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"Operation Revenue: Orientation-Resource Notebook for Governmental Activities" [1976] [2]

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AID TO FAMILIES WITH DEPENDENT CHILDREN

Title IV of the Social Security Act - Aid to Families With Dependent Children (AFDC) - authorizes federal grants to the states for the purpose of encouraging the care of dependent children in their own homes or in the houses of relatives. Emphasis of the program is to help maintain and strengthen family life and to help such parents or relatives to attain or retain capability for the maximum self support and personal independence consistent with the maintenance of continuing parental care and protection.

Title IV (a) authorizes income maintenance payments to families with dependent children. Title IV (b) authorizes federal payments to the states for child welfare services. Child welfare services are those services which supplement or substitute for parental care and supervision with special attention to problems associated with neglect, abuse, exploitation, delinquency, homelessness, dependency, and working mothers. Both Title IV (a) and IV (b) require separate annual state plans outlining eligibility criteria, service scope, and administration.

Title IV (a) eligibility establishes automatic eligibility for such services as those administered under Title XIX (Medicaid) and XX (Social Services) of the Social Security Act.

Title IV (a) is administered federally by the Assistance Payments Administration, DHEW, Room 5110, HEW South Building, 330 C Street, S. W., Washington, D. C. 20201.

Administering Agency

Assistance Payments Administration
Room 5110, HEW South Building
330 C Street, S. W.
Washington, D. C. 20201

ANALYSIS

In-depth resource material

prepared for affiliates of

United Cerebral Palsy Associations, Inc.

Volume Five

Number Two

February 1976

THE HEADSTART PROGRAM MANDATE TO SERVICE CHILDREN WITH DISABILITIES: IMPACT ON AND ROLE OF UCPA AFFILIATES

Copies available from the
UCPA Governmental Activities Office

Prepared by:

Jodie Bender
UCPA Governmental Activities Student Intern
(Colgate University, New York)

ANALYSIS

In-depth resource material

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Volume Four

Number Four

May 1975

DEPARTMENT OF LABOR RESOURCES POTENTIALLY IMPACTING ON UCPA AFFILIATES

Copies Available From the
UCPA Governmental Activities Office

Prepared By:

Julie A. Fuller
Legislative Analyst
UCPA Governmental Activities Office

U.C.P.A. Governmental Activities Office Washington, D.C.

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Volume Four

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September 1975

DEPARTMENT OF AGRICULTURE RESOURCES POTENTIALLY IMPACTING ON UCPA AFFILIATES

Copies Available From the
UCPA Governmental Activities Office

Prepared By:

Julie A. Fuller
Legislative Analyst
UCPA Governmental Activities Office

COMPREHENSIVE HEALTH PLANNING

The "National Health Planning and Resources Development Act of 1974" (P.L. 93-641) amended the Comprehensive Health Planning program by authorizing a $1 billion three year program. The act establishes a nationwide system of Health Systems Agencies responsible for health planning and development, requires the issuance of national health planning policy guidelines by HEW, creates a National Council on Health Planning and Development, authorizes grants for state health planning and development, and provides for many additional activities in the regulatory, evaluation, and information areas.

(1) HSA's: Areas and Agencies

The entire nation is divided into health service areas to encourage effective planning and development of health services. The thrust of the program will be the establishment of a Health System Agency (HSA) in each of the health services areas. The HSA is responsible for preparing and implementing plans designed to improve the health of the residents of its health service area; to increase the accessibility, acceptability, continuity, and quality of health services in the area; to restrain increases in the cost of providing health services; and to prevent unnecessary duplication of health resources. HSA's are to receive substantial federal grant support to support their activities.

(2) State Level Efforts

Each state is to appoint a Statewide Health Coordinating Council (SHCC) to prepare the state Health Plan, review the budget and applications of the Health Systems Agencies, and advise the state agency on the performance of its functions. It will also review any State plan or application submitted to HEW for recipient of funds under allotments made to states for health programs.

Each state is also to designate a State Health Planning and Development Agency to be selected by the Governor. The state agency will conduct the health planning activities of the state and implement those parts of the state health plan and the plans of the Health Systems Agencies within the state which relate to the government of the state. The state agency is also to integrate the health plans of the Health Systems Agencies into a preliminary state health plan to be submitted to the Statewide Health Coordinating Council.

(3) Certificate of Need Program

Title XVI of P.L. 94-641 requires each state to enact a certificate of need program if they haven't already done so. This program is to certify and recertify every three years the need for services that are supported by federal government health programs. The program also is to review

any application, for permission by the Health Systems Agency, to build a "health facility." The HSA may turn down the building plan to avoid over building in an area already well-supplied with health facilities. What constitutes a "health facility" and control of federal "health" funds based on need will be crucial in the year to come.

(4) Recommended Action for UCPA Affiliates

The Consortium Concerned with the Developmentally Disabled, to which UCPA belongs, has been concerned for some time at the lack of attention given to the needs of disabled persons in federal health planning. In response, the CCDD has issued the following recommendations to its members:

"It is vital to have representation on both the Health Systems Agencies (HSA) and Statewide Health Coordinating Council (SHCC). Realizing that our staffs and active volunteers are already heavily commited in time and energy, and that there is not likely to be more than one spokesperson for the handicapped on any HSA or SHCC, we suggest the following procedure:

(1) Call a meeting of representatives of the active associations for the handicapped, professional and consumer, in your area of state to select someone whom you call all support for each HSA in your state and for your SHCC.

(2) Submit the names, with biographical date on each to your governor. In your letter of nomination, indicate the need for this type of representation on the governing and advisory bodies, and emphasize that the nominees have the backing of all the groups concerned. Include letters of support from your state legislators and other community leaders if possible.

(5) Administering Agency

Health Resources Planning Division
Health Resources Administration
Room 1127, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852

REVENUE SHARING

A variety of local community service agencies, including UCPA affiliates directly benefited from the General Revenue Sharing Program, officially the "State and Local Fiscal Assistance Act of 1972." The program's authorizing legislation, P.L. 95-512, expires on December 31, 1976. The Revenue Sharing program is a five year, $30.2 billion, program with federal revenue returned to state and local governments for locally determined allocation. The underlying assumption of the program is that local and state governments are more aware of and sensitive to their own needs and priorities than the federal government.

One third of a state's allotment goes to State government with the remainder distributed to local units of government. Governments receive funds based on their size, their needs, and their tax effort. States have very few restrictions on the use of Revenue Sharing programs; however, local governments must work within broad categories. Eight priority expenditure categories are permitted: social services, for the poor and the aged, public safety, environmental protection, recreation, transportation, libraries, and financial administration and health.

P.L. 92-512 neither requires nor prohibits citizen or community participation in the revenue sharing allocation process. In many areas, community groups, coalitions, individuals, and UCPA affiliates have made their needs known through public hearings or by the submission of project proposals. The efforts have often led to substantial funding of projects often passed over by both state and federal agencies.

Administering Agency

Office of Revenue Sharing
Department of the Treasury
2401 E Street, N. W.
Washington, D. C. 20226

WAGNER - O'DAY PROGRAM

The Wagner - O'Day program operates to increase employment opportunities for the blind and severely handicapped. First established in 1938, the Wagner - O'Day program gives preferential treatment in government contracting to products and services of sheltered workshops. Preferential treatment is provided by setting aside certain procurement requirements in federal contracting. In 1973, $30 million of government purchases were made to qualified workshops covering 150 different products and services.

There are currently over 2,000 workshops in operation today employing 90,000 handicapped workers. About one half are production workshops and about one half are work activity programs. Forty (40) UCPA affiliates operate either sheltered workshops or work activity programs; involving about 2,000 severely handicapped consumers. To date, only four (4) UCPA affiliates have submitted the required documentation for qualification under the program.

The Wagner - O'Day program is administered by the Committee for Purchases from the Blind and Other Severely Handicapped, Suite 610, 2009 Fourteenth Street, Arlington, Virginia 22201. Because of the very slow growth in developing contracts for workshops serving the severely handicapped, UCPA and six other national agencies have established the National Industries for the Severely Handicapped, 4350 East-West Highway, Suite 204, Washington, D. C. 20014. It is expected that NISH will assist member affiliates in obtaining government contracts for workshops through the Wagner - O'Day program.

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health (NIH) investigates life process, advances the capability for the diagnosis, treatment, and prevention of disease, and strengthens research and communications resources. NIH operates eleven research institutes, two program divisions, and the National Library of Medicine. Two NIH institutes are of immediate importance to those working in the field of developmental disabilities.

(1) NICHD

The National Institute of Child Health and Human Development (NICHD) conducts research in the areas of population, reproduction, and child health. The institute conducts studies with the incidence, distribution, and control of health problems in certain populations. It collects and analyzes program statistics and executes statistical studies. The child health program encompasses research on the segment of the life span beginning with the moment of conception and extending through adulthood. Research field include the health of the mother, the effect of her health on the child before and after birth, and the survival of the child and the adjustments to the new extrauterine environment. The focus then shifts to the study of factors relating to the kind of adult the infant, child, and adolescent will become. Special activities are conducted in the area of mental retardation and developmental disabilities.

Address: National Institutes of Child Health
and Human Development
Room 2A-03 - NIH (31)
9000 Rockville Pike
Bethesda, Maryland 20014

(2) NINCDS

The National Institute of Neurological and Communicable Disorders and Stroke (NINCDS) conducts research in the areas of communicative disorders, neurological disorders, stroke and nervous system trauma, and fundamental neurosciences. Research on improving and diagnosis, treatment, and prevention of diseases and disorders which affect the ear, hearing, and language and speech is supported through extramural research and training grants, intramural laboratory research, and contract-supported collaborative, clinical and applied research. NINCDS research is also directed toward neurological diseases including epilepsy, brain tumor, muscular disorders, multiple sclerosis, neurological diseases of childhood, minimal brain dysfunction, neurological aspects of learning and behavior, slow virus infections of the central nervous system, and Parkinson's disease.

Address: National Institute of Neurological and
Communicable Disorders and Stroke
Room 4A-52 - NIH (31)
9000 Rockville Pike
Bethesda, Maryland 20014

ROLE OF STATE AGENCIES AND STATE PLANS

As stated in an earlier chapter, there has been a rather dramatic and significant shift on the federal level from centralization to decentralization of decision making. In other words the crucial decision making arena has shifted from the federal to the state level, pointing up the increased importance of the state agencies services.

For most federal programs a state plan is required detailing the goals and objectives and the programs planned to accomplish these. It will be necessary for the designated state agency which is administering the program to describe the quality, extent and scope of services being provided or to be provided to the target population in accordance with the legislation. It should also include legal, fiscal and administrative information regarding the program. This approach will indicate the range of each program in terms of actual or potential services available to the target populations through these generic service programs. It must be emphasized, however, that the applicability of such services depends in large measure on the manner in which the program has been defined and implemented in each state. It should be noted that some programs have quite specific "scope of service" content while others are extremely broad. Programs which permit states to engage in a broad service mandate do not always specify services in terms of a tightly defined definition of service content. This type of broad service mandate points up the necessity for states to analyze in detail the actual service arrangements and state policy choices which are found in the state plans and related agency agreements.

All of this points to the increased responsibility being placed upon the state agencies as they move rapidly into the decision making arena in the delivery of services to people financed by the federal dollar. There should be a concerted effort on the part of states to encourage and motivate state agencies to improve their channels of interagency communication, mixing and meshing, packaging, if you will, a variety of program dollars to ensure coordinated, comprehensive services to people.

The State Developmental Disabilities Councils described in an earlier chapter, should be playing the role of a catalyst in regard to bringing about better coordinated and more comprehensive services. At the same time state agencies, in their new role, should be looking more and more to the private sector and, in particular, to the consumer, for input into all levels of decision making which will have an effect upon their lifestyle.

UCPA affiliates should be aware of the fact that state plans are public documents and, as such, are available to the public. More and more legislation is including that public hearings be held on proposed state plans in order to have the public input into the state plan development (i.e. social services state plan - Title XX). UCPA affiliates should make themselves knowledgeable as to which program requires a state plan, the procedures for the development of the state plan and where the affliate can have the most effective input into the state plan.

ROLE OF UCPA STATE OFFICES

Not every state has a UCPA state office and in those states which do not, it will fall to the local affiliates to coordinate their efforts in some manner to achieve certain goals and objectives which have a statewide effect or influence. In this regard it might fall to one affiliate to take the lead in such an effort. Certainly a concerted, coordinated effort at defining state priorities is going to be much more meaningful and acceptable to state agencies.

The UCPA State Office, regardless of whether it is delivering direct services or not, should have as one of its major responsibilities, activity in the legislative arena and a monitoring role with the state public agencies administering programs which touch upon people with cerebral palsy or other developmental disabilities. It should be working closely with its sister agencies in a coalition effort to achieve its legislative and programmatic objectives. Each UCPA office or state coalition should determine the needs of the handicapped population in the state and then, with significant input from the consumers, determine the priorities for legislative activity and the priorities for service delivery.

One possible method of achieving this is the appointment of a state wide Governmental Activities Committee or Task Force representing all the affiliates in the state and with representation from the non-affiliated areas. Such a task force could survey the needs and determine priorities based upon those needs. Such a committee or task force, hopefully composed of representatives from many voluntary health and consumer groups could assist the state developmental disabilities councils in their role of monitoring the delivery of services to see that there is not a duplication of services or wide gaps in services, but rather that public and private programs are complimenting one another in an effort to provide the much needed comprehensive services so essential for bringing into being a positive, productive life style for developmentally disabled people.

