$14,897; 1976 expenditure estimate \$16,000.

k) Citizen Advocacy: (Page 143-147 of the Five-Year Plan)

Citizen advocacy for the mentally retarded person is basically a one-to-one relationship between a capable volunteer (advocate) and a mentally retarded person (protege) in which the advocate defends the rights and interests of the protege and provides practical or emotional re-enforcement (or a combination of both) for the individual. All of this occurs within the framework of a structured system.<sup>14</sup>

Since 1969 there has been an increasing trend toward the deinstitutionalization of the mentally retarded/developmentally disabled person, the humanizing of environment and their integration in community living. Many of these efforts may be included under the current concept of "normalization". Normalization consists of a series of interrelated principles and programs which seek to integrate the mentally retarded/developmentally disabled person into the mainstream of society, enabling his/her lifestyle to be as close as possible to that of persons of similar sex and age in his culture.<sup>15</sup> Citizen advocacy is a means of making these efforts a reality.

All agencies in King County may be said to be "advocates" for their clients. Certainly it would be expected that workshops, group homes, developmental centers, residential facilities, etc. are advocates, yet these are not citizen advocate programs nor can they truly serve as advocates because it is possible for the goals of the agency to supercede the needs of the individual for whom it was established to provide service. The advocate must be a concerned, independent, competent citizen volunteer who is not attached to any professional role or direct service agency and is free to speak out in behalf of his/her mentally retarded/developmentally disabled friend, protege.

In January, 1975, the King County Chapter of Washington Association for Retarded Citizens was awarded a small technical assistance grant from the National Association for Retarded Citizens for setting up a Mentally Retarded/Developmentally Disabled Citizen Advocacy Program. King County Chapter - Washington Association for Retarded Citizens also received a Citizen Advocate Coordinator position, endorsed by the King County Mental Retardation Board, from C.E.T.A. and proposed to put the program into effect in March, 1975. At this time, there is a formal Citizen Advocacy Program developing at that agency.

The goal of the King County Mental Retardation Board is to continue to endorse the concept of existing and future Citizen Advocacy Programs and by December 31, 1975 formulate a joint committee of citizen advocacy providers (if others emerge) to ensure coordination of effort, eliminate duplication, and to assist in the planning process for future citizen advocacy programs, to promote

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<sup>14</sup> National Association for Retarded Citizens "Citizen Advocacy for Mentally Retarded Children", Book 1, 1974.

<sup>15</sup> Wolfensberger, Wolf. "Towards Citizen Advocacy for the Handicapped, Impaired and Disadvantaged" Nebraska Institute of Psychiatry, 1971

citizen advocacy programs among King County communities, and fund, where appropriate and possible, citizen advocacy programs beginning in January, 1976.

Unit of service: None defined as yet. Funding by King County for 1975: None. 1976 funding: None.

### C. PRIORITY SETTING

The King County Mental Retardation Board uses the following criteria when considering funding of program requests:

a) Criteria having major impact on funding decision (not in priority order):

- Concern is first for severely developmentally disabled.
- Concern is first for immediate crisis need.
- Consider if request is a direct service. Board policy is to recommend funding direct services first before indirect services.
- Consider status and availability of funds. Small project requests (other than mandated services) have a better chance of being recommended by Board for funding than larger requests due to the very limited discretionary monies available to the County. Board will recommend seed money and/or staff expertise to get a needed service started; then agency can take over.
- Consider if people other than developmentally disabled are served. By law, Board funds are categorical.
- Board is mandated by State (S.B. 3351) to: (a) carry out all planning and coordination of services for mentally retarded and developmentally disabled persons living in King County; and (b) to provide information and referral to the community.
- In addition, County is mandated to use the State and Federal dollars (appropriated to the County) for adult clients receiving vocational services and for pre-school age children receiving infant stimulation and pre-school programs. This accounts for the level of funding in these program categories (this refers to above).

b) Investigations of requests includes (not in order of priority):

- Determine other sources of funding and/or other agencies who can provide this service so funding will not come from County funds.
- Consider expertise of staff, financial soundness, appropriateness of agency, reputation and ability of agency to pick up costs of program after a reasonable period of time.



