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ABSTRACT

The author reviews the need to provide continuity of services to developmentally disabled persons and makes recommendations for the redesign of New Jersey's organizational structure responsible for personal program coordination. Limitations of existing programs are seen to involve administrative, categorical and geographic factors. Proposed are administrative changes that would allow for establishment of local "one stop human resources centers" supervised by a state agency to provide outreach and casefinding, information and referral, advocacy support, record keeping, periodic followup evaluation and intervention, and life-long availability. Administrative arrangements, information use and sharing, implications for other systems, public information and education, and funding considerations are analyzed. (CL)

Précis: LONG-TERM PERSONAL PROGRAM COORDINATION

Summary of a report by Leopold Lippman
for the Developmental Disabilities Council of New Jersey
under a grant to the Mount Carmel Guild of Newark

April 1975

A personal program coordination service is the integrative mechanism which makes meaningful the continuum of services required to maximize the potential of each developmentally disabled person, and his/her most effective participation in the life of society.

As the Developmental Disabilities Council of New Jersey has said in its draft Comprehensive Plan (1974a), case management is a process of assessment, planning, assignment, follow-up and reassignment, conducted iteratively through the life of the disabled person.[1] The objective is to provide continuity of services from phase to phase in the life of the individual.

The components of a successful personal program coordination service include:

--Service outreach, to find the client in need at the earliest possible stage of his life.

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[1] The Accreditation Council for Facilities for the Mentally Retarded (1973) in its Standards for Community Agencies uses the term "client program coordination" and offers the following definition: "Client program coordination is the process by which responsibility for implementation of