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**SERVICES PROVIDED MENTALLY RETARDED PERSONS**

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



HD 14,1966

COMMONWEALTH OF VIRGINIA  
Department of Purchases and Supply  
Richmond  
1965



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# SERVICES PROVIDED MENTALLY RETARDED PERSONS

## REPORT OF THE

### VIRGINIA ADVISORY LEGISLATIVE COUNCIL

Richmond, Virginia, December 28, 1965

To:

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

and

THE GENERAL ASSEMBLY OF VIRGINIA

At its 1962 Regular Session, the General Assembly of Virginia, by House Joint Resolution No. 69, directed the Virginia Advisory Legislative Council to make a study of services provided mentally retarded persons. The Council made its report, including therein a number of recommendations. It also recommended that the study be continued.

House Joint Resolution No. 11 of the 1964 Regular Session of the General Assembly directed the Council to continue its study of services provided mentally retarded persons. The text of the resolution is as follows:

#### HOUSE JOINT RESOLUTION NO. 11

*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 October one, nineteen hundred sixty-five.

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, member of the House of Delegates, Pound; Mrs. W. Hamilton Crockford, III, Richmond; Dr. Hiram W. Davis, Commissioner, Department of Mental Hygiene and Hospitals, Richmond; Mrs. H. D. Jordan, Jr., Chesterfield County; Mrs. Merritt W. Matthews, Arlington; James H. Montgomery, Jr., Attorney, Richmond; Mrs. Max A. Murray, Roanoke; Mrs. Mary Alice Roberts, Training Supervisor, Virginia Department of Welfare and Institutions, Roanoke; Dr. Mack I. Shanholtz, State Health Commissioner, Richmond; Wm. B. Spong,

Jr., Attorney and member of the Senate of Virginia, Portsmouth; and George F. Tidey, Attorney, Richmond.

The Committee organized and elected Mr. Montgomery 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 Abingdon and the city of Fairfax. 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 toured the Lincolnia Training Center for moderately retarded children, which is operated by the Fairfax County School Board. It also toured the Lynchburg Training School and Hospital at Colony.

The Committee considered the information and material before it, and made its report to the Council. Having considered the report of the Committee, the Council now makes its report.

The Virginia Mental Retardation Planning Council is composed of nine members, and eight ex-officio members, appointed by the Governor. Included among the nine members are the directors of the Departments of Mental Hygiene and Hospitals, Health, Welfare and Institutions, and Education. Also, three members of the Committee, Dr. Davis, Dr. Bundy, and Mrs. Matthews, are members of that Council. Mr. Cooke is an ex-officio member. The report of the Virginia Mental Retardation Planning Council, when released, will reflect the views of the members of that group, based on information secured from all sections of the Commonwealth. The report will supply information on the present status of services provided mentally retarded individuals.

Also included in this report will be many suggestions for legislation. These were proposed by civic leaders, social workers, educators, medical and mental hygiene personnel, nurses, and members of other groups interested in assisting mentally retarded persons to adjust as members of the community and, wherever possible, making provisions for training these persons for useful and productive employment. It is recommended that interested citizens and public officials intensively study the report of the Virginia Mental Retardation Planning Council when it is released.

Children who deviate from the norm, either physically, socially, mentally or emotionally, to the extent that they are unable to profit from instruction in the regular classroom are *exceptional* children. They require a certain amount of special grouping and specific instructional techniques to meet their special needs if they are to develop their potentials.

Special education services for children with special needs were inaugurated in the State Department of Education in Virginia at the beginning of the school year of 1938. Personnel was employed in the Department to supervise a school program planned to meet the needs of children who were physically disabled, mentally retarded, or who had defective speech. At this time, Virginia was one of a few states having persons in their departments of education assigned to this particular function.

Special education services are provided for the mentally retarded under two classifications: educable and trainable. Identification is determined through evaluation and diagnosis by qualified psychological examiners, along with other information relating to health, environment, school experience, social and developmental history. The terms "educable" and "trainable" are used to describe the degree of retardation.

