

SERVICES PROVIDED MENTALLY RETARDED PERSONS

**REPORT OF
THE VIRGINIA ADVISORY LEGISLATIVE COUNCIL
to
THE GOVERNOR
and
THE GENERAL ASSEMBLY OF VIRGINIA**



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REPORT OF THE VIRGINIA ADVISORY LEGISLATIVE COUNCIL

Richmond, Virginia, December 13, 1963

To:

HONORABLE A. S. HARRISON, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

During recent years there has been an increasing interest in facilities and programs available for providing care, training and education for mentally retarded persons. Such services in this State are variously provided by the State Departments of Health, Education, Mental Hygiene and Hospitals, and Welfare and Institutions, and by private State-wide and local groups and organizations. There is need for coordination of these various services and elimination of any duplication. Also, it should be determined what additional efforts can and should be made toward resolving the problems relating to mentally retarded individuals. Accordingly, the General Assembly at its 1962 Session adopted House Joint Resolution No. 69 directing the Virginia Advisory Legislative Council to make a study of services provided mentally retarded persons. The text of the resolution is as follows:

HOUSE JOINT RESOLUTION NO. 69

Directing the Virginia Advisory Legislative Council to make a study of services provided mentally retarded persons.

Whereas, there are in Virginia many thousands of persons who are concerned with the problems of mentally retarded individuals of all ages; and

Whereas, the programs and services of training, education, diagnosis, care and treatment must continue without interruption; and

Whereas, such services as prevention, diagnosis, evaluation, education, training, care, treatment, vocational training, counseling, and placement are provided at various times by the State Department of Health, State Department of Education, State Department of Mental Hygiene and Hospitals, and the State Department of Welfare and Institutions; and

Whereas, State programs and services to mentally retarded persons may be interrupted, curtailed or omitted due to areas of questionable jurisdiction or lack of jurisdiction or authority; and

Whereas, there is a need to determine what services are available from public and private agencies and the cost or charges for such services; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is hereby directed to make a study of

the services provided mentally retarded individuals by public and private agencies in this State, and the costs or charges of such public and private services; and the Council shall further inquire into such areas, if any there be, between the various State agencies, wherein the State programs and services to mentally retarded persons may be interrupted, curtailed or omitted due to the questionable jurisdiction or the lack of jurisdiction or authority of the State agencies administering such programs and services. The Council shall recommend any changes in such programs and services and the laws relative thereto as shall appear necessary to eliminate such areas of interrupted, curtailed or omitted services.

All agencies of the State shall assist the Council in its study. The Council shall conclude its study and make its report containing its findings and recommendations to the Governor and General Assembly not later than October one, nineteen hundred and sixty-three.

The Council selected John Warren Cooke, of Mathews, a member of the House of Delegates and a member of the Council, to serve as Chairman of a Committee to make the initial study and report to the Council. Selected to serve as members of the Committee with Mr. Cooke were the following: W. Kuhn Barnett, Director, Division of Elementary and Special Education, State Department of Education, Richmond; Dr. Walter E. Bundy, Jr., Pediatric Physician, Richmond; Orby L. Cantrell, Merchant and member of the House of Delegates, Pound; Dr. Hiram W. Davis, Commissioner, Department of Mental Hygiene and Hospitals, Richmond; Mrs. Merritt W. Matthews, Housewife, Arlington; James H. Montgomery, Jr., Attorney, Richmond; Mrs. Max A. Murray, Housewife, Roanoke; Mrs. Mary Alice Roberts, Field Representative, Virginia Department of Welfare and Institutions, Roanoke; Toy D. Savage, Jr., Attorney and member of the House of Delegates, Norfolk; Dr. Mack I. Shanholtz, State Health Commissioner, Richmond; and Wm. B. Spong, Jr., Attorney and member of the Senate of Virginia, Portsmouth.

The Committee organized and elected James H. Montgomery, Jr., as Vice-Chairman. John B. Boatwright, Jr. and Wildman S. Kincheloe, Jr. served as Secretary and Recording Secretary, respectively, to the Committee.

The Committee held public hearings in Richmond and Roanoke. Many interested individuals, officials, and representatives of organizations concerned with problems of the mentally retarded appeared before the Committee on these occasions and made suggestions and presented valuable information.

The Committee also toured facilities for the mentally retarded in the Norfolk and Northern Virginia areas. Both publicly and privately operated facilities were observed on these tours. Types of facilities visited were: preschool center for retarded children, day training schools for severely retarded children, classes for retarded children, a sheltered workshop, a diagnostic clinic, and an occupational training center.