INTERAGENCY COLLABORATION

We would like to raise some pertinent questions regarding interagency collaboration, and to suggest some possible directions in which answers to these questions might be found, in order that this might stimulate thinking. It is one thing to say that interagency collaboration is a good thing, but we must follow that with the hard question, how specifically can we collaborate in services to meet the needs of people? We might want to look realistically at each agency in the community and ask what can one agency do better than the other?

Who are we serving? Are they the same people? Does it make any difference if there is overlapping of services between agencies? We need to remind ourselves constantly that the major focus in our agencies is on services to people. When we get side-tracked from that mission by territorial hangups, the needs of the client take a back seat and are neglected.

Is it possible to blend or converge our lines of responsibility?

How are we going to solve the ever present communications problem so that appropriate cases get to the appropriate agency? We all must recognize the extreme importance of a free flowing exchange of information between agencies. As an example, we might consider the possibility of an interagency record keeping system, which would enhance the free flow of information.

AGENCY IDENTIFICATION

Before agencies can collaborate, perhaps they each need to have a clear identity and understanding of their purpose. How did each agency come into existence? To serve what kinds of needs? Under what legal or societal sanctions must each operate? Certain covert assumptions in reference to one's mission must be made very clear to all concerned, both to staff and to clients. All too often, we refer clients to another agency not knowing what that agency does, or what that agency's name means to the patient. When Mrs. John Doe picks up the phone book to call for help with a problem, how does she decide which agency to call? Does she decide on the basis of what she really knows about the helping agencies. Or does she rely on intuitive feelings, perhaps choosing the agency with the least threat implied in the name? Or does she act on misinformation regarding agency function?

A determined effort must be made to delineate the similarities, differences, and overlapping functions with clarification of areas of function, competency and effectiveness taking place in the process. It is essential that all agencies take a look at the comparative aspects of their programs. What is the orientation of each? The focus? The major thrust?

United Cerebral Palsy affiliates are changing and broadening. They are beginning to open their doors and their eyes and through their developing relationships with other agencies, have become more aware of the need for a total community approach, if you will, an environmental approach, in the delivery of services to people. So it seems to me that more than any agency realizes we have been moving closer together in the way we view our mission.

STAFFING PATTERNS

In the matter of staffing patterns, are there sufficient and feasible ways for staff functions and roles to become more interlocking, thus enabling us to provide continuity of care from a family-focused approach? How can we go about setting up mechanisms for sharing and utilizing each other's expertise? United Cerebral Palsy affiliates, for example, have had extensive experience in day care programs. Can we work together in a joint effort in the further development of day-care services in communities throughout the state, an area in which other agency programs are vitally interested? It seems to me that United Cerebral Palsy, in turn, should be able to look to other community agencies for backup consultation and support in providing services for clients whom they may now be referring. How can we jointly utilize the staffs in the development of homemaker or home health services and other caretaker groups, another area of United Cerebral Palsy experience and expertise, which we share with Family Service and Public Health agencies.

How can we pool our creative know-how in developing new approaches to reaching the lower socio-economic group, where so many problems exist that need the kind of help that we can, and want to offer?

Some means of organizational blending suggest themselves. What is the possibility, for example, of establishing joint or interlocking advisory boards for two or more operations? There is already some precedent for this, since in some places there have already been established joint staff meetings and individual conferences, as well as case centered consultation conferences.

SHARED FUNDING

Is there a possibility of shared funding? In that regard, we would urge all agencies to become more knowledgeable of Federal and state legislation and programs. What are the inclinations of United Cerebral Palsy affiliates in response to governmental funding? There are many benefits, of course, which come with such funding, but they are also accompanied by governmental regulations and guidelines, which go along with receiving tax funds. These alternatives must be faced and certain policy decisions made in the full light of their implications for the agency.

What segments of the programs and facilities of several agencies can be offered and utilized? Several possibilities come to mind. First, could the use of homemaker or home health services be considered in the after-care of recovering mental patients who have returned to the community? They already provide assistance to families of severely retarded or cerebral palsy children while awaiting their placement in an appropriate residential facility or the development of community programs. What about assistance to the family of the geriatric patient? All of this could be a collaborative effort.

What different types of programs are used in the community agencies? What mechanisms might we develop, whereby we can learn from one another and share our experience in the use of these various program approaches? Consultation must be appraoched with the full recognition that it is a two-way street. Both agencies teach and both learn. On this basis, can community agencies offer agency consultations, as well as case consultations, and would each be willing to engage in this activity?

TRAINING

In the matter of training, can interagency, in-service training programs be a feasible channel for collaboration? Staff members with similar types of job assignments may very well participate jointly in an in-service training program which would enhance skills and techniques in all. What would be the possibility of utilizing senior staff from a number of community agencies to develop a community-centered training program to serve the entire community? How much can we do in the training of volunteers? Our agencies utilize volunteers. Do our agencies train them about the services and functions of other agencies, or do we just inform them about our own? It must be remembered that volunteers are, perhaps, a major vehicle in interpreting our agencies' roles and functions to the community at large. It is important that they be fully knowledgeable in order to correctly convey the message to the people.

CONCLUSION

Basic to interagency collaboration, no matter what the nature of the agencies, is the need to develop and foster good will, understanding and respect for each other. This respect must encompass the dignity of agencies and persons who staff the agencies. Agency leadership should examine, study and understand the alternatives in services, before establishing policies as to what services to provide. Choices and decisions are to be expected and should be respected. An agency's choice to provide a given cluster of services may not always be exactly complementary to the other agency's services, but the decision should be respected and understandings reached, making it possible for all to coexist in as much harmony as possible.

CONTRACTS, THIRD PARTY PAYMENTS & GRANTS

"THE NAME OF THE GAME"

The future of developing grant proposals to be submitted for Federal Government funding continues to be in doubt. Selected demonstration grants will still be made by the Federal sector but ongoing Federal projects and operational grants supporting services are being terminated.

One of the reasons for this termination is the failure of the seed grant concept. It is a concept whereby the Federal government supplies a grant to an agency to initiate the start-up of a program. The Federal sector expects the grantee to find operational support when the initiation stage terminates. What the practical result has been is that the inability of grant writers and agencies receiving the grant to go into community organization and agency development work which would allow the project to be picked up by various community and government ongoing funding programs has placed a tremendous amount of pressure upon the Federal government to continue operational support of these programs

The Funding Trend Under the Nixon Administration

The Federal trend being developed today is in three directions--one, third party payments and individual reimbursement, two, bloc grants to states on a non-categorical basis to be used in place of specialized services now provided under categorical programs, and three, contracts.

The Alcohol, Drug and Mental Health Administration (ADMHA) within HEW is presently switching from a direct project grant support system to a system of client expense reimbursement support. Emphasis is placed upon coordination of Social Security payment mechanisms, especially Medicare and Medicaid. The client is given the support. He may then purchase the service from a service provider. Sometimes payment will be on a third party basis; sometimes payment will be made to the client on a reimbursement basis.

GUIDELINES FOR UCP AFFILIATES APPLYING FOR GRANTS OR ENTERING INTO PURCHASE-OF-SERVICE CONTRACTS

INTRODUCTION

An increasing proportion of financial support to UCP affiliates is coming from public tax monies through federal, state and local governmental agencies in the form of grants, purchase-of-service contracts and other third party resources.

Many affiliates are not aware of the prevailing option that in preparing budgets for grants and contracts, provision can be made for purchase of expert consultation services related to the purposes of the grants or contracts. Affiliates are urged to exercise this option. These consultation services are available from a wide variety of sources including National, State and Local affiliate staff who in most instances are equipped to provide expert consultation to affiliates as they develop grant proposals, contracts and third party payment arrangements.

Taking advantage of this opportunity can work to the benefit of both affiliates and National. Consultation services of National staff which can be paid for by third party funds will free National resources for other uses and assure affiliates of expert advice and counsel in carrying out programs supported by DDA, revenue sharing, vocational rehabilitation, elementary and secondary school education, HUD and other federal-state-local governmental agency funding.

Since these public tax monies are primarily for the support of new programs and new services, the UCPA Executive Committee approved the policy that National staff consultation in relation to these new monies should be considered as over and above the customary consultation services National makes available to affiliates without charge. Based upon this, National has established the present minimum consultation fee schedule of $100 per day, plus travel and maintenance for consultation related to tax supported programs. The same principle should be applied with respect to consultation services available from state and local affiliates when applicable.

In any grant application or contract affiliates should be certain that provision is made for adequate funding for the services being furnished, proper performance and protection of the affiliate and the clients being served, and for a continuum of services upon termination of third party funding. The following guidelines are intended to assist affiliates in accomplishing the foregoing. Underlying all of this of course, is the need for affiliates entering into third party funding to consider their total structure and the long range ramification of such funding, particularly concern for continuance of the program being funded.

Bloc grants to states as exemplified by the Revenue Sharing Program was one of the Nixon Administration's pride and joy. The states will give out some grants to agencies to provide services but the name of the new game will be contractmanship. Private agencies will contract with state and local governments to receive financial support of services they provide.

There is no doubt in our mind that the new bandwagon is contracting. It seems to us that organizations like UCPA are in an excellent position to move in and either contract for or provide through contracts the services that are needed. We think that government is realizing, finally, that it can't do it alone, and that in many instances, the private, non-profit agency can provide an equivalent or better service, and often at a lower cost. By the same token we wonder if 10 or 15 years ago UCPA would have been ready for such a responsibility. We hope we are now. The fact that we do have the capability, to some degree, is due to the failure of government, on the state, federal and local levels to meet the needs of our target population.

The same techniques required of good grantsmanship will also be required of good contractsmanship. Emphasis, however, will be upon state officials for grant approval and Federal regional officials for policy and guideline instruction.

Third party payments are a form of purchase of service which may be accomplished through contracting among the parties. Various program monies are available through social services, medicaid, education, vocational rehabilitation and others. It is our feeling that it is here to stay. It has its good and bad point depending upon where one sits -- namely, agency contracting for services, agency providing services or individual receiving services. It is the latter in our book that counts. Reimbursement of third party payments is often slow but we think agencies must be prepared for this. It's a part of bureaucracy. If agencies adequately prepare themselves, the delay in payments will not seriously affect their programs which is the essential point.

Grant and Contract Preparation

A number of basic activities should be undertaken before considering the preparation of a grant or contract proposal. They include:

(1) Need - What program activities and services, that private funding sources cannot support, are needed?

(2) Survey - A number of basic questions need to be researched before approaching public officials:

(a) Are there programs already in existence that could provide services to your clientele?

(b) Are there other private agencies wishing to establish similar activities and services? If so, are cooperative private funding of such services possible?

(c) What public programs are available to support such services and activities? Information should be gathered from the UCPA Washington office, UCPA District office, the offices of public inquiry of selected public agencies, city and county elected officials, your U. S. Congressman and other private agency representatives.

What is essential in preparation is good homework.

(3) Once the Public Program Has Been Found - If the survey discovers a public program that potentially could fund your service and activity, contact with the public official responsible for monitoring the program must be made.

(a) Make an appointment with the official to explain in general, the program, its need, and the necessity of gaining public funding. Give the official a brief outline reviewing the proposal.

Proposal development should be made with the knowledge and/or advice of the UCPA District Program Representative.

Grant and Contract Presentation and Support

Draft a formal proposal outline and forward it to the public official who has been briefed earlier on the proposal. Once the proposal outline is written, it can be adopted to grant application forms when a public agency recommends the feasibility of submitting the outline in application form. The outline must include the following items:

(1) What is the Need?

Title and brief description of what it is you wish to do. Need expressed as a goal.

(2) Why? (Background)

Why is the program, service, etc., needed?
How do you know this? Facts, figures, state plans, surveys, etc.?

(3) What are the Objectives?

Start with the word "to" followed by an action verb. Specify the single key result to be accomplished.

(4) How? (Activities)

How do you plan to achieve what the objectives are? List activities to carry out these objectives.

(5) For Whom?

Who are you going to serve?

(6) By Whom? (Staffing)

Who is going to do the work?

(7) Evaluation

Steps to be used in evaluation to see that you do what you said you were going to do.

(8) When?

How long is this project going to take you?

(9) How Much?

A condensed estimated budget.

(10) Who Pays from Here?

What is the future source of funding this project, if needed?

Write the local elected officials and the United States Representative of the area explaining the proposal and enclose a copy of the formal outline that was prepared.

When the formal outline has been approved, prepare the grant application. Deliver the application in person. Maintain a close personal relationship with the public official responsible for approving the grant. Key staff who will be assisting in the administration of the program should accompany the project writer. Encourage questions from the official. Answer as professionally and as in-depth as possible.

Grant and Contract Follow-Up

To continue receiving public funding for the activity and service approved and to maintain a reputation for professionalism and excellence, follow-up activities are essential.

Public officials who approved the grant/contract must be continually assured that cost effectiveness and quality services are maintained.

State Grants - Need for UCPA Involvement

Although much of the UCPA affiliate relationship with the state will be in the area of contractsmanship, especially in the provision of educational and rehabilitational services, states remain primary donors of grants to private agencies.