Mentally retarded children in the educable classification have approximately  $\frac{1}{2}$  to  $\frac{3}{4}$  of the intellectual capacity of "average" children. They can profit from educational experiences in keeping with their capacities for learning, their social adjustment, and their aptitudes and interests. Children in the upper borderline group may be expected to attain at maturity achievement at approximately the fifth-grade level in reading. The ultimate objective of a program for such children is to educate them so that they may become self-supporting members of the community, prepared to participate in community affairs and to perform their citizenship responsibilities. If allowed to remain in the competitive environment of a regular classroom, these children are often subjected to frustrations with the result that they frequently develop objectionable behavior patterns and fail to profit from school attendance. When placed in special classes where curriculum experiences are provided to develop their potentials, many of them become socially acceptable, attain adequate personal adjustment, master the academic skills needed in everyday living, and develop useful vocational skills.

The potentialities and intellectual abilities of the trainable mentally retarded are below those of the educable, but they may be expected to benefit from training in a group situation. The basic objectives of an educational program for these non-academic children emphasize training for self-care and social adjustment for living in a protective environment.

During the school session 1964-65, 903 trainable children were enrolled in 77 special classes, and 6,194 educable children were enrolled in 368 special classes. A total of 7,097 mentally retarded children were enrolled in 445 special classes in 42 counties and 23 cities throughout the State.

It is estimated that during the first year of the next biennium more than 10,000 mentally retarded children will be enrolled in 645 special classes, and that in the second year of the biennium more than 12,000 mentally retarded children will be enrolled in 820 special classes.

There has been State aid on the purchase of psychological evaluation of those children being considered for enrollment in special classes for the mentally retarded. In the budget request of the State Board of Education for 1966-68 an amount has been requested to assist localities in the employment of full-time school psychologists to be assigned to special education for the purpose of testing and evaluating the mentally retarded and emotionally disturbed children for class placement, and to make evaluations at frequent intervals on the progress of these children. For those parts of the State remotely removed from professional services it is contemplated that during the next biennium itinerant teams will be formed to give such services.

During the time that special education funds have been allocated to the localities for aid on salaries of teachers of special classes for the mentally retarded, the amount of aid for a ten-month session has been \$1,600 per teacher. Rapid growth in the number of classes has exceeded the amount of money available for such reimbursement. The requests from school divisions for financial assistance from Special Education Funds are considerably greater than the amount of money appropriated for services to the mentally retarded. There were 445 teachers of special classes for mentally retarded children during 1964-65. Reimbursement by the State toward salaries of these teachers was made in the amount of \$1,600 each for only 327. The budget for 1966-68 submitted by the State Board of Education places all instructional positions in one item for a basic education program. Teachers of special classes are included as a part of this new plan. Under its provisions aid to localities on salaries for teachers of special classes should average over the State approximately \$3,300 per teacher. There

will be variations due to differences in experience and college preparation. If the basic school program as projected by the State Board of Education is adopted, it is believed that a sufficient number of positions can be designated for teachers of classes for the mentally retarded children to bring all positions under State aid during the 1966-68 biennium.

The Committee has had frequent opportunities to secure information on the special education program of the State Department of Education for mentally retarded children. This program has had a gradual development over a period of 27 years. For the Session 1953-54 the first special classes were organized in the public schools for mentally retarded children. There were 15 such classes. The number of special classes for the mentally retarded has steadily increased, as previously mentioned. The efforts of the State Department of Education in this area should be encouraged and additional funds made available so that State aid may be allotted on the salaries of all teachers employed in the State for such special classes. As a result of the proposed basic education program, the rate of organization of new special classes for the mentally retarded will undoubtedly be greatly accelerated.

An essential to provision of services for the mentally retarded is discovery of such retardation, and determination of the degree thereof. Consultation and Evaluation Clinics (usually referred to as C & E Clinics) play an important role in this respect.