The Committee carefully considered the material and information which had been gathered and made available, and the suggestions which had been presented, and, after completing its deliberations, made its report to the Council. Having reviewed the Committee's report, the Council now presents its findings and recommendations, and the reasons therefor.

RECOMMENDATIONS

1. The heads of the State Departments of Education, Health, Mental Hygiene and Hospitals, and Welfare and Institutions, an informal group known as The Interagency Group, should appoint a minimum of two qualified persons to meet and work with them on problems concerning the mentally retarded.

2. The number of special classes in the public schools for educable and trainable mentally retarded children should be increased. The State should increase the proportion of salaries presently being reimbursed to localities (one half, with a maximum of \$1,600) for teachers of such classes. Programs for the training of the teachers of mentally retarded children, presently being conducted at State supported institutions of higher learning, should be expanded.

3. Day care centers should be included as an essential part of an over-all program for mentally retarded children. The primary responsibility for operating and maintaining these centers should be that of local agencies or civic groups with appropriate supervision by and financial aid from an appropriate State agency.

4. The number of Consultation and Evaluation Clinics, such as those in operation at the Medical College of Virginia, in Tidewater Virginia, in Northern Virginia and in the city of Roanoke, should be increased.

5. The State Departments of Health, Mental Hygiene and Hospitals, and Education should cooperate in providing services on an itinerant basis for the identification of retarded children of school age residing in sparsely populated areas of the State.

6. The State, through the Special Education Service of the State Department of Education, should provide financial aid toward the salaries of school psychologists to administer individual psychological tests in screening children for enrollment in special classes for the mentally retarded, and to assist teachers in identifying symptoms of early emotional disturbance. Upon detecting the symptoms of emotional maladjustment, the psychologist should make his findings available to parents and teachers, and recommend to the parents appropriate resources available for treatment and training. Where possible, the psychological services provided by the faculties of local colleges and universities should be utilized.

7. The Phenylketonuria (PKU) Testing and Supplementary Diet Program of the State Health Department should be continued and expanded as experience and research determine the need for such expansion. (Phenylketonuria is defined as "an inborn error in phenylalanine metabolism causing moderate to severe mental retardation and other symptoms

8. Public health nurses as a part of their in-service training should be indoctrinated in methods of counseling mothers of young infants who are discovered to be mentally retarded.

9. Where home care programs for young children are being initiated or carried out, such programs should include care for the mentally retarded child.

10. Local school authorities should be encouraged to employ assistants to teachers of special classes for trainable retarded children.

11. If and when the State Board of Education makes provision for State aid toward the operation of kindergartens, the service should include preschool classes for mentally retarded children.

12. The training and job placement program for mentally retarded children of the Division of Vocational Rehabilitation of the State Department of Education should be intensified. One or more counselors or placement officers should be assigned to work with the mentally retarded, both youths and adults. As the program grows, there should be a division of these duties so as to make available full-time counselors for school youth and full-time workers for adults.

13. A pilot study should be made by the Division of Vocational Rehabilitation in cooperation with employers to determine the jobs that may be done as well by mentally retarded individuals as by persons of greater mental capacity.

14. The organizations of parents of retarded children should endeavor to coordinate the activities of civic and volunteer groups that are serving the mentally retarded. Every effort should be made to avoid duplication and increase efficiency in the operation of programs and facilities. In addition, the parent groups should assume responsibility for education of the public on the problems of the retarded.

15. The State-operated residential schools for deaf and blind should review their school offerings and facilities to determine whether they can make provision for the needs of the deaf retarded and the blind retarded. If they cannot, some provision should be made so that those who are educable may be placed in schools in other states having school programs for the retarded deaf and blind.

16. The General Assembly should direct the Virginia Advisory Legislative Council to make a further study in prevention, methods and procedures for diagnoses, vocational training and rehabilitation services, counseling, residential facilities and sheltered workshops relating to the mentally retarded.

FINDINGS AND REASONS FOR RECOMMENDATIONS

Mental retardation has been defined as "a lack of intellectual ability, resulting from arrested mental development, and manifesting itself in poor learning, inadequate social adjustment and delayed achievement". To this definition we would like to add several others which will be helpful in understanding the content of this Report.

IQ (intelligence quotient)—The rate at which a person is functioning intellectually at a given time as determined by certain tests. An IQ of 100 means a person is functioning at a rate normal for his chronological age. An IQ of 50, for instance, means he is functioning at half that rate; for example, if he is 16 chronologically, he will have the mentality of an 8 year old.