It should be noted that states may purchase services from non-profit or proprietary private agencies or organizations which are authorized in the state plan. Federal financial participation is available at the 75% rate for purchase of service under the state plan provided the rates "do not exceed the amounts reasonable and necessary to assure quality of service."

Private funds may be donated to be considered as the state's share in claiming Federal reimburesement provided that:

(1) The funds are under complete administrative controls; and
(2) the funds are donated on an unrestricted basis.
(3) RESTRICTIONS: Donated funds may not revert to the donor's facility or use nor may they be earmarked for any individuals, organization or members of such organization. *

Of particular interest to UCPA affiliates is the Developmental Disabilities Program. The DDA Program has clearly demonstrated that broad gaps exist in the delivery of services to the developmentally disabled. Some of these services are in existence, authorized under other Federal-State programs, but denied to the developmentally disabled because of their severity and multiplicty of handicapped. Other needed services are non-existent -- especially in the adult area.

Another important area is that of Revenue Sharing. We already have General Revenue Sharing, and now, just recently, a Manpower and Training Revenue Sharing Act. In Committee in Washington are Education and Social Service Revenue Sharing bills. Option papers are out all over the place at HEW. Our affiliates must become more knowledgeable of these resources and to learn how best to access these funds.

*(a) Funds available for matching. Funds donated from private sources for services or administrative functions may be considered as State funds in claiming FFP only where such funds are:

(1) Transferred to the State or local agency and under its administrative control;

(2) Donated to the State, without restrictions as to use, other than restrictions as to the services, administration or training with respect to which the funds are to be used imposed by a donor who is not a sponsor or operator of a program to provide some services, or the geographic area in which the services with respect to which the contribution is used are to provided; and

(3) Not used to purchase services from the donor unless the donor is a nonprofit organization or an Indian tribe, and it is an independent decision of the State agency to purchase services from the donor.

After you've thought about the possiblity of a grant for awhile, keep a list of questions and go back to the person whom you've talked to. Grantsmanship isn't usually as complicated as it seems, but it isn't simple either. Sometimes the applications or instructions aren't clear. When in doubt - ask!

OTHER ALTERNATIVES

If it's impossible for you to survey your agency and community, you may wish to:

1. Do a joint survey with other developmentally disabled agencies such as Epilepsy and the Association for Retarded Citizens. This would be particularly helpful if you're going for D.D. A. grants.

2. See if there is a local coordinating agency such as a Social Planning Agency that does, or had done community surveys. They may have much of the information you need.

3. Ask United Cerebral Palsy Association to do a program survey.

4. Write a proposal for a grant to hire a professional program planner.

Many proposals have been rejected because the agency applying for a grant hadn't done all of the essential ground work. It's not only important for the writing of a proposal which almost always needs background material, justification of need, and lack of services in the community, but also in the verbal presentation when you could be asked many, many questions about other agencies such as, "What are they doing?" - or the embarrassing question, "Don't you know that agency X down the street from you has just been funded for that program and will take all of your clients?"

HOW TO WRITE PROPOSALS FOR GRANTS *

Part I. "DO YOUR HOMEWORK"

Grants are given for needs, numbers of people benefiting from program, and for innovative programs. They are rarely given to carry on existing programs, to duplicate services available in a community or to serve a small population. To be successful in grantsmanship, four preliminaries are essential:

KNOW YOUR AGENCY
KNOW YOUR COMMUNITY
KNOW YOUR CLIENTELE
KNOW YOUR GRANT FUNDING SOURCES

That sounds easy, but they may be things that you are not doing because of other commitments or because you are unaware of their importance. Long before you write a grant, certain groundwork must be laid if you are going to be successful. It's the background material that determines needs, numbers and newness of program.

KNOW YOUR AGENCY

You know your present program thoroughly, I'm sure. But, what can your agency handle if there's a major change in your community? To give an example, perhaps you have only pre-school programs. The Board of Education decides that under mandatory education all handicapped children from birth to 21 will be enrolled in public school classes. How does that affect your agency? What new programs can you handle? There are many good model programs in existence. Which would be suitable for your agency? Maybe you haven't served adults, but now wish to. You may feel that a sheltered workshop is an ideal program for adults, but if your budget is limited, you own a small building without space for expansion and your affiliate is in an agricultural area (where subcontract work would be hard to find), then it may be a poor choice to consider. Explore a variety of future programs based on your agency's budget, space and staff resources. Three things every affiliate should be doing now are:

1. Professional Advisory Board (Establish, if you don't have one.)

2. Establish short range goals.

3. Begin planning long term goals.

*Prepared and Contributed By: Pat Pearson, Program Representative, UCPA Southeast District Office, Atlanta, Georgia

KNOW YOUR CLIENTELE

This, surprisingly, can be the hardest. Once a CP individual or his family is rejected from services, he often 'vanishes' and locating him for future programs is almost impossible. Try to develop a registry of all CP individuals in your community. Initially this takes time and hard work. Many agencies won't release names of clients. Ask cooperative agencies who their CP clients are and if possible get the parents' names, addresses, phone numbers and their birth dates. One good source is another client, who often has many cerebral palsied friends. Parents will begin to notice other CP's and will tell you of the CP girl they met in the supermarket or the little boy down the block who has ome physical handicap. Ask them to refer these people to you.

One way to get names and addresses is to offer a publication to the public and have a newspaper article announcing that any cerebral palsied individual or his family can get a free copy of the publication by contacting your agency. Two popular leaflets are - one on income tax deductions (write to UCPA National) and "Social Security and Cerebral Palsy" (get them from your local social security office).

Plan an event for all cerebral palsied -- an open house, a picnic, an outing -- advertise!! Then circulate and find out who your potential clients are and what they might need.

Establish a cerebral palsy consumer group to meet and discuss the needs of the disabled. Have them help identify other CPs.

KNOW YOUR GRANT FUNDING SOURCES

There is someone in each funding agency office who will explain their grants and the methods of submitting proposals. If you hear of any funds that your agency could be eligible for, contact your local government and ask which agency is administering this program. Contact that office and ask for an appointment with the person responsible for working with agencies applying for funds. Don't be afraid to ask questions, to ask them to repeat or to clarify. Inquire how they might relate your programs. Specific questions to include are: Is a letter of intent required? When? What amount of matching funds are needed? Are there specifications on the source of matching funds? (Some agencies won't allow matching government funds.) Can two or three agencies combine to make a joint proposal, and if so, how are matching funds to be met? What is the usual duration of funding? (One year? two years? five?) Is there to be an increase in matching funds and decrease of grant funds each year? (The funding pattern frequently rune something like: 10% - 90%, 25% - 75%, 50% - 50%). Do they have a specific form they require for grant presentation. What are the deadlines?

KNOW YOUR COMMUNITY

This is particularly important because funding agencies don't give monies to program that duplicate what is in the community.

> *The UCP National Office has information you can send for: "Guidelines for Establishment and Operation of Professional Services Program Committee in State and Local Affiliates."

HOW TO WRITE PROPOSALS FOR GRANTS

Close contact with community agencies can also help you utilize services that exist for those cerebral palsied that you can't give direct service to. It can help you discover gaps in community services which aids in planning your own goals. If you don't have close community contacts, some ways of developing these are:

1. Personally go to each agency that does or could serve any cerebral palsied person and ask: What do they do? Are there any services being provided for cerebral palsied? Is it possible to incorporate CP individuals into their programs? What are their plans for expansion? Ask if they'd be interested in joint programs. As you talk, make notes of any thing that may affect your program: Title XX funding, D.D.A. Grants, etc. If you don't understand the words and don't want to ask, check them out when you return to your office.

2. Join any type of committee where you will have contact with people from agencies that service the developmentally disabled or physically handicapped. Listen, ask questions, find out if their agencies could serve CP clients. Some of the groups you may find will have names such as: Council of Voluntary Health Agency Executives, Council for Developmentally Disabled, Mayor's Committee for Employment of the Handicapped, N.A.P.H.

3. Contact universities nearby to see if any are interested in joint projects. Many CP programs are in conjunction with university programs and it's one way to get quality programming. Talk with department heads in a wide variety of disciplines. (Ask the Registrar's Office for a catalogue, so you'll know what departments there are and the names of the chairmen.) Some of the disciplines that are connected with CP Centers are: medical, therapies, psychology, special education, physical education, child development, nursing, social work.

GUIDELINES FOR UCP AFFILIATES APPLYING FOR GRANTS OR ENTERING INTO PURCHASE-OF-SERVICE CONTRACTS

NOTE: Areas of common applicability for grants and purchase-of-service contracts have been repeated rather than referenced in order to avoid cross checking and confusion.

I. GRANTS

A. Grants can be awarded on a 3-year basis with specified percentages of monies which must be matched by the affiliate. Most funding however, is on a year-to-year basis.

B. Consultation should be obtained with a person or persons knowledgeable in the area of both program and funding requirements for grant development. A written report from the consultant(s) summarizing the consultation content and recommendations should be obtained.

C. Rate of reimbursement to the affiliate should be established and written into the grant application.

D. Because of time lag with respect to payment, provision should be made to have at least 3 months operating budget in hand. Where possible, advance funding should be requested of, or investigated with, the funding agency. Also ascertain in advance what and how much matching monies are required of the affiliate, and whether "in kind" matching is acceptable.

"In kind" matching means using a substitute for money, such as the value of equipment, services, etc.

E. At all times there should be sufficient time and funds available for appropriate staff training and development.

F. Where applicable, staff should meet the minimum requirements of licensure and/or certification. Salary and fringe benefits should be competitive in the locale according to job classification.

G. Where applicable, affiliates are to be licensed by the State or local agency having jurisdiction of the program in order to receive reimbursement.

H. Affiliates are to be prepared to provide general information concerning the programmatic operations in written detail.

I. Affiliates are to comply with any requirements of the funding agency for employment of handicapped persons in the program for which the affiliate has been funded.

J. Affiliates are to adopt and implement an Affirmative Action Program (see UCPA Affirmative Action Program attached). Section 504 of the Rehabilitation Act of 1973 (copy attached) specifies that no handicapped person shall, solely by reason of a handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving federal financial assistance. Section 503 of the Act (copy attached) specifies that any contract in excess of $2,500 entered into by any federal agency for the procurement of personal property and non-personal services (including construction) must contain a provision requiring an affirmative action program to employ and advance qualified handicapped individuals.

K. Provision must be made for periodic internal evaluation of the total program which shall include the direct service to the client, a plan for staff development, the impact of the program on the community, achievement of the basic goals and objectives established at the start of the program, and where applicable, involvement of the parent and family of client receiving the service.

L. A complete list of expenses should be prepared to include but not be limited to heat, rent, light, accounting procedures, equipment and rental thereof, telephone, etc.

M. In all cases sufficient liability insurance should be obtained, including malpractice insurance. Consultation with your insurance agent is advisable.

II. PURCHASE OF SERVICE CONTRACTS

A. Guidelines from the agency with whom affiliate is contracting should be obtained, studied and analyzed in order to assure compliance with the law and regulations.

B. Consultation should be obtained with a person or persons knowledgeable in the area of both program and funding requirements for contract development. A written report from the consultant(s) summarizing the consultation content and recommendations should be obtained.

C. The funding formula of the contracting agency should be investigated and on the basis of this a determination made as to whether the affiliate can conscientiously perform and provide the services contracted for with assurances that the affiliate will move towards continuation of the services beyond the contracting period should those services be needed. The affiliate should be aware of the fact that the accounting year for federal, state and local governmental agencies may not be the same as the affiliates.

"Funding formula" can have various meanings depending on the funding sources. For instance:

1) In health related services, this is usually on a per capita fee basis. The affiliate bills the appropriate contracting agency monthly for the cost of the service given to each client. Care should be taken to investigate which categories of disabilities will be reimbursed and which of the professional services can be billed. For example, physical therapy is almost always payable by an insurance company. On the other hand, occupational therapy is not always a reimburseable service.

2) In educational services reimbursement may be dependent upon average daily attendance of an entire group.

Realistic and honest analysis of the affiliate's cost of service is necessary before entering into negotiations with a third party funding source. No matter what the funding formula the affiliate should know what it costs to provide services for each individual served.

D. The amount of matching monies required of the affiliate should be ascertained in advance and whether "in kind" matching is acceptable.

"In kind" matching means using a substitute for money, such as the value of equipment, services, etc.

E. Rate of reimbursement for the affiliate should be established and written into the contract.

F. At all times there should be sufficient time and funds available for appropriate staff training and development.

G. Where applicable, staff should meet the minimum requirements of licensure and/or certification. Salary and fringe benefits should be competitive in the locale according to job classification.

H. Where applicable, affiliates are to be licensed by the state

or local agency having jurisdiction of the program in order to receive reimbursement.

I. Affiliates should be prepared to provide general information concerning the programmatic operations in written detail.

J. To assure protection of the rights of the client, agency and staff, written informed consents should be obtained in all cases from clients or their parents or guardians and staff. This informed consent should contain but not be limited to, clearly stated objectives of the project and how the child and family are expected to participate in the project or the grant.

K. Provision must be made for periodic internal evaluation of the total program which shall include the direct service to the client, a plan for staff development, the impact of the program on the community, achievement of the basic goals and objectives established at the start of the program, and where applicable the involvement of the parent and family of the client receiving the service.