These clinics essentially consist of so-called multi-professional diagnostic evaluation teams consisting of a pediatrician, social worker, psychologist and public health nurse. The major purpose is a diagnostic evaluation of children who appear to be mentally retarded so that the problem can be identified, and interpreted to the parents. Then recommendations can be made for treatment and education.

The Special Richmond Area Clinic is the center for the C & E Clinic program, and was begun in 1957. It is jointly sponsored by the Bureau of Crippled Children of the State Department of Health and the Department of Pediatrics of the Medical College of Virginia. The efforts of this Clinic are generally in the areas of service in diagnostic evaluation. However, it also conducts teaching and training programs in mental retardation for public health nurses, medical students, social workers and physicians; also research programs in mental retardation, particularly in the areas of metabolic disorders, chromosomal abnormalities, etc.

Regional C & E clinics have since been established by the State Department of Health in Norfolk, Arlington, Fairfax, Roanoke and Bristol, the last in September, 1964. These clinics were established as a result of parent groups stimulating community interest in the problem. We express the hope that these clinics will rapidly expand in number, and become available to all regions of the State.

Renewed emphasis should be placed on vocational rehabilitation. It is hoped that the State Department of Vocational Rehabilitation and the Virginia Employment Commission will take advantage of the new federal legislation and funds available from the United States Department of Labor and the Vocational Rehabilitation Department of the United States Department of Health, Education and Welfare. Special attention should be given to providing pre-vocational training within public school systems, providing opportunities for all mentally retarded individuals, both educable and trainable, to be trained, reviewing training regulations and adjusting them to the specific needs of the mentally retarded, enlarging on employment areas suitable to the capabilities of the mentally retarded, and assisting in establishing sheltered workshops.



The State Health Department laboratory offers to physicians and hospitals free testing for phenylketonuria (PKU), a condition which leads to mental retardation. PKU is caused by the production of excessive amounts of phenylalanine (an amino acid). If discovered early (shortly after birth) those affected can be placed on special corrective diets which will prevent mental retardation. The test is very simple, requiring only three drops of the baby's blood. It will determine the absence or presence of PKU. The test should be done no earlier than the third day on formula feeding, or the fifth day on breast feeding. It gives the earliest results and is the most accurate method of testing.

We have heard reports of the recent development of tests for screening newborn infants for metabolic diseases in addition to PKU. We wish to commend the State Health Department for its efforts in encouraging such testing, and to support the continued emphasis by the Department, local physicians and others on such routine screening of newborn infants.

Preventive and rehabilitative social services are available through the various programs administered by local public welfare departments in every political subdivision in Virginia. These services include financial assistance and casework services to needy, mentally retarded adults and children living in their own homes, in homes of relatives, in foster homes, or in institutions.

The State Department of Welfare and Institutions conducts on-going, in-service training programs to help professional personnel acquire skill in the detection of mental retardation; keep informed of State resources for the mentally retarded; work with families regarding referral for diagnosis and evaluation followed by subsequent planning for special education, day care, institutional care, and vocational training as needed.

All such social welfare services are available to mentally retarded persons as to any other needy persons.

## RECOMMENDATIONS

1. That legislation be enacted requiring a physician to report serious physical injuries inflicted upon a child under fifteen years of age, when he has reasonable cause to suspect that such injuries were inflicted other than by accidental means by a parent or other person responsible for the care of the child, and granting immunity from civil or criminal liability which might be otherwise incurred by the making of such report.

2. That the Virginia Mental Retardation Planning Council is requested to study the statutes relating to the licensing and inspection of boarding homes, nursing homes and half-way houses for the mentally retarded, with the view of recommending amendments for the updating of such statutes.

3. That the Virginia mental Retardation Planning Council is requested to study the matter of guardians for the mentally retarded, with the view of recommending legislation in this field.

4. That the Department of Mental Hygiene and Hospitals is requested to formulate a plan for establishing regional centers for the mentally retarded.