Custodial—A mentally retarded person who will always require 24 hours a day care and whose IQ falls below 30.

Trainable—A mentally retarded person whose IQ falls approximately between 30 and 50. Trainables can be taught to become socially independent (able to dress themselves, to eat with utensils, and to fit into group situations with a minimum of disruption), but will never become economically independent. Trainables can be taught to read for protection (such words as "stop", "danger", and "exit"), but not for information. A few may be capable of engaging in simple repetitive types of work in a sheltered situation, thereby contributing to self support.

Educable—A mentally retarded person whose IQ falls approximately between 50 and 75. Educables can become economically independent, and can learn to read for information, but will probably never read for pleasure. Their maximum attainment academically will be somewhere near the fourth or fifth grade level.

Mental retardation is nine times more prevalent than cerebral palsy; ten times more prevalent than crippling polio; and fifteen times more prevalent than blindness. It is estimated that 3% of our total national population, or over 5,400,000 persons, are mentally retarded. This means that there are approximately 120,000 mentally retarded people in Virginia. Of this number it is estimated that 22,500 are trainable and educable children of school age. In 1960, for example, there were over 90,000 babies born in Virginia, of whom 2,700 may be mentally retarded. Since many mentally retarded individuals are more nearly normal than subnormal, such persons are often unidentified and tend to make fairly satisfactory community adjustments. However, those identified need to have available to them the kind of services befitting their needs so that whenever possible these mentally retarded children and adults will be less dependent on others for their care.

Basically, children who are mentally retarded have the same needs as other children. At various stages of their lives their needs involve health services, family relationships, school experiences, work opportunities, recreation and a feeling of security. Since the mentally retarded are handicapped in their abilities to respond adequately in normal situations, special attention must be given to their needs throughout their life span. These needs change with age and growth and environmental circumstances. And if the needs are to be met successfully, they must be met at particular periods throughout their lives. It is not necessary or desirable for all mentally retarded individuals to be committed to institutional care, provided community services are established to meet the needs of the retarded individual and his family.

The preschool age retarded child needs special training in good habit development, how to function as a member of a group, and how to be less dependent upon others. The retarded child, either too young or too severely handicapped to attend public school or special education and training programs, places a tremendous strain on the personal and financial resources of the family. The older teenage retardate who has not had special education experience or prevocational training is ill equipped to fend for himself within the community, and far too often he may be adjudged a delinquent. Frequently, the adult retardate remains isolated at home, sheltered by and depending upon his family, because he has not received the training which would enable him to move freely about the community.

Efforts have been made by volunteer groups and parents of the retarded to establish within the community daytime facilities which assist in meeting the needs of the mentally retarded during the various stages of their lives. Daytime developmental training programs for the young dependent retardate, preschool training, daytime activities for those excluded from public school programs, sheltered workshops and vocational training, and recreational programs have been financed entirely by community resources. These programs have demonstrated that they are beneficial to the individual retardate, his family, the community, and the State. The need for institutional placement for many mentally retarded has become unnecessary or at least delayed. The per capita cost of these community services is far less than the per capita cost of institutional care

in that the family provides medical and dental services, as well as other family responsibilities such as food, housing, clothing, etc.

Problems of the mentally retarded are not and cannot be the responsibility of any one department of the State government. They are important concerns of several departments. Special education and training, residential care, and welfare, mental health, public health, and other services for the mentally retarded must be planned and developed through an interdepartmental committee utilizing State and local governmental agencies, voluntary agencies, professional groups, and the lay public.

The effectiveness of future programs and services depend in large measure upon State leadership, planning, expert advice and funds. Future programs must be comprehensive and community centered if possible. They must meet the needs at different stages in the life of the retarded individual and his family on an individual basis.

For these reasons we recommend that the Interagency Group appoint a minimum of two qualified individuals to meet and work with them on problems concerning the mentally retarded. The Interagency Group is an informal group consisting of the heads of the State Departments of Education, Health, Mental Hygiene and Hospitals, and Welfare and Institutions, and was established by Executive Order. The Group has been meeting on a regular monthly basis for a number of years to discuss problems, as well as assigned topics, relative to State functions of mutual concern in the fields of responsibility of the respective Departments. This has effected many notable improvements in interagency cooperation, especially in eliminating duplication of effort.