L. In all cases sufficient liability insurance should be obtained including malpractice insurance. Consultation with your insurance agent is advisable.

Rehabilitation Act of 1973
(P.L. 93-112)

"Employment Under Federal Contracts"

"Sec. 503. (a) Any contract in excess of $2,500 entered into by any Federal department or agency for the procurement of personal property and nonpersonal services (including construction) for the United States shall contain a provision requiring that, in employing persons to carry out such contract the party contracting with the United States shall take affirmative action to employ and advance in employment qualified handicapped individuals as defined in section 7(6). The provisions of this section shall apply to any subcontract in excess of $2,500 entered into be a prime contractor in carrying out any contract for the procurement of personal property and nonpersonal services (including construction) for the United States. The President shall implement the provision of this Section by promulgating regulations within ninety days after the date of enactment of this section.

"b) If any handicapped individual believes any contractor has failed or refuses to comply with the provisions of his contract with the United States, relating to employment of handicapped individuals, such individual may file a complaint with the Department of Labor. The Department shall promptly investigate such complaint and shall take such action thereon as the facts and circumstances warrant, consistent with the terms of such contract and the laws and regulations applicable thereto.

"c) The requirements of this section may be waived, in whole or in part, by the President with respect to a particular contract or subcontract, in accordance with guidelines set forth in regulations which he shall prescribe, when he determines that special circumstances in the national interest so require and states in writing his reasons for such determination."

"Nondiscrimination Under Federal Grants"

"Sec. 504. No otherwise qualified handicapped individual in the United States, as defined in section 7(6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Section 7(6) referred to above defines handicapped individual as follows:

"(6) The term 'handicapped individual' means any individual who (A) has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment and (B) can reasonably be expected to benefit in terms of employability from vocational rehabilitation services..."

AFFIRMATIVE ACTION PROGRAM

The purpose of this Affirmative Action Program is to assure equal employment opportunity for all persons in filling staff positions, regardless of race, color, religion, national origin, sex, mental or physical handicaps.

1. Program Awareness

   a) Publish and distribute Affirmative Action Program to employees

   b) Brief executive staff on the Affirmative Action Program

   c) Discuss the Affirmative Action Program with employees and encourage them to direct comments and suggestions to Personnel Director

2. Recruitment Methods

   a) Maintain recruitment contacts with state employment service, schools, minority community groups, business and professional societies, to encourage interest in available positions

   b) Place recruitment advertisements in news media which are nondiscriminatory, identifying UCPA as an equal opportunity employer

   c) Contact only employment agencies which do not discriminate in making referrals

3. Develop data on employee educational program and skills and encourage them in developing their career plans

   a) Follow through on data provided and discuss career plans with employees for full utilization of resources

   b) Advise supervisors in career counseling techniques

   c) Encourage personnel to attend courses, seminars, etc., to develop additional skills, including supervisory and managerial

   d) Disseminate information on training and educational opportunities

   e) Inform supervisors and managers of their affirmative action responsibilities with respect to equal opportunity employment, promotion, career counseling, training and educational opportunities and representation of minority group employees on special committees.

4. Upward Mobility

   a) Minority groups are to receive equal consideration with other employees for promotion

   b) Identify employees within the organization who demonstrate potential for promotion

   c) Maintain a policy of promotion within the organization

5. Implement an incentive system for outstanding performance

6. Develop a system for internal evaluation of the Affirmative Action Program and periodic progress reports which will reflect accomplishments, unsolved problems and recommendations for corrective action

7. Participate in community efforts - community conditions can adversely affect the organization's ability to recruit minority group members

8. Publish and distribute copies of UCPA complaint procedure which provides prompt, fair and impartial processing of complaints.

9. Whenever possible, establish active participation in special programs for the disadvantaged, such as providing summer employment for students

10. Notices required by the Equal Opportunity Commission, the Office of Federal Contract Compliance in the Department of Labor and any state or municipal human rights agencies will be displayed in working areas

ANALYSIS

In-depth resource material

prepared for affiliates of

United Cerebral Palsy Associations, Inc.

Volume Four

Number Three

April 1975

PROGRAMMING ADULT SERVICES FOR INDIVIDUALS WITH CEREBRAL PALSY: FEDERAL FUNDING SOURCES

Copies will be mailed to UCPA affiliates
for insertion in the Governmental Activities
Notebook

Prepared By:

E. Clarke Ross
Assistant Director
UCPA Governmental Activities Office

ANALYSIS

In-depth resource material

prepared for affiliates of

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Volume Four

Number Seven

November 1975

Programming Services For Children With Cerebral Palsy and Other Developmental Disabilities: Potential Federal Funding Sources

Copies will be mailed to UCPA affiliates

for insertion in the Governmental

Activities Notebook

Researched and Prepared By:

Julie A. Fuller
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UCPA Governmental Activities Office

THE GLOSSARY

The glossary in this chapter is an attempt to put together words, phrases, and acronyms which help make up the language of developmental disabilities. There has been no attempt to be exhaustive but rather to be highly selective of the most used expression and the big "stampers" that are inevitably part of the jargon.

Special acknowlegements for this chapter to the Wisconsin DD Council, Idaho DD Council, the Region I DD Training Program, and the Libraries of the National Association for Retarded Citizens and the National Society for Autistic Children, all of whom have done work in this area and whose work and experience was drawn opon heavily in preparing this chapter.

Finally, an excellent reference from which many of the most technical definitions were quoted or paraphrased is Manual on Terminology and Classification in Mental Retardation (1973 Revision) Dr. Herbert J. Groseman, Editor. (Washington, D. C.: AAMD, 1973).

This glossary has been prepared by and is excerpted from Developmental Disabilities: The Orientation Notebook, prepared by Developmental Disabilities Technical Assistant Systems, University of North Carolina.

A

AAMD.....American Association on Mental Deficiency

AB.....Aid to the Blind

ABE.....Adult Basic Education

Abstract Reasoning.....The ability to comprehend relationships and to react, not merely to concrete objects, but to concepts and symbols.

Academic Ability.....Competence in tasks required by school

Accreditation.....Process by which an agency and facilities voluntarily comply with the ACFMR standards of quality for services

ACFMR.....Accreditation Council for Facilities for the Mentally Retarded

Achievement Level.....The position, rank or degree of success attained in some general or specific academic area as indicated by standardized tests or teaching judgement

ACHPA.....Areawide Comprehensive Health Planning Agencies

ACLD.....Association for Children with Learning Disabilities

AD.....Aid to the Disabled

ADA.....Average daily attendance

Adaptive Behavior.....The effectiveness or degree with which the individual meets the standards of personal independent and social responsibility expected of his age and cultural group. Three aspects of this behavior are 1) maturation 2) learning, and/or 3) social adjustment

ADP.....Agency Development Plan

Adult Training.....A continuing education program of developmentally disabled persons over sixteen including the areas of work habits, grooming skills, social skills and work training

Advocacy.....A program or situation in which agencies or individuals act on behalf of the interests of other individuals or groups

AFDC.....Aid to Families with Dependent Children

AFDC-UP.....Aid to Families with Dependent Children--Unemployed Parents

After-Care.....Services provided following a period of hospitalization or "crisis care" to improve the clients' adjustment in the community and to avoid rehospitalization

AHA.....American Hospital Association

Alternate Living Arrangement.....A residential program other than institutional care such as group home, foster home, etc.

AMA.....American Medical Association

Anti-convultant Medication.....Drugs to control and prevent epileptic seizures

AOA..... Administration on Aging

APA.....American Psychiatric Association
American Psychological Association
Assistance Payments Administration

Aphasia.....Inability to comprehend and/or use language meaningfully, usually as a result of a brain lesion

APTD.....Aid to the Permanently and Totally Disabled

ARC.....Association for Retarded Citizens

ASHA.....American Speech and Hearing Association

Associative Learning...When the first stimulus is experienced, the second tends to be recalled

AUAF.....Association of University Affiliated Facilities

Auditory Motor Function.Expression of motor behaviors guided or illicited by associated auditory stimuli or cues, responding motorically to verbal direction

Autism.....A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances, and monotously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning

Baseline.....The usual level of functioning proficiency or state of an individual with respect to a particular characteristic. The frequency of occurence of a behavior before intervention or treatment

BAT.....Bureau of Apprenticeship Training

BAVTE.....Bureau of Adult Vocational and Technical Education

BCC.....Bureau of Crippled Children

BD.....Brain damage

BEH.....Bureau of Education for the Handicapped

Behavior Modification...A structured, consistent system of reward and punishment to obtain a more desirable behavior. Emphasis is on observable, reassurable behavior and its antecedents and consequences

Behavior Rating Scales..Measurement techniques or instruments providing classification of the level of an individual's adaptive behaviors

Behavioral Disturbance..The breaking up of a usual pattern of copying with natural and social demands of the environment; commonly symptomatic feature of some other primary disorder, trauma, or malfunction

Behaviorism.....A doctrine that the data of psychology consist of the observable evidences of organismic activity to the exclusion of introspective data or references to consciousness and mind

Borderline Intelligence.Intellectual functioning in the range of one to two standard deviations below the test mean (68 to 83 Stanford-Binet or 70 to 84 Wechsler I.Q. tests)

BRAB.....Building Research Advisory Board

BVR.....Bureau of Vocational Rehabilitation

C

CA.....Chronological Age

CAIR.....Community Alternatives and Institutional Reform

CAMPS.....Cooperative Area Manpower Planning System

CAP.....Community Action Program

CASE.....Council of Administrators of Special Education (CEC)

CCS.....Crippled Children's Service

CEC.....Council for Exceptional Children

Cerebral Palsy.....A disorder dating from birth or early infancy, non progressive, characterized by aberations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders

CETA.....Comprehensive Employment and Training Act

CF.....Client Fees

CFA.....Community Facilities Administration

CHAC.....Community Health Advisory Council

CHPA.....Comprehensive Health Planning Agency

CMHC.....Community Mental Health Centers

CNS.....Central Nervous System

COA.....Council on Aging

COG.....Council of Governments

Co-mingled Funds.....Mixing funds for planning and services from a variety of federal and state sources

Commitment (legal).....Assignment to custody, confinement or treatment by court order; this term is in contrast to medical, voluntary, or other administrative admissions procedures.

Community Residential Care.....Care provided to a developmentally disabled person away from his own home but in a community setting; these facilities might take the form of group homes, hostels, half-way houses, or nursing homes.

Competency Tests (legal).....An evaluation of an individual to determine whether he is legally capable of making choices, hence, is legally responsible for his actions.

Comprehensive Service Delivery System.....A full range of services which are meaningfully integrated as to be easily accessed by developmentally disabled clients and their families.

Congenital.....present at birth

Continuity of Care.....A factor in the concept of comprehensive services referring to a continuum of available services, so that a client may obtain services as needed to meet each stage of change or progress.

CP.....Cerebral Palsy

CPA.....Community Program Area

CRP.....Community Renewal Program

DAC.....Day Activity Center

DACA.....Day Activity Center Association

Day Care Services.....Comprehensive and coordinated activities provided on an on-going basis to pre-school, school age, and adult developmentally disabled individuals residing in the community; programs involve social, physical, recreational, and personal care training and activity.

DD.....Developmental Disabilities

DDA (or DDSA).....Developmental Disabilities (Service) Act

DDO.....Developmental Disabilities Office /Formerly Division of DD (DDD)/

DD/TAS.....Developmental Disabilities/Technical Assistance System

DDU.....Disability Determination Unit

Deinstitutionalization..The provision of appropriate alternative living arrangements to individuals currently served in institutions for the developmentally disabled

Delivery System.....Combination of institutions, persons, and social factors influencing the degree and quality of provision of health and social services

Deprivation.....Insufficient quantity, variability, redundancy, or discriminability of stimulation in the environment; the source may be cultural or maternal

Developmental Disability...A disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual which is closely related to mental retardation or to require similar treatment, and which originates in childhood, is likely to continue throughout his life, and constitutes a substantial handicap

DHEW.....Department of Health, Education, and Welfare

Diagnostic Services.....Include, but are not limited to, psychological, social, educational, and medical services necessary to identify the presence of a developmental disability, its cause and complications, and to determine the extent to which the disability limits (or is likely to limit) the individual's daily living and work activities

DMCH.....Department of Maternal and Child Health

DOL.....Department of Labor

Domiciliary Care.....Provision of away-from-home residence to a developmentally disabled person requiring 24-hour per day supervision

DOT.....Department of Transportation

Down's Syndrome (mongolism).....Syndrome associated with a chromosomal disorder and characterized by typical facial features including epicanthal folds, broad bridge of nose, protruding tongue, open mouth, square-shaped ears, flattened face, muscular dypotonia, heart disorders, and varying degrees of mental retardation.

Dull Normal Intelligence..At or near lower limits of average intellectual ability (I.Q. between 85-90)

Dylsexia.....Disability in reading with understanding due to central nervous system lesion.

E

ED.....Emotionally Disturbed

EDA.....Economic Development Act

Educable.....A person with mildly retarded intellectual and adaptive behavior who has either the potential or the proven ability to show independence or semi-independence in his environment and is able to learn academic skills through the sixth grade level.