- Consider the "bare bones" essential staff, equipment, facility, etc., necessary to do the job.
- Determine whether the expenditure will do the most to benefit the largest number of people who have a specific unmet need.

c) Board philosophy

- Board policy is to not set up parallel or alternative systems but to use generic systems as much as possible.
- Board policy is to provide day training programs for every developmentally disabled person in King County.
- Board considers request in relation to whole system. Important that components support each other and therefore, allow system to exist in regard to a continuum.
- Board policy is to establish a complete continuum of services throughout King County. Board will give higher priority to a request for a service in a geographic area where there is no like service than to a request for a service in close proximity to a like service.
- Grant request is considered in regard to normalization philosophy.

As stated above, the Board considers direct services to be a higher priority than indirect services. However, some indirect services are mandated by law (S.B. 3351) and thus must be provided by the Board. These indirect services include information and referral, planning, coordination, and monitoring and evaluation.

The Board feels very strongly that all services are important and must be provided and, therefore, does not prioritize one service as more important than another. It feels it must, in other words, make its decisions based on the criteria as listed above.

D. ALLOCATION OF FUNDS

1. Procedures for Allocating Funds

As per the Washington Administrative Code, the King County Mental Retardation Program notifies agencies and the general public of the County's intent to develop a plan for utilization of Federal, State, and local funds to provide services to mentally retarded/developmentally disabled persons. Appropriate forms are mailed to all agencies/individuals interested in providing services. The Mental Retardation Board reviews/updates its policies that govern the funding of programs.

2. Requests

Each agency/individual completes an application form, provided by the Division of Human Services, which contains information on type of program, number of people to be served, number of days/months service

provided, staff component, annual budget for expenditures and revenues, etc. This information is reviewed by staff and distributed to the Board members who use the written information provided by the agencies and staff plus information gathered during agency budget interviews to arrive at decisions regarding funding.

### 3. Allocation of Funds

Most programs are funded on a fee-for-service basis. Recreation and information and referral services are the only current exceptions to the fee-for-service payment procedure. In some program areas, the fee is established by the Department of Social and Health Services on a statewide basis (i.e., developmental program at \$9.50 per day). This rate is paid to all counties and the Mental Retardation Board. For other programs (i.e., transportation, diagnosis and evaluation, legal) the Board can and does establish a rate based on actual cost to provide the service and on resources available.

In all cases, utilizing all information available, staff members are instructed to prepare a proposed budget that reflects:

- a) Agency approved program and budgets
- b) Fee-for-service levels for each program
- c) Average daily attendance
- d) Number of days and months program will operate

The Board then reviews the proposed budgets, discusses the premises on which the budget is based, modifies the budget where appropriate and adopts the proposed budget for the coming budget period.

### 4. Program Budget for 1976

The following table includes, by program area: actual expenditures for the first six months of 1975, contracted figures for the third quarter, projected fourth quarter expenditures based on anticipated approval of rate increase effective October 1, and proposed 1976 budget.

These figures reflect actual/proposed fee-for-service payments in each program area, except that the recreation budget reflects a level of program support, the information and referral budget reflects anticipated level of cost reimbursement for actual expenditures, and the Division support budget reflects anticipated costs to support Division core staff as well as Mental Retardation Section expenditures.

These figures do not exactly mirror those contained in the King County Five-Year Plan. This is due to:

- 1) Public school districts assuming the responsibility for pre-school children at more rapid rate than anticipated when the Five-Year Plan was prepared.
- 2) The necessity of preparing a budget based on known revenues vis-a-vis with a response to known/anticipated needs.

The Mental Retardation Board is continuing to negotiate with the D.S.H.S. for the opportunity to set rates at the local level. The Board passed the enabling motions to make these rate changes some time ago pending funds available.