The local interested organizations and groups are to be commended for their efforts on behalf of the mentally retarded. They have taken the lead in initiating programs to meet the varying needs of the mentally retarded individuals in the community. However, the problem is not entirely a local one and if we are to avoid duplication of efforts, needless expense, and overlooking certain mentally retarded persons, the efforts of these local organizations and the activities of the various State departments and agencies must be coordinated. The Interagency Group should endeavor to effect this coordination. In addition, the Interagency Group should assume responsibility for education of the public on the problems of the mentally retarded.

One of the biggest problems which must be overcome in attempting to aid the mentally retarded is early detection and training. All too often the parents of children who are mentally retarded find it difficult to accept the fact that their child is retarded and to seek help at an early age. They fear the social stigma which is attached to retardation through lack of proper understanding on the part of the public. As with a normal child, the mentally retarded child responds to early training much better than when such training is delayed to an older age. Thus, if we are to effectively approach the problem of mental retardation, every effort on the part of State departments and agencies as well as local private organizations must be directed at detecting, as early as possible, every case of mental retardation.

Under the auspices of the Interagency Group, a communications network must be established so that when any department or agency, public or private, is called upon to serve the specific needs of any person who might properly be classified as mentally retarded, other appropriate departments and agencies will be informed of the case so that complete service may be rendered. To this end we recommend that public health nurses, as a part of their in-service training, be indoctrinated in methods of counseling

mothers of infants when such infants have been found to be mentally retarded.

Interest in and development of programs for the severely retarded have grown greatly during the past decade. New approaches in providing services for this segment of our population are beginning to take shape. Foremost among these is the new approach to institutional care. The President's Panel on Mental Retardation, in its first news release, discussed this trend as follows: "Measures to create a new pattern in the institutional care of the retarded utilizing small, accessible residential treatment centers in communities, providing diagnostic, day care and parent counseling services replacing remotely located, large institutions now housing 5,000 or more patients . . .".

Various private and State agencies are exploring and studying the regional center plan, involving frequent meetings and associations of the family and the community with the child. The emphasis is increasingly placed upon strengthening the child and preparing him for his return to the home. Thus, we avoid the problem often faced by the centralized institution, namely, the abandonment of the child by the family and the community. In the centralized institutions the family becomes accustomed to accepting State care as a solution, rather than assuming responsibility for receiving the child as a member of the family.

Another innovation in this decentralizing of care for the mentally retarded is the day care center. The retarded child, who is either too young or too severely handicapped to attend special education and training programs of the community, places a tremendous strain on the personal and financial resources of the family. In addition, the retardate, if he remains isolated at home, frequently does not receive the training or the social experiences which are vital to his development and happiness. Day care programs for the retarded are being developed in communities throughout the State in an effort to meet some of these most pressing needs.

We therefore recommend that day care centers should be included as an essential part of an over-all program for mentally retarded children. The primary responsibility for operating and maintaining these centers should be that of the local agencies or civic groups with supervision by and financial aid from an appropriate State agency.

To avoid unnecessary expenses, it is imperative that present educational structure be used to its maximum in providing education and training of the mentally retarded child. However, we cannot allow the mentally retarded to interfere with the education and training of the normal child. To prepare the retarded child to take his place, even for a limited time, in the public education system it is necessary that, where practical and when funds are available, special preschool classes be organized to provide early training for the retardate. Through early training, especially of the educable group, the effects of retardation, particularly among the borderline cases, can be minimized or overcome. Thus, when and as the State Board of Education makes provisions for State aid toward the operation of kindergartens throughout the State, the service should include preschool classes for mentally retarded children. In those areas of the State where kindergarten programs are being initiated or carried out, similar preschool programs should be provided for the mentally retarded child.

There is also a great need for increasing the number of special classes in the public schools, both elementary and secondary, for the educable and trainable mentally retarded children. The State should assume responsibility for reimbursement of a larger proportion of the teachers' salaries in

such classes. At present, the State will grant aid to a locality for the salary of a teacher in special classes for retarded children up to \$1,600 annually per teacher. In the past this figure would have amounted to one half the salary of a regular teacher. This amount does not now have the incentive value for the community which it once had.

However, should the number of special classes for retarded children be increased, there obviously would be a need for more teachers, specially trained for conducting such classes, than are presently available. Therefore, the programs for training these teachers, presently being conducted at several State supported institutions of higher learning, should be expanded.