ECF.....Extended Care Facility

EEA.....Emergency Employment Act

EEG.....Electro-encephalogram

EEOC.....Equal Employment Opportunity Commission

EFA.....Epilepsy Foundation of America

EH.....Emotional Handicap

EHA.....Education for the Handicapped Act

EMR.....Educable Mentally Retarded

Encephalitus.....Inflamation of the brain sometimes accompanying high fever of childhood diseases and resulting in serious brain damage

EOA.....Economic Opportunity Act

Epidemiology.....Study of disease or disability which is prevalent among people in a community at a given time

Epilepsy.....A chronic symptom of cerebral dysfunction, characterized by recurrent attacks involving changes in the state of consciousness, sudden in onset and brief in duration; many attacks are accompanied by a seizure in which the person falls involuntarily

EPSDT.....Early Periodic Screening Diagnosis and Treatment (Medicaid Title XIX)

ESEA.....Elementary and Secondary Education Act

Evaluation Services.....Systematic appraisal of pertinent physical, psychological, vocational, educational, cultural, social, economic, legal, environmental, and other factors of the developmentally disabled individual and his family to determine the extent of limitations caused by the disability and to develop an individual program of services and actions

Exceptional Children....Term for children who deviate significantly from average; the term is correctly used for both extremes, but most often refers to individuals with a disability

Extended Care.....Prolonged or continued care, supervision, protection, custody, etc., of an individual

Etiology.....The study of causes of a disease or disability

F

Family Therapy.....A form of psychotherapy in which the therapist works with the client and his immediate family

Federal Register.....Federal government document in which laws and regulations are published

FG.....Foster grandparents

First Chance Network.....Preschool programs for the Handicapped funded by the Bureau of Education for the Handicapped

Fixed Point of Referral.....A person or agency in the county or state who knows all the resources available for the client, and to whom the client can be sent for referral to the appropriate services

FMC.....Foundation for Medical Care

Follow Along Services...Establishment and maintenance of a counseling relationship on a life-long basis with developmentally disabled individuals and their families, as desired, for the purpose of assuring that anticipated changes in needs and/or needs arising from crises are recognized and appropriately met

Foster Care.....An arrangement whereby an individual lives in a home not his own, frequently placed there under the supervision of a professional agency or institution

Foster Grandparent Program.....A program established by the federal government to provide individual attention for young retarded children in residential facilities and at the same time to provide worthwhile employment for retired men and women having a limited income

Foster Home Family Care Home.....A family situation in the community in which a child is placed to develop maximum potential through experiences in a family setting and through inclusion in group activities such as a school program

FY.....Fiscal Year

GAO.....General Accounting Office

Gas Liquid
Chromotology.....A procedure to analyze the blood to test level of absorbtion of anti-convulsant medication

GED.....General Educational Development

GPO.....Government Printing Office

Grand Mal Epilepsy.....Seizures characterized by tonic and/or clonic movements of the extremities associated with loss of consciousness

Group Living Home.....A licensed home with suitable substitute parents for individuals with developmental disabilities; the situation promotes mutual communication, interaction stimulation, social support, and access to community based programs

Group Therapy.....Psychotherapy in which a group of persons with similar problems meets periodically with a therapist to discuss their difficulties, provide support for each other, gain insight into their problems, and develop better methods of meeting their problems

GSA.....General Services Administration

Guidance Counseling.....Supportive therapy in which a person is counseled and instructed in ways to achieve certain goals with a minimum of anxiety and conflict. Frequently associated with vocational and educational goals

Guidelines.....Interpretations of the Regulations which further clarify implementation of a Public Law

H

Habilitation.....Development of skills and abilities

HAC.....Hospital Advisory Committee

Halfway House.....A rehabilitation facility which provides a transitional supportive service and aftercare for those persons diagnosed as having mental or emotional handicaps who are in need of a structured environment but not in need of a hospital or nursing home facility

Handicapped Person.....One who, because of physical, intellectual, or emotional impairment, is significantly hindered from learning, working, playing, adapting to the expectations or demands of society or doing the things other individuals the same age can do

HCEEP.....Handicapped Children's Early Education Program

HEW.....Health, Education, and Welfare (Department of)

HIP.....Hospital Improvement Program

Home Care.....Any type of care that is given to the client in his home

Homemaker Services.....(home training) Direct intervention by a qualified trained person into a home which maintains a handicapped person to assist and enable the family in coping with the handicapped member by way of supplementing parental care, maintaining family unity; it is usually temporary service in periods of need

Houseparent.....An individual employed to provide supervision and guidance as a surrogate mother or father in a residential setting

HMO.....Health Maintenance Organization

HR#.....U. S. House of Representatives bill designation

HS.....Head Start

HSA.....Health Services Act

HUD.....Housing and Urban Development (Department of)

Hydrocephalus.....An increase in the volume of cerebrospinal fluid within the skull which sometimes results in the enlargement of the head

ICD.....International Classification of Disease

ICF/MR.....Intermediate Care Facility for the Mentally Retarded

IDB.....Individualized Data Bank

Idiopathic.....Of unknown cause

Incompetent.....A legal term for a person who, because of mental defect, cannot be held responsible in certain legal procedures such as making a will, entering into a contract, or standing trial

ILSMH.....International League of Societies for the Mentally Handicapped

Independent Functioning...The ability of the individual to accomplish successfully those tasks or activities demanded of him by the general community, both in terms of survival demands and of typical expectations for specific age groups

Infantile Autism.....See Autism

Information and Referral Services.....Provision of an up-to-date, complete listing of all appropriate resources, which can be made available and quickly accessible to the professional persons serving the developmentally disabled individual and his family so that they can refer them to the needed, appropriate, and most readily available resources. Also supports public information activities concerning the problems of the developmentally disabled

Institution.....A public or private facility or building(s) providing a constellation of professional services on a 24 hour residential basis including those directed toward the care, treatment, habilitation, and rehabilitation of the developmentally disabled and has been traditionally separated from the general population

Institutional Reform....A modification or improvement in attitudes, philosophies, policies, effective utilization of all available resources, and increased financing to provide adequate programs to motivate and assist individuals to reach their maximum level of functioning in the least restrictive environment possible

Intake and Release.....Activities which lead to an individual's entry or exit from the service system

Intelligence Quotient (IQ).....A numerical rating determined through psychological testing which indicates approximately the relationship of a person's mental age (MA) to his chronological age (CA)

Intervention.....Designed to identify individuals with problems related to mental illness, developmental disabilities, or other problems and initiate them into the system

I.Q.....Intelligence quotient

I&R.....Information and referral

JKL

JCAH.....Joint Commission on Accreditation of Hospitals

Kenesthesis.....Sensory impressions arising in the muscles and joints which provide information about the positions and movements of parts of the body

Lead Poisoning.....A condition which usually occurs from ingestion by children of chips of lead-containing paint from walls and woodwork in old, dilapidated housing resulting in one or more serious handicaps including mental retardation

Learning Disabilities (Minimal Brain Dysfunction.....Any specific defect in the ability of a child to learn one of the basic academic disciplines, or general defect in learning to read or write, or in learning mathematics in which the cause is a result of an organic disorder

LD.....Learning Disability

Licensing.....A governmental activity usually concerned with enforcing minimum standards of health and safety

Life Support Care.....Care necessary for some profoundly retarded individuals with major biomedical problems (e.g. requiring oxygen, special feeding)

M

MA.....Mental Age

MBD.....Minimal Brain Dysfunction

MBI.....Minimal Brain Injury

MBO.....Management by Objectives

MC.....Medicare

MCH.....Maternal and Child Health

MDTA.....Manpower Development Training Act

Measured Intelligence...The capacity to perceive and understand relationships as measured by a standardized general intelligence tests

Mental Age.....The level of measured or judged mental ability or capacity of an individual, usually as determined by an intelligence test, as distinguished from the chronological age of the individual

Mental Health.....Implies the capacity in an individual to form harmonious relations with others, and to participate in, or contribute constructively to, changes in his social and physical environment. Influenced by both biological and social factors. Is not a static condition but subject to variations and fluctuations of degree

Mental Retardation.....Significantly sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior

MH.....Mental Health

Mild Mental Retardation.....A degree of mental retardation present when intelligence testing scores range between 2 and 3 standard deviations below the norm (52 to 68 on the Stanford-Binet and 55 to 69 on the Wechsler Scales); many educable retarded individuals function at this level; such children usually can master basic academic skills while adults at this level may maintain themselves independently or semi-independently in the community

Moderate Mental Retardation.....Degree of mental retardation when intelligence testing scores range between 3 and 4 standard deviations below the norm (36 to 51 on the Stanford-Binet and 40 to 54 on the Wechsler Scales); many trainable individuals function on this level; such persons usually can learn self help, communication, social and simple occupational skills, but only limited academic or vocational skills

Mongolism.....See Down's Syndrome

MR.....Mental Retardation

Multiply Handicapped....A great number of developmentally disabled persons have one or more types of disabilities such as impaired hearing or vision, or poor muscular coordination accompanying their mental retardation, epilepsy and/or cerebral palsy

Multisensory learning...A technique to facilitate learning that employs a combination of sense modalities at the same time (such as sight, tactile, audition)

Muscular Dystrophy.....An inheritable family disorder marked by atrophy of some muscles and wasting of others. The disease is slowly progressive and is usually limited to the skeletal muscles

N

NAC.....National Advisory Council (on Services and Facilities for the Developmentally Disabled)

NACLD.....National Association for Children with Learning Disabilities

NACSPMR.....National Association of Coordinators of State Programs for the Mentally Retarded

NARC.....National Association for Retarded Citizens

NASPRFMR.....National Association of Superintendents of Public Residential Facilities for the Mentally Retarded

NCDD.....National Conference on Developmental Disabilities

NCLH.....National Center for Law and the Handicapped

NICHD.....National Institute of Child Health and Human Development

NIH.....National Institute of Health

NIMH.....National Institute of Mental Health

NINDS.....National Institute of Neurological Diseases and Stroke

Nongraded Class.....A small school class providing special education opportunities for handicapped pupils needing individualized learning programs along with group activities; most frequently they are grouped according to general chronological age and ability (e.g., primary educable, intermediate educable) or by disability (e.g., physically handicapped, hearing handicapped, learning disabled)

Non-verbal Ability.....The power or special skill to perform an act or task, physical or mental, not involving the use of words; for example, mechanical ability

Normalization.....A philosophy of providing services to the developmentally disabled which promotes a life as much as possible like that of the rest of the community, including living in and access to community resources, as daily routine of work, education, recreation and home life, etc.

NRA.....National Rehabilitation Association

NSAC.....National Society for Autistic Children

Nursery.....An introductory program in which developmentally disabled children are given an opportunity to interact with adults and children outside their home. Emphasis is placed upon teaching of very basic personal and social management skills. Used interchangeably with pre-school program

Nursing Home.....A generic community facility capable of providing mentally handicapped persons with continuing medical needs with twenty-four hour care, treatment, and activity

OASDI.....Old Age, Survivors, Disability and Health Insurance (Social Security)

OE.....Office of Education

OEO.....Office of Economic Opportunity

OHD.....Office of Human Development

OHI.....Office for Handicapped Individuals

OJT.....On-the-Job Training

OMB.....Office of Management and Budget

OMRC.....Office of Mental Retardation Coordination

Organic Disease.....Characterized by significant demonstrable structural or biochemical abnormality in an organ or tissue. Sometimes imprecisely used as an antonym for functional illness.

Orthopsychiatry.....An approach to the study and treatment of human behavior which involves the collaborative effort of psychiatry, psychology, psychiatric social work, and other behavioral, medical, and social sciences in the study and treatment of human behavior in the clinical setting. Emphasis is placed on preventive techniques to promote healthy emotional growth and development

OT.....Occupational Therapy

P

PA.....Public Assistance

Parent Counseling.....A service, often provided by knowledgeable parents of retarded children, to give moral support and guidance to parents of newborn or newly diagnosed retarded children

Partial Hospitalization.....A situation in which a client does not stay in the hospital 24 hours a day, but does spend more time in the hospital than is customary in the case of out-patients. Also termed Day Hospital or Night Hospital, these terms being applied according to the time when the client attends such a treatment program.

PASS.....Program Amalysis of Service System (an evaluation system)

PCEH.....President's Committee on Employment of the Handicapped

PCMR.....President's Committee on Mental Retardation

Preception.....Awareness of stimuli transmitted via neurological system of organism (e.g., visual, auditory, tactile, kinesthetic sensory system); also used to indicate both the awareness of sensory stimulation and the reaction thereto

Preceptual Disorder.....A high order (cerebral) impairment of the awareness of visual, auditory, or haptic stimuli

Perserveration.....1) The persistent repetition or continuation of a work, sentence, or action after it has been once begun or recently completed;
2) The tendency of any mental formation, once initiated, to remain and run a temporal course;
3) The tendency of a feeling, idea, act, or disposition to recur with or without the aid of association tendencies

Personal (or Life) Adjustment Training...Emphasizes the development of adjustment to work rather than the development of a particular skill. This may be achieved by long-term exposure to a real work situation stressing personal and social

skills required to get along with others in a work setting, the development of work tolerance, appropriate work habits and emotional stability in responding to work pressures

Personal Care Services..Designed to maintain health, and well-being, including the provision of food, clothing, bodily care, and personal interactions as required, to prevent regression and other complications. They must be provided in conjunction with one or more other appropriate services

Personal Plan.....A written plan of intervention and action developed by an agency with participation of all concerned which identifies a growth continua of development outlining progressive growth steps of direction from where the individual is at entry; is based on diagnostic or relevant data that assists understanding of the individual situation

PH.....Physical Handicap

Phenylketonuria.....Metabolic disorder transmitted by a recessive gene; if husband is carrier, each time heterozygous woman is pregnant, there is a one in four chance of giving birth to a child exhibiting phenylketonuria.