Should such flexibility not become available to the Board and the statewide rate system remain in effect, the County's ability to fund programs beyond the program areas of infant stimulation, adult development and transportation would be jeopardized. Local discretionary use of the funds must be obtained if it is to be indeed a County administered program. No special provision has been made within the proposed budget to respond to the conditions of the Guardianship Bill (S.B. 2086) because at this time all indications point to limited fiscal impact in the area of Mental Retardation. The Board, in cooperation with the Foundation for the Handicapped and the Washington Association for Retarded Citizens, will monitor the implementation during the interim period to December 31, 1975 and make appropriate budgeting recommendations when data on actual experience is available.

#### 5. Anticipated Revenue

The budget in this One-Year Plan is based only on anticipated revenues based on historical information and 1975-1977 Biennium Budget for Community Based Developmental Disabilities Programs. Anticipated revenues are as follows:

MR State Planning	3,800
One-half County Dedicated Millage	204,196
Donations (United Way)	66,150
State/Federal Fee-for-Service	1,367,924
TOTAL:	\$1,642,070

The State/Federal figures is arrived at by utilizing 720 clients for 200 days per year at \$9.50 per day which allows for a slight increase in number of clients served and the rate increase reflected in the 1975-1977 Biennium Budget.

#### 6. Agency Budget Request

Table IV reflects the 1976 Proposed Agency Budget reflecting dollar allocations to agencies via program expenditure areas.

Table V reflects tentative administrative distribution of funds to agencies by anticipated fund source.

Both these above-mentioned tables are based on known revenues.

#### E. PERFORMANCE MONITORING

The Monitoring and Evaluation Unit, Local Program Section, Bureau of Developmental Disabilities, Department of Social and Health Services will evaluate the programs at least annually via site visits, comparing the agencies' performance against adopted standards and agencies in other counties. Copies of these evaluation reports will be made available to the Mental Retardation Board and the Division of Human Services.

Division staff work will be monitored through biweekly meetings and quarterly reports by measuring progress toward objectives as contained in the Section Work Plan. Each objective reflects a goal statement from the Five-Year Plan as they were to be accomplished in 1976.

TABLE III

PROPOSED PROGRAM BUDGET 1975-1976

Program Area	Actual Expend. 1-1-75/6-30-75	Contracted Expend. 7-1-75/9-30-75	Proposed Budget 10-1-75/12-31-75	1975 Total	Proposed Budget 1976
Pre-School Infant Stim.	\$27,015	\$21,031	\$44,625	\$92,671	\$126,600
Transportation	11,366	12,635	13,088	37,089	13,320
Adult Development	264,614	172,082	300,940	737,636	1,202,850
Activity	8,764	5,000	9,385	23,149	43,474
Diagnosis & Eval.				21,875	22,000
Information & Ref.	24,486	15,341	17,000	56,827	68,040
Recreation	37	75		11,870	600
Legal	7,897	3,500	3,500	14,897	16,000
Division of Human Services				95,000	128,630
Contingency					20,556
<b>TOTAL:</b>				<u>1,091,041</u>	<u>1,642,070</u>

ENCY	Clients Children ADA/Days @ \$9.50	Clients ADA/Days	Adults @	Activity	Recreation	Trans	I&R
Industries rial Skills ouse/Blind est Center W. A.C.	31,730		191,900 60,420 16,720 377,530 38,760 162,260 272,840 8,930	7,300		3,800	8,040
ood ood c lley land , 0-5 E.R. (VICTOR) C.	8,930 10,070 41,800 10,510 10,640 9,500 3,420		6,650 11,400	10,000 6,000	600	1,120 960 1,580 2,000 1,060 1,450 750 600	60,000
of Human Serv. se Vac. Home gency			55,440	6,000			
IL:	126,600		1,202,850	43,474	600	13,320	68,040

Revenue: County \$204,196  
Donations 66,150  
State P&C 3,800  
State/Fed. 1,367,924

TABLE IV