Local resources for financing community services and facilities for the mentally retarded apparently have been utilized to the fullest extent, and further expansion is dependent upon State support. The tuition grant program of the State Department of Education in some instances has provided grants to mentally retarded children to enable them to attend private nonsectarian schools. These schools must meet the standards established by the State Board of Education. The regulations governing this tuition grant program do not permit tuition grant awards for the mentally retarded who are not of school age. The Division of Vocational Rehabilitation, through its program of purchasing services, has provided funds for vocational training for a limited number of mentally retarded adults believed to be employable. However, this program does not always meet the needs of such retardates in sparsely populated areas of the State. These areas offer few employment opportunities for a retardate, even though he may be or could become qualified for certain limited job classifications. Since such a training program cannot be established until a prescribed minimum number of persons will be available for training, it would usually be necessary for the retardate residing in a sparsely populated area to relocate to secure training, as well as employment. In many cases it is difficult for the retardate to properly adjust to being away from his home community.

If further extensions of the Vocational Rehabilitation Program are to be effective, it will be necessary to establish a means for determining the job classifications or functions in industry which can be performed by the mentally retarded as effectively as by normal persons. The classifications may include repetitive operations that may become boring and uninviting to persons of average intelligence, but which are very satisfying to the mentally retarded. With automation increasing at a rapid pace, it will be necessary that such job evaluations and classifications be made on a continuing basis.

As an initial means of determining appropriate job classifications for the mentally retarded and the training requisites therefor, the State Department of Education through the Division of Vocational Rehabilitation should conduct a pilot study in cooperation with all interested employers. We believe the increased awareness on the part of the public resulting from such a program would be of significant help to the mentally retarded.

In order for various communities in Virginia, large or small, to establish developmental programs for the mentally retarded who are (1) either too young or too severely handicapped to attend public school special education and training programs; (2) excluded from public school education training programs; (3) residing in areas where public school special education and training programs do not exist; or (4) adolescent youths and adults above school age in need of additional vocational training or are deemed to be not employable, we recommend that the State, through the appropriate departments or agencies, establish, as a part of their State-

wide services, training centers for the mentally retarded. In lieu thereof, the appropriate department, or departments, or agencies should be empowered to provide funds for the purchase of services on a per capita basis where such services to the mentally retarded are operated by a nonprofit corporation or a volunteer association.

In Virginia, as we indicated previously, the only financial assistance presently available for mentally retarded children of school age who cannot attend public school classes is a State pupil scholarship grant in the amount of \$250 granted annually to those who can qualify and attend approved private schools.

The unrecognized retarded child may be erroneously placed in the categories of the severe behavior or school adjustment problem, the school dropout and the juvenile delinquent or social adjustment problem. Needless to say, not all children with these difficulties are retarded; however, it is most important that the retarded be recognized as such. Basically, to do so, it will be necessary to have a full-time school psychologist and other school personnel available to work as a team in recognizing the retardates who have not been previously discovered, so that such children may be enrolled in special classes for the mentally retarded.

To establish such a State-wide program will take time and study. As an interim step, the State should aid the various communities in the establishment of consultation and evaluation clinics such as those in operation at the Medical College of Virginia, in Tidewater Virginia, in Northern Virginia and in the city of Roanoke. The facilities of the local colleges and universities should be utilized where possible. Also, the State, through the Special Education Service, should provide financial aid toward the salaries of school psychologists in order to assist teachers in identifying the mentally retarded and detecting symptoms of early emotional disturbance. When symptoms of emotional maladjustment are detected, the psychologist should inform the parents and recommend appropriate resources for treatment.

There appears to be a need for the establishment of additional classrooms for retarded children residing outside of the geographic areas now served by the urban consultation and evaluation clinics. To reduce the cost of such a program the Department of Health, the Department of Mental Hygiene and Hospitals and the Department of Education should cooperate in providing services on an itinerant basis for the identification of retarded children of school age residing in the sparsely populated areas of the State.

To aid the schools in expanding their special classes for retarded children, the local school boards are urged to augment their staff of properly qualified teachers, by employing assistant teachers for the educable and trainable retardates.

Nurses and doctors at prenatal and baby clinics should encourage mothers to have their babies tested for phenylketonuria (PKU) until such time as these tests are made compulsory. The PKU supplementary diet program should be continued and expanded as experience and research determine the need for such expansion. PKU research presently being conducted by the Superintendent of the Lynchburg Training School and Hospital should be supported by medical and nonmedical personnel employed in State departments and agencies institutionally concerned with the needs of mentally retarded children.

We must not only concern ourselves with the problems of the retarded child or youth but also with the retarded adult. In too many cases the

retarded child grows up and gets lost in the community. Whenever possible the ultimate aim of our training of the educable retardate should be to help him take his place as a productive member in society. There is a growing need for regional or local rehabilitation centers and sheltered workshops throughout the State to provide the supervision and training necessary to the adult retardate's development.