Biochemically, patient is unable to convert phenylalanine to tyrosine because of the absence of the enzyme phenylalanine hydroxylase. This lack of conversion results in an abnormal accumulation of phenylalanine which then results in an excessive amount of phenylpyruvic acid in the urine.

Early detection and institution of a low phenylalanine diet seems to result in a decrease in the severity of the mental retardation which is related to the age at which the diet is started; however, this relationship only holds if the diet is started in the first year or two of life and preferably in the first weeks. Untreated people with phenylketonuria have I.Q.s of less than 50, whereas those that are treated may have I.Q.s of up to 80 or 90.

PHS.....Public Health Service

PKU.....Phenylketonuria

PL.....Public Law (followed by number, e.g., 91-517)

Play Therapy.....A treatment technique utilizing the child's play as a medium for expression and communication between client and therapist

POR.....Problem Oriented Record

PPB.....Program Planning and Budgeting

Prematurity.....Live born infancts delivered before 37 weeks from the first day of the last menstrual period. Infants who weight 2,500 grams or less are considered to have had either a shortened gestational period, a less than expected rate of intrauterine growth, or both, and are termed infants of low birth weight

Preschool Education.....A training program or nursery school education in which emphasis is placed on developing self-help, motor, communication, social skills of children; often provided for retarded children between the ages of about three to about seven. Also called early childhood education

Prevention.....Activities directed at the general population to impart greater understanding of the nature and causes of mental illness, developmental disabilities, alcohol abuse and/or other drug abuse, affect attitudinal changes, and take medical and environmental steps for the purpose of aiding persons before these problems develop into disabilities needing further services

Preventive Psychiatry On Medicine.....Aimed at prevention of disorders and diseases that is, working with a problem before it becomes a serious disorder, and having concern for and attending to social factors in such disorders and diseases. May be 1) primary--true prevention of illness or disability before they arise; 2) secondary early detection and treatment of cases; or 3) tertiary--rehabilitation of chronic cases and the prevention of further breakdown

Profound Mental Retardation.....A term used to describe the degree of mental retardation present when intelligence testing scores are more than 5 standard deviations below the norm /19 and below on the Stanford-Binet and 24 and below on the Wechsler Scales (extrapolated)/; such persons require continuing and close supervision but some persons may be able to perform simple self help tasks; profoundly retarded persons often have other handicaps and require total life support systems for maintenance

Protective Services.....A system of social, legal, and other appropriate services which assist individuals who are unable to manage their own resources or to protect themselves from neglect, exploitation, or hazardous situations without assistance from others, and to help them exercise their rights as citizens

PSA.....Public Service Announcement

Psychiatry.....The medical science which deals with the origin, diagnosis, prevention, and treatment of mental and emotional disorders. May include such special fields as mental retardation, the emotional components of physical disorders, mental hospital administration, and the legal aspects of psychiatric disorders

Psychological Testing...A method of studying people using psychological tests. These may be interest and ability inventories used for educational and vocational guidance, intelligence tests, projective tests for studying the personality, and various tests for evaluating the possibility of organic impairment of functioning

Psychology.....An academic discipline, a profession, and a science dealing with the study of mental processes and behavior in man and animal. Not to be confused with the medical speciality of psychiatry

Psychomotor Seizures....Seizures during which there are semipurposeful movements occuring during a period of altered consciousness. Automatisms include grasping movements of the hand, smacking of the lips, irrelevant speech, and inappropriate behavior. These are focal attacks arising from the temporal lobe

Public Health.....A method and practice of planned application of knowledge to the life of large numbers of people in such a way as to prevent, cure, or lessen the effects of disease or disturbance and the conditions leading to disease or disturbance. Historically has had its greatest success in sanitation and in vaccination against communicable diseases.

Recreational Services...Provide for planned and supervised activities designed to 1) help meet specific individual therapeutic needs in self-expression, social interaction, and entertainment; 2) develop skills and interests leading to enjoyable and constructive use of leisure time; and 3) improve well-being

Rehabilitation.....The process of improving an individual's skill or level of adjustment with respect to an increased ability to maintain satisfactory independent or dependent functioning such as self-care, employment, etc.

Rehabilitation Center.....A medically oriented center aimed at improvement of total life adjustment of a handicapped individual, including work adjustment

Residential Facility....Public or private facilities offering 24 hour service which may include short term, long term, diagnostic, or special programs and may be used in a continuum of community services

Respite Care.....Appropriate services in a variety of settings, provided for the care of the mentally retarded person through temporary separation from his family, in or outside the home for short, specified periods of time on a regular or intermittent basis, and involving other services as needed on an individual basis, for the purpose of relieving the family of his care in order to: 1) meet planned or emergency needs; 2) restore or maintain their physical and mental well-being; 3) initiate training procedures in or out of the home

Retardation.....Slowing down of mental and physical activity. Most frequently seen in severe depressions which are sometimes spoken of as retarded depressions. Also a synonym for mental retardation

RD.....Regional Director (HEW)

RFP.....Request for Proposal

Rh Incompatability.....A hyperimmune in which the mother has Rh negative blood and the fetus has Rh positive blood causing antibody formation in the mother. This may cause abortions, still-births, or possible mental retardation

RSA.....Rehabilitation Services Administration

R & T Center.....(Mental Retardation) Research and Training Center

S#.....Senate Bill Designation

Satellite Clinic.....A small clinic staffed and operated by personnel from a mental health facility. Purpose is to provide services in the area where people live, which may be at some distance from a more fully serviced larger community, thus permitting them to obtain services more readily than if they have to go to the larger facility

Secondary.....The time in the educational program of educable mentally retarded children when academic skills are developed to their maximum. Emphasis is placed upon family living and management, responsible adulthood, work-study, and work adjustment.

Secondary Prevention....Activities involved in reducing the duration of established cases of disorder and thus reducing their prevalence in the community

Severe Mental Retardation.....A term used to describe the degree of mental retardation when intelligence testing scores range between 4 and 5 standard deviations below the norm /20 to 35 on the Stanford-Binet and 25 to 39 on the Wechlser Scales (extrapolated)7; such persons require continuing and close supervision but may perform self help and simple work tasks under supervision, sometimes called dependent retarded

Sheltered Employment Services.....Provision of a structured program of activities involving work evaluation, work adjustment, occupational skill training and paid, part-time or full-time employment for those who cannot be readily absorbed into the labor market because of severe disability. Such services may be provided in a center or in the developmentally disabled individual's place of residence

Slow Learner.....A child with social and academic behavior less than usual age level standards; individual(s) who function intellectually in range of 1 to 2 standard deviations below the test mean (69 to 83 on the Stanford-Binet or 70 to 84 on the Wechsler).

SMR.....Severely Mentally Retarded

Social and Emotional Development.....The processes of self indentification, of exploration and mastery, of control building and of play. Intervention involves developmental crises which are common to all persons in addition to the chronic or periodic stresses for which special concern is required

Social Responsibility...The ability of the individual to accept accountability as a member of a community group and to carry out appropriate behaviors in terms of these expectations; social responsibility is reflected in levels of conformity, social positive creativity, social adjustment and emotional maturity

Spasticity.....Increased tonus or tension of a muscle which is associated with exaggeration of deep tendon reflexes and impairment of voluntary control

Special Class.....A group of children assigned to a particular class on the basis of some disability (e.g., educable mental retardation, emotional disturbance) and given instruction by teachers with specific training for work in the area of their disability; usually grouped into chronological age span of two to four years and usually in classes under 12

Special Living Arrangments.....Provision of living quarters for persons who need some degree of supervision. Must include at least counseling and leisure time activities. Provided for developmentally disabled persons who can leave the place of residence, for work, recreation, or other reasons. Such persons will probably not be heavily dependent on personal care services, which may be less intense than in domicilliary care, or may be omitted, depending on the individual's needs

Spina Bifida.....A congenital defect in the closure of the spinal canal with hernial protrusion of the meninges of the cord. The hernial sac contains cerebrospinal fluid (meningocele) and sometimes nervous tissue. Most common in the lumbosacral region

SQ.....Social Quotient

SRS.....Social and Rehabilitation Service

SSA.....Social Security Administration

SSI.....Supplemental Security Income

Substantial Handicap.....A disability of such severity that it prevents the individual from participating in and benefitting from the social, economic, educational, recreational, or other opportunities generally available to his peers in his community who are not similarly handicapped

Teacher-Counselor Program.....A work experience program to give adolescent retarded persons an opportunity to become involved in on-the-job work situations as part of secondary school experiences. Teachers act as liaison persons between students and employers.

Temporary Care Home.....Any setting offering the retarded care on a temporary basis, giving parents a resource in case of family emergencies or vacations

Therapeutic Community...Specially structured environment which encourages the client to function within the range of social norms. Special education techniques are used to overcome the client's dependency needs and to encourage him to assume personal responsibility to speed the social rehabilitation of himself and the group

TMR.....Trainable Mentally Retarded

Trainable Retarded.....A mentally retarded person who is capable of only very limited meaningful achievement in traditional basic academic skills, but who is capable of profiting from programs of training in self-care, and simple job or vocational skills

Training.....An ordered design leading to a specific end result. Training services are differentiated from educational services by their emphasis on those skills universally needed to function at a minimum level as part of society

Training Services.....A planned and systematic sequence of instruction in formal and informal activities based on appropriate evaluation and objectives designed to 1) develop skills in performing activities of daily living including self-help, motor skills, and communications; 2) enhance emotional, personal, and social development; 3) provide experiences conducive to the acquisition of a positive self-concept and desire to learn; and 4) provide experiences for gaining useful occupational and prevocational skills

Transfer of Training....The effect of learning one thing upon the learning of another; retarded children are believed to have more difficulty in transfer of training than their age peers

Transition/Community Living Programs.....A minimally supervised non-medical living facility program offering services on a basis of not less than 72 hours per week to clients to facilitate their return to independent living. Provides room and board and additional services such as counseling, recreation, and social and daily living skills development or a portion of a 24-hour day to persons who may interact with the community while receiving services

Transporation Services..Transporting of individuals to and from the places in which they are receiving other services by public or private paid conveyance except when furnished by the family or relative

Treatment Services.....Provision of interventions which halt, control, or reverse processes which cause, aggravate, or complicate developmental disabilities. May include surgical procedures, dietary controls, chemotherapy, physical therapy, speech therapy, behavioral modification, dentistry, medical treatments, and others as indicated by the needs of the individuals being treated

UAF.....University Affiliated Facility

UCPA.....United Cerebral Palsy Associations

Underachiever.....An individual who does not perform in specified ways as well as expected from certain known characteristics or previous record. Specifically, a student who does not accomplish as much in school as would be expected from his measured intelligence

USOE.....United States Office of Education

VA.....Veterans Administration

Verbal Test.....An intelligence test or sub-test which requires the use of language to understand and uses words to play a critical part in determining whether one can make the required responses; see also, measured intelligence

Vocational Rehabilitation.....A process in which the counselor thinks and works in a face-to-face relationship with a disabled person in order to help him understand both his problems and potentialities, and to carry through a program of adjustment and self-improvement to the end that he will make the best obtainable vocational, personal, and social adjustment

Voluntary Admission.....Process by which a client is admitted to a hospital at his own volition, as contrasted with an involuntary commitment

VR.....Vocational Rehabilitation

VRA.....Vocational Rehabilitation Administration (or Act)

WHO.....World Health Organization

Work Activity
Center.....see Sheltered Employment

Work Adjustment.....A terminal phase of the occupational training program in which the client spends his full time on the job under employer and agency supervisors

MEMORANDUM

TO: All Recipients Of UCPA's Orientation - Resource Notebook For Governmental Activities

In March 1976, the Governmental Activities Office of United Cerebral Palsy Associations, Inc. developed the Orientation and Resource Notebook as a basic reference guide to the federal legislative process and programs. In addition to UCPA's almost 300 local affiliates, several hundred other agencies purchased the 200-page notebook. At the time of its development the UCPA staff viewed the notebook as an ongoing, working document to be updated periodically. Since that time the UCPA Governmental Activities Office has cosponsored a federal information technical assistance project whose activities naturally supercede the need to update our notebook.

The purpose of this memo is to let you know we have not forgotten our commitment to update materials, to describe for you the resources available from our cooperative project, and to alert you to additional resource material now available.

In October 1976, United Cerebral Palsy Associations, Epilepsy Foundation of America, National Society for Autistic Children, and National Association for Retarded Citizens received two federal grants to facilitate the use of federally-assisted programs for persons with developmental disabilities. NARC is the grant recipient, but the project's steering committee is composed of equal representation from the four voluntary agencies.