## REASONS FOR RECOMMENDATIONS

1. Information now available indicates that severe blows inflicted upon a child might cause mental retardation. If it comes to the attention of a physician that a child is probably being subjected to such treatment by a parent or anyone responsible for his care, we believe this should be

reported so that steps can be taken to prevent the continuation of this mistreatment. Thus, possible cases of mental retardation might be prevented.

2. The statutes relating to licensing and inspection of private institutions and homes for the mentally retarded should be clarified and strengthened, and should include some provision for coordination.

3. The matter of guardianship for the mentally retarded is a broad and complex problem. There is the matter of guardianship for mentally retarded persons in case of death or disability of parents, or others who have responsibility for such persons. Guardianship would prevent commitment of many retarded persons to State institutions, particularly when they are able to support themselves or have a source of funds, either private or public. Social Security provisions differ regarding retarded dependents. Exceptions in favor of the retarded also exist under federal pension plans, military pension plans, some insurance plans and certain veterans' benefits. Also, there should be a statutory definition of mental retardation. Such a definition would be essential in laws providing for appointment of guardians for mentally retarded persons.

4. We endorse the concept of regional centers for the mentally retarded. The retardates could then reside within an easily accessible distance from their homes, so that they might be visited by their families, and be brought home for short visits, and so that interested groups from their own community might be readily available to provide for the many extra needs, including entertainment and worthwhile activity, all of which would not be made available as easily if the mentally retarded persons were in a State-wide institution far removed from their own community.

## CONCLUSION

We wish to express our appreciation to the members of the Committee for the time and effort which they have given to this study.

A bill, to carry out Recommendation 1, is attached hereto, and we urge passage of this bill by the General Assembly.

Respectfully submitted,

EDWARD E. WILLEY, *Chairman*

TOM FROST, *Vice-Chairman*

C. W. CLEATON

JOHN WARREN COOKE

JOHN H. DANIEL

CHARLES R. FENIWCK

J. D. HAGOOD

EDWARD M. HUDGINS

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CHARLES D. PRICE

ARTHUR H. RICHARDSON

WILLIAM F. STONE

*A BILL to amend the Code of Virginia by adding in Chapter 12 of Title 54 an article numbered 5.1 containing sections numbered 54-321.3 through 54-321.7, to provide for the reporting of certain incidents occurring to children.*

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia be amended by adding in Chapter 12 of Title 54 an article numbered 5.1 containing sections numbered 54-321.3 through 54-321.7 as follows:

#### Article 5.1

§ 54-321.3. Any physician, including any licensed doctor of medicine, licensed osteopathic physician, intern and resident, having reasonable cause to suspect that a child under the age of fifteen years brought to him or coming before him for examination, care or treatment has had serious physical injury or injuries inflicted upon him other than by accidental means by a parent or other person responsible for his care, shall report or cause reports to be made in accordance with the provisions of this article; provided, that when the attendance of a physician with respect to a child is pursuant to the performance of services as a member of the staff of a hospital or similar institution he shall notify the person in charge of the institution or his designated delegate who shall report or cause reports to be made in accordance with the provisions of this article.

§ 54-321.4. The report required by § 54-321.3 of this Code shall be made to the Juvenile and Domestic Relations Court. At the request of such court a written report shall be made containing the names and address of the child and his parents or other persons responsible for his care and, if known, the child's age, the nature and extent of the child's injuries (including any evidence of previous injuries) and any other information which would assist in establishing the cause of the injuries and the identity of the perpetrator.

§ 54-321.5. Anyone required to make a report pursuant to the provisions of this article shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed by the making of such a report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report.

§ 54-321.6. Neither the physician-patient privilege nor the husband-wife privilege as set forth in §§ 8-289 and 8-289.1 shall be grounds for excluding evidence regarding a child's injuries or the cause thereof in any judicial proceeding resulting from a report pursuant to the provisions of this article.

§ 54-321.7. Anyone knowingly and willfully violating the provisions of this article shall be guilty of a misdemeanor.