The training and job placement program for mentally retarded children of the Vocational Rehabilitation Service should be intensified. One or more counselors or placement officers should be assigned to work with the mentally retarded, both youths and adults. As the program grows, there should be a division of these duties so as to make available full-time counselors for school youths and full-time workers for adults. Training schools and classes for the mentally retarded should place greater emphasis on preparing the moderately retarded group for further training and placement by the Vocational Rehabilitation Service. During the final year of their school experience, mentally retarded youth who need further training for employment are referred to the Vocational Rehabilitation Service for further training and placement.

The curriculum for educable mentally retarded youth at the junior and senior high school age level should include study of what is required in the performance of various types of work suitable for the retarded. The senior high school group should be introduced to work opportunities that may be available in a community and should be assisted by the teacher in identifying those jobs that might be suitable for them.

The deaf or blind mental retardate presents a particularly difficult problem. The curriculums of our State residential schools for the deaf and blind are not suited or adapted to the added burdens of training such persons who are also mentally retarded. We are not at all sure that including mentally retarded blind and deaf children in such schools would be conducive to the proper atmosphere for the other students. We believe such schools should review their offerings to determine if some provisions, though limited in scope, could be made for such retardates. If they cannot, some other provisions should be made; possibly funds could be provided so that such retardates may be placed in appropriate schools in other states.

There follows a brief summary of State financial aid available to the localities for training of the mentally retarded. Reference is made to the appropriate sections of the Code of Virginia.

§ 22-9.1. The State Board of Education is authorized to prepare and place in operation a program of special education designed to educate and train physically handicapped, emotionally disturbed and mentally retarded individuals without regard to whether they are of school age.

§ 22-9.2. From funds provided by law, the State Board of Education may assist local school divisions to employ and pay teachers to instruct special classes for the handicapped, including children who require special instruction, whether by reason of mental retardation, cerebral palsy, physical deficiency or otherwise.

Pursuant to these acts, the State Board of Education has approved distribution of special education funds to localities as follows:

(a) Reimbursement is made on salaries of teachers of classes for mentally retarded children on the basis of one half of the teacher's salary with a maximum of \$1600 from State funds.

(b) Reimbursement is made on salaries of attendants in special classes for the trainable mentally retarded on the basis of one half of an annual salary of \$1600, or a maximum of \$800 per attendant from State funds.

(c) Reimbursement is made on transportation to and from special classes for handicapped children unable to use existing means of school transportation. State aid is available to localities on a matching basis.

§ 22-241. The governing bodies of the several counties, cities and towns are authorized to make appropriations out of the county, city, or town funds, as the case may be, to provide for the health examination and physical education of school children, including special facilities for handicapped children, and the employment of school nurses, physicians, physical directors, physical therapists, occupational therapists and speech therapists, for special classes for handicapped children and for their medical supervision. Such appropriations are to be placed to the credit of the county or city school funds.

While existing State laws are salutary in and of themselves, they do not go far enough to solve the problems faced by the mentally retarded and their families. However, before any other laws are recommended or enacted on the problems of the mentally retarded, all present efforts must be properly coordinated and the effect of the present laws must be carefully studied and evaluated over a reasonable length of time. For these reasons we recommend a continuation of this study.

CONCLUSION

We wish to thank the members of the Committee for contributing their time and effort to the conduct of this study. We also express our appreciation to all individuals and representatives of State and private agencies who gave the Committee the benefit of their suggestions and of the information available to them, and to the organizations which made possible the tours by the Committee of facilities for the mentally retarded.

Attached is a resolution carrying out our recommendation that this study be continued.

Respectfully submitted,

CHARLES K. HUTCHENS, Chairman
EDWARD E. WILLEY, Vice-Chairman
C. W. CLEATON
JOHN WARREN COOKE
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Directing the Virginia Advisory Legislative Council to continue its study of services provided mentally retarded persons.

Resolved by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is directed to continue the study of services provided mentally retarded persons which it has made in pursuance of House Joint Resolution No. 69 of the 1962 Session of the General Assembly. The Council is directed, in making this further study, to give particular attention to prevention, methods and procedures for diagnoses, vocational training and rehabilitation services, counseling, residential facilities and sheltered workshops, all as relating to the mentally retarded.

All agencies of the State shall assist the Council in its study. The Council shall conclude its study and make its report containing its findings and recommendations to the Governor and General Assembly not later than