- Technical Assistance Training Modules

  The first grant will enable state and local affiliates of the four voluntary agencies to receive technical assistance in federal programs which impact on the DD population. The basis of this assistance is the development of training modules and the operation of learning workshops using such modules. Training modules developed to date include:

  (1) Orientation To The Governmental Process

  (2) Developmental Disabilities

  (3) Income Maintenance

  (4) Social Services

  (5) Housing and Community Development

  (6) Medicaid Intermediate Care Facilities for the Mentally Retarded

(7) Action Planning

Modules may only be obtained by attending a workshop. Further information is available by writing Mark Litvin, Ph.D., Project Director, Federal Programs Information and Assistance Project, Suite 1030, Federal Building, 1522 K Street, N.W., Washington, D.C. 20005.

- Client-Centered Handbook on Federal Programs

The second grant will prepare a client-centered handbook on all federal resources impacting upon the disabled. The handbook will be very familiar to readers of UCPA's Orientation and Resource Notebook; however, the material will be identified and organized from the perspective of the service needs of the developmentally disabled population rather than from the federal program's administrative and Congressional base.

It is expected that the UCPA Governmental Activities Office will distribute a single copy of the comprehensive handbook to each UCPA affiliate. The handbook hopefully will be available by January 1978. Unfortunately, UCPA can not assume the costs of purchasing the handbook for all non-UCPA affiliate recipients of our Orientation-Resource Notebook; however, copies of the handbook will be available at cost from the grant project.

Information regarding the availability of handbooks may be obtained by writing Mark Litvin, Ph.D., Project Director, Federal Programs Information and Assistance Project, Suite 1030, Federal Building, 1522 K Street, N.W., Washington, D.C. 20005.

- Housing Manual Available

The UCPA Governmental Activities Office has also participated with the National Association of Housing and Redevelopment Officials in developing a 176-page manual, Housing For The Handicapped And Disabled: A Guide For Local Action. Every UCPA affiliate has received a free copy of this guide.

Anyone wishing a single copy of the manual may write the National Association of Housing and Redevelopment Officials, Publications Section, Suite 404, 2600 Virginia Avenue, N.W., Washington, D.C. 20037. Prepayment must be made in the amount of $5.00; however, bulk distribution rates are available.

- Index of UCPA Publications

Recipients of this memo are reminded that the UCPA Governmental Activities Office publishes monthly newsletters on current public policy and legislative issues affecting persons with disabilities. Single copies of Word From Washington are available free to any interested reader. The UCPA Washington office also publishes a number of in-depth papers on various governmental programs. Though these are advertised in the "F.Y.I. Publications" section of Word From Washington at the time of their preparation, we have enclosed an index of these materials with this memo. Single copies of these papers are free upon request. The indexes enclosed are:

(1) UCPA Governmental Activities Office "Analysis" Papers.

(2) UCPA Governmental Activities Office Staff Unpublished Speeches.

(3) UCPA Governmental Activities Congressional Testimony.

The UCPA Washington office is always looking for appropriate subjects around which to develop "Analysis" papers. If you have any concrete ideas not already addressed, please communicate them to us.

We hope this memo adequately meets your anticipation for updated materials. Thank you.

Sincerely,

E. Clarke Ross

E. Clarke Ross, Director
UCPA Governmental Activities Office

ECR/er

Enclosures: 3

ANALYSIS PAPERS INDEX

As of July 1977

Single copies are available free by writing the UCPA Governmental Activities Office, Suite 141, 425 "Eye" Street, N.W., Washington, D.C. 20001.

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1)	"UCPA Legislative Priorities For Action: A Status Report On The 94th Congress, 2nd Session, 1976."	January 1977
2)	"The Medicare Program And Its Impact On UCPA Consumers and Providers."	February 1977
3)	"Committees Of The 95th Congress Impacting Upon UCPA Affiliates And Consumers."	May 1977
4)	"The Freedom of Information Act And The Privacy Act Amendments: Impact Upon UCPA Affiliates And Consumers."	July 1977

1976

Volume Five

1)	"UCPA Legislative Priorities For Action: A Status Report On The 94th Congress, 1st Session, 1975."	January 1976
2)	"The Headstart Program Mandate To Serve Children With Disabilities: Impact On And Role Of UCPA Affiliates."	February 1976
3)	"Transportation Problems Of Persons With Disabilities: The Federal Response."	March 1976
4)	"Department of the Interior Programs Of Potential Benefit To UCPA Affiliates."	July 1976

5) "The Department of Housing and Urban Development: Influence And Impact On Supporting Alternative Community Based Living Arrangements For Persons With Disabilities." — September 1976

6) "The Headstart Program Mandate To Serve Children With Disabilities: UCPA Affiliate Survey Results." — September 1976

1975

Volume Four

1) "UCPA Legislative Priorities For Action: A Status Report On The 93rd Congress (1973-1974)." — January 1975

2) The Federal Budgetary Process As Amended By the "Congressional Budget and Impoundment Control Act of 1974." — January 1975

3) "Programming Adult Services for Individuals With Cerebral Palsy: Federal Funding Sources." — April 1975

4) "Department of Labor Resources Potentially Impacting on UCPA Affiliates." — May 1975

5) "The Interstate Compacts on Children and Mental Health: Potential Importance to Agencies Serving Individuals with Disabilities." — May 1975

6) "Department of Agriculture Resources Potentially Impacting On UCPA Affiliates." — September 1975

7) "Programming Services for Children with Cerebral Palsy and Other Developmental Disabilities: Potential Federal Funding Sources." — November 1975

1974

Volume Three

1) "The College Work - Study Program: Handicapped Student Support and UCPA Affiliate Staff Support." — February 1974

2) "The HUD Section 23 Program: Assistance Payments for Handicapped Residents in Newly Constructed Housing." (outdated) — May 1974

3) "Comprehensive Manpower Training: Vocational Programming Opportunities for the Less Severely Handicapped Individual With Cerebral Palsy." — May 1974

4) "Programming Adult Services For Individuals With Cerebral Palsy: Federal Funding Sources." — June 1974

5) "The HUD Section 23 Program: Assistance Payments for Handicapped Residents in Existing Housing." (outdated) — June 1974

6) "The Social Services Program: Historical Background, Current Situation, Pending Legislation - Impact on UCPA Affiliates." — October 1974

7) "Supplemental Security Income Payments To Residents of Institutions and Group Homes - Both Publicly and Privately Operated." (outdated) — November 1974

1973

Volume Two

1) "Non-Institutional Housing for the Cerebral Palsied Supported by the Federal Government: Part I - The Role of HUD." (outdated) — January 1973

2) "The F.Y. 1974 Department of Health, Education and Welfare Budget -- As it Pertains to the Cerebral Palsied." (outdated) — February 1973

3) "The Impact of Final Social Services Regulations Upon Organizations Serving and Individuals Having Cerebral Palsy." (outdated) — May 1973

4) "Social Security Act Provisions of Importance to Individuals with Cerebral Palsy and Their Families: With Special Reference to the Amendments of 1972 and 1973." — July 1973

5) "The Vocational Rehabilitation Program Impact on Organizations Serving and Individuals Having Cerebral Palsy: With Special Reference to the Extension Legislation of 1973." — October 1973

6) "Future Federal Administrative Trends of the Vocational Rehabilitation and Developmental Disabilities Programs: A Review of Congressional Oversight." — November 1973

1972

Volume One

1) "Guide to Funding for Social Services Under the Social Security Act." (outdated) — March 1972

2) "Right to Treatment," "Right to Education" Suits Brought Against Seven States on Behalf of the Mentally Retarded." (outdated) — July 1972

3) "Welfare and Social Security Reform: Provisions of H.R. 1 of Interest to United Cerebral Palsy." (outdated) — September 1972

4) "UCPA Utilization of Section 314 (e) Grants of the Public Health Service Act." — September 1972

5) "Review of Pending Federal Legislation as it Applies to UCPA." (outdated) — September 1972

6) "The Rehabilitation Act of 1972 ' As Vetoed by the President." — October 1972

7) "H.R. 1 - Social Security Amendments of 1972 - As Enacted Into Law: Its Impact Upon the Cerebral Palsied." — November 1972

8) "The Problem of Income Retention in Intermediate Care Facilities Under Social Security: As It Relates to the Cerebral Palsied." (outdated) — December 1972

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Staff Unpublished Speeches: INDEX

As Of July 1977

Single copies are available free by writing the UCPA Governmental Activities Office, Suite 141, 425 "Eye" Street, N.W., Washington, D. C. 20001.

1977

1) "The Developmental Disabilities Program: Carter Administration Initiatives And Implications For UCPA Affiliates."

To The Annual Conference Of UCP
of Akron and Summit County, Ohio
January 20, 1977

2) " 'I Can't Get Something For Nothing': An Assessment Of Possible Resources."

To The Midwestern Conference On
Residential Alternatives For Adults
Who Are Disabled: Sponsored By UCP
of Illinois and Held in Chicago
February 7, 1977

3) "Trends in Federal Funding Programs for Persons With Developmental Disabilities: Implications for Voluntary Non-Profit Agencies."

To The Orientation Program for New
UCPA Affiliate Staff
New York, New York
March 17, 1977

and

To The National Society for Autistic
Children Regional Conference
Cleveland, Ohio
March 19, 1977

4) "Emerging Federal Priorities For The Developmentally Disabled."

To The Orientation Program for
New UCPA Affiliate Staff
New York, New York
March 17, 1977

5) "The Catch 22's of Federal Funding Opportunities."

To The New Jersey Committee for the
Developmentally Disabled Funding
Source Conference
McAfee, New Jersey
June 29, 1977

1976

1) "The Washington Scene: Political Developments In a Presidential Election Year and Its Impact on Publicly Supported Programs For Persons With Disabilities."

To the Ohio University Center for Human Development
Legislative Update and Grant Writing Workshop
Athens, Ohio
January 16, 1976

2) "The Housing and Community Development Act: Housing For Persons With Disabilities Nineteen Months After."

To the UCPA National Governmental
Activities Committee
Pittsburgh, Pennsylvania
March 25, 1976

3) "Title XX Social Services Program: The Conflict of Philosophy - Public Assistance vs Human Development."

To the UCPA District Governmental Activities Workshops
Southeast District, Atlanta, April 22, 1976
Mideast District, Columbus (OH), May 10, 1976
Southwest-Midwest Districts, Kansas City, May 17, 1976
Western District, San Francisco, May 20, 1976
Northeast District, Hartford, June 10, 1976

4) "Trends in Federal Programming For The Severely Disabled: Impact on Local and State Service Agencies."

To the UCPA Orientation Program for
New Affiliate Executive Staff
New York, New York
May 6, 1976

5) "Deinstitutionalization -- National Efforts In Consumer Advocacy And Monitoring: The United Cerebral Palsy Associations Experience."

To the 100th Annual Meeting of the
American Association on Mental Deficiency
Chicago, Illinois
June 2, 1976

6) "Federal Legislation -- Past, Present, and Future: Implications For Local UCPA Affiliates."

To the 30th Annual Meeting of
UCPA of New York State
Albany, New York
June 6, 1976

and

To the Annual Conference of UCP
of North Carolina
Raleigh, North Carolina
September 29, 1976

7) "Federal Legislation And Implications For UCPA Affiliates: A Review Of Education For Handicapped Children, Bill of Rights For The Developmentally Disabled, And Nondiscrimination And Affirmative Action Requirements."

To the Annual Conference of UCP of Minnesota
Bloomington, Minnesota
November 12, 1976

1975

1) "The Right to Education: Evolution of the Federal Role and Its Impact on UCPA Affiliates."

To the UCPA Midwest District
Legislative Workshop
Chicago, Illinois
January 30, 1975

2) "Vocational Rehabilitation Statutes and Legislation: Will It Appropriately Serve The Severely Disabled?"

To the UCPA of Illinois Seminar
on Vocational Prospects
Springfield, Illinois
April 2, 1975

3) "Trends in Federal Programming for the Severely Disabled: Impact on State Developmental Disabilities Council Members."

To the HEW Region V Workshop for
State Developmental Disabilities Council Members
Chicago, Illinois
April 8, 1975

4) " 'A Look To The Future': Program Development For Child And Adolescent Services."

To The Georgia Mental Health Division
Child And Adolescent Mental Health Workshop
Athens, Georgia
April 21, 1975

5) "Interagency Collaboration In Services To People."

To The Annual Conference of
UCP of North Carolina
Raleigh, North Carolina
October 1, 1975

6) "Current Issues of Federal Legislation and Program Implementation: From the Perspective of Washington Based Coalition Efforts on Behalf of the Disabled."

To the Council of Voluntary Organizations for the
Handicapped Luncheon, 14th Annual Indiana
Governor's Conference on the Handicapped
Indianapolis, Indiana
October 10, 1975

7) "Trends in Federal Programming for the Severely Disabled: Impact on State and Local Service Agencies."

To the UCPA of Western New York Tenth
Anniversary Workshop for Legislators
Buffalo, New York
October 17, 1975

1974

1) "Advocacy Position on Legislation: SSI, VR, and Headstart Mandates to the Severely Handicapped."

To the UCPA National Advocacy Project
Advisory Committee
New York, New York
February 1974

2) "The Severely Handicapped: Federal-State Funding Opportunities and UCPA Legislative Involvement."

To the UCPA Orientation Program for
New Affiliate Executive Staff
New York, New York
March 12, 1974

3) "Contracts, Third Party Payments, and Grants: The Name of the Game."

To the UCPA Orientation Program for
New Affiliate Executive Staff
New York, New York
March 12, 1974

4) "The Severely Handicapped and UCPA Legislative Involvement."

HEW Region III Training Conference on Cerebral Palsy
in cooperation with the Pennsylvania Developmental
Disabilities Council
Harrisburg, Pennsylvania
March 27, 1974

5) "Programming for the Severely Handicapped Adult: Vocational Rehabilitation as a Potential Partial Solution."

UCPA Annual Conference
New Orleans, Louisiana
April 18, 1974

6) "Developing Alternative Residential Services for the Multiply Handicapped: The Choice Is Yours."

To the Residential Planning Conference
of UCPA of Lackawanna County
Scranton, Pennsylvania
July 13, 1974

7) "The Severely Handicapped and UCPA Legislative Involvement."

To the Parent-Staff Association for Cerebral Palsy
Baltimore, Maryland
September 19, 1974

and

UCPA of New York City Parent Conference
New York, New York
October 12, 1974

8) "The Right to Education: Evolution of the Federal Role and Its Impact on UCPA Affiliates."

UCPA District Legislative Workshops
Mideast District, Pittsburgh, October 4, 1974
Southeast District, Atlanta, October 15, 1974
Southwest District, Dallas, November 8, 1974
Western District, Portland, December 6 and 9, 1974
Western District, San Francisco, December 11, 1974
Western District, Los Angeles, December 13, 1974

9) "Potential Federal Funding Sources for Infant Stimulation Programs."

Early Infant Development Conference sponsored by
the Welfare, Education, and Health Consortium of
Northeastern Pennsylvania
Scranton, Pennsylvania
October 31, 1974

10) "Evolving Federal Legislative Trends: Impact on UCPA Affiliates."

UCPA of Pennsylvania Annual Meeting
Scranton, Pennsylvania
November 1, 1974

1973

1) "Trends in DHEW Policy, 1972-1976: What Can Private Agencies Expect?"

To the UCPA Professional Services
Program Committee
New York, New York
January 12, 1973

2) "Federal Government Involvement in Providing Care and Services to Adults with Cerebral Palsy and Other Developmental Disabilities."

To the UCPA Adult Services Program Committee
New York, New York
March 5, 1973

3) "Grantsmanship: Preparation, Presentation, Support, and Follow-up."

To the UCPA Orientation for
New Affiliate Executive Staff
New York, New York
March 14, 1973

4) "Planning Programs For The Cerebral Palsied -- More Than Words."

To the UCP of Florida - Florida Developmental
Disabilities Planning Conference On Service
Needs For Persons With Cerebral Palsy
Tallahassee, Florida
October 1973

5) "Federal Government Funding of Residential Facilities for the Handicapped."

To the UCPA Task Force on Living Arrangements
and the Handicapped
New York, New York
November 29, 1973

UCPA CONGRESSIONAL TESTIMONY

As Of July 1977

Single copies available upon request from
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Suite 141, 425 "Eye" Street, N.W., Washington,
D.C. 20001.

1977

1) Senate Subcommittee on the Handicapped
Early Education of Disabled Young Children
Utilization of Rehabilitation Technology
Ronald S. Torner, Executive Director, Training Alternatives for Living and Learning, UCPA of Greater Kansas City, MO.
G. Gordon Williamson, Consultant to UCPA's Professional Services Program Department
February 25, 1977

2) House Subcommittee on Housing and Community Development
Amendments to the Housing and Community Development Act
Written Statement Submitted for the Record
March 11, 1977

3) Senate Subcommittee on the Handicapped
Oversight of the Developmental Disabilities Act
Beverly Jackson, Consumer, UCPA of Greater Hartford, CT.
Edward Preneta, Program Director, UCPA of Greater Hartford, CT.
March 21, 1977

4) House Subcommittee on Postal Facilities, Mail, and Labor Management
Public Disclosure Related to Charitable Solicitations
Written Statement Submitted for the Record
March 24, 1977

5) Senate Subcommittee on the Handicapped
Oversight of the Developmental Disabilities Act
Joseph L. Cohen, Member, UCPA Consumer
Activities Committee
James Stearns, Member, UCPA Governmental
Activities Committee
March 31, 1977

6) Senate Subcommittee on Labor-HEW Appropriations
Fiscal Year 1978 Appropriations Requests
William Berenberg, M.D., UCPA Vice President
for Medical Affairs
April 5, 1977

7) House Subcommittee on Labor-HEW Appropriations
Fiscal Year 1978 Appropriations Requests
Muriel Lee, Member, UCPA Governmental
Activities Committee
Martin Benton, Volunteer, UCPA Governmental
Activities Office

1976

1) Senate Subcommittee on the Handicapped
Implementation Oversight of the Rehabilitation Act of 1973
Frederick A. Enck, Executive Director, UCPA of Pittsburgh, PA.
February 23, 1976

2) House Subcommittee on Public Assistance
Title XX of the Social Security Act Amendments
Written Statement Submitted for the Record
March 10, 1976

3) House Subcommittee on Public Buildings and Grounds
Amendments Related to Accessibility of Public Buildings
To The Physically Handicapped
Written Statement Submitted for the Record
September 1, 1976

4) Architectural and Transportation Barriers Compliance Board
A National Hearing On Recreation for Handicapped Persons
Craig Huber, Recreation and Transportation Director,
UCPA of Greater Hartford, CT.
October 22, 1976

5) Department of Health, Education and Welfare
Regional Hearing on Home Health Services
Eric Ritzen, Executive Director, UCP of North Carolina
Ruth Atkinson, Parent Representative, UCP of North Carolina
October 1976

1975

1) House Subcommittee on Public Health and Environment
Developmental Disabilities Amendments of 1975
Written Statement Submitted for the Record
February 19, 1975

2) Joint Hearing - House Subcommittee on Select Education
Senate Subcommittee on Children and Youth
The Child and Family Services Act
Harold A. Benson, Jr., Director, UCPA Governmental Activities Office
February 21, 1975

3) Senate Subcommittee on the Handicapped
Developmentally Disabled Assistance and Bill of Rights Act
Written Statement for the Record
March 18, 1975

4) House Subcommittee on Elementary, Secondary and Vocational Education
Vocational Educational Act Amendments of 1975
James Stearns, Member, UCPA Governmental Activities Committee
March 19, 1975

5) House Subcommittee on Labor - HEW Appropriations
Fiscal Year 1976 Education Appropriations
Muriel Lee, Member, UCPA Governmental Activities Committee
March 20, 1975

6) Senate Subcommittee on the Handicapped
Education for All Handicapped Children
Dudley Koontz, UCPA Midwest District Vice President
April 8, 1975

7) House Subcommittee on Select Education
Education for All Handicapped Children
Dudley Koontz, UCPA Midwest District Vice President
April 10, 1975

8) House Subcommittee on Health (Ways and Means Committee)
National Health Insurance Program Proposals
Written Statement for the Record
April 15, 1975

9) Urban Mass Transportation Administration
Elderly and Handicapped Transportation Services: Proposed Codification of Requirements
Phyllis D. Zlotnick, State Legislative Chairperson, UCPA of Connecticut
April 22, 1975

10) Architectural and Transportation Barriers Compliance Board
Public Hearing on Housing for Handicapped Individuals
E. Clarke Ross, Assistant Director, UCPA Governmental Activities Office
In behalf on UCPA and the Consortium Concerned with Developmental Disabilities Task Force on Housing
June 10, 1975

11) House Subcommittee on Public Assistance
The Supplemental Security Income Program
Written Statement for the Record
June 11, 1975

12) Senate Subcommittee on Constitutional Amendments
Job Related Discrimination and the Disabled
Background Paper for Subcommittee Staff Consideration
August 1, 1975

13) House Subcommittee on Administrative Law and Government Relations
Proposed Lobbying Registration Legislation
National Health Council Statement by Charles Lanigan accompanied by Harold A. Benson, Director, UCPA Governmental Activities Office
September 23, 1975

14) House Subcommittee on Labor-HEW Appropriations
Fiscal Year 1976 Supplemental Appropriations for the Developmental Disabilities Program
Written Statement for the Record by the Consortium Concerned with Developmental Disabilities
October 29, 1975

15) Senate Government Operations Committee
Proposed Lobbying Registration Legislation
National Health Council Statement by Harold A. Benson,
Director, UCPA Governmental Activities Office
November 5, 1975

16) Senate Subcommittee on Labor-HEW Appropriations
Fiscal Year 1976 Supplemental Appropriations for the
Developmental Disabilities Program
Panel Presentation by the Consortium Concerned with Developmental
Disabilities
UCPA witness: James Stearns, Member, UCPA Governmental
Activities Committee
November 12, 1975

17) House Committee on Standards of Official Conduct
Proposed Lobbying Registration Legislation
National Health Council Statement by Charles Lanigan
accompanied by Harold A. Benson, Director, UCPA Governmental
Activities Office
December 2, 1975

18) Joint Hearing - House Subcommittee on Select Education
Senate Subcommittee on the Handicapped
Extension of the Rehabilitation Act of 1973
Frederick A. Enck
December 9, 1975

1974

1) House Subcommittee on Public Health and Environment
Extension of the Developmental Disabilities Act
Paula Hammer, Member, UCPA Governmental Activities Committee
February 21, 1974

2) House Select Subcommittee on Education
Education for Handicapped Children Act
Muriel Lee, Member, UCPA Governmental Activities Committee
March 7, 1974

3) House Select Subcommittee on Education
Application of Technology to Rehabilitating
Handicapped Persons
Leonard Goldenson, Chairman of the Board, UCPA and
William Berenberg, M.D., UCPA Vice President for
Medical Affairs

4) House Select Subcommittee on Education
Education for Handicapped Children Act
Written Statement for the Record
March 29, 1974

5) Senate Subcommittee
The Developmentally Disabled Assistance and Bill of Rights Act
Written Statement for the Record
May 1, 1974

6) House Subcommittee on Labor-HEW Appropriations
Fiscal Year 1975 Appropriations for Selected HEW Programs Serving the Handicapped
Dorothy Leber, President, UCPA of Illinois
May 9, 1974

7) House Subcommittee on Labor-HEW Appropriations
Fiscal Year 1975 Appropriations for Selected HEW Programs Serving the Handicapped
William Berenberg, M.D., UCPA Vice President for Medical Affairs
May 9, 1974

8) Senate Subcommittee on the Handicapped
The Rehabilitation Act Amendments of 1974
Written Statement for the Record
July 8, 1974

9) Senate Subcommittee on the Handicapped
Fiscal Year 1975 Appropriations for Selected HEW Programs Serving the Handicapped
Claudia Lukes, President, UCPA of Maryland

10) Senate Subcommittee on Labor-HEW Appropriations
Rehabilitation Research Technology Fiscal Year 1975 Appropriations
William Berenberg, M.D., UCPA Vice President for Medical Affairs and Leonard Goldenson, Chairman of the Board, UCPA

11) House Ways and Means Committee
National Health Insurance Legislation
Written Statement for the Record
July 18, 1974

1973

1) Senate Subcommittee on the Handicapped
Vocational Rehabilitation Amendments
Ernest Weinrich, Consultant in Long Term Care Services,
UCPA Professional Services Program Department
January 10, 1973

2) House Select Subcommittee on Education
Vocational Rehabilitation Amendments
Written Statement by Washington Office
February 5, 1973

3) Senate Subcommittee on the Handicapped
Bill of Rights for the Mentally Retarded
Sherwood Messner, Director, UCPA Professional Services
Program Department
February 8, 1973

4) Senate Subcommittee on the Handicapped
Extension of Developmental Disabilities Act
Sherwood Messner, Director, UCPA Professional Services
Program Department
February 8, 1973

5) House Select Subcommittee on Education
Extension of the Education of the Handicapped Act
Una Haynes, Associate Director and Nurse Consultant,
UCPA Professional Services Program Department
March 9, 1973

6) House Subcommittee on General Education
Extension of the Elementary and Secondary Education Act
Margaret Schilling, Consultant, UCPA Professional Services
Program Department
March 13, 1973

7) Senate Subcommittee on the Handicapped
Extension of the Education of the Handicapped Act
Education for All Handicapped Children Act
Una Haynes, Associate Director and Nurse Consultant,
UCPA Professional Services Program Department
March 21, 1973

8) House Subcommittee on Public Health and Environment
Extension of the Developmental Disabilities Act
Written Statement by UCPA Washington Office
March 30, 1973

9) Senate Committee on Finance
Implementation of final HEW Regulations on the Social Services Program
Lydia Ann Coulter, Executive Director, UCPA of Lackawanna County, PA.
May 15, 1973

10) Senate Subcommittee on Housing
Housing Opportunities for the Handicapped Act
Written Statement by UCPA Washington Office submitted by Senator Robert Dole (Kansas)
July 31, 1973

11) Senate Subcommittee on Labor-HEW Appropriations
Fiscal Year 1974 Appropriations
Joint Statement of the Consortium Concerned with the Developmentally Disabled
August 7, 1973

12) House Special Studies Subcommittee
Committee on Government Operations
Continuation of the Wagner-O'Day Program
Arnold Fishler, Vocational Coordinator, UCPA Professional Services Program Department
November 13, 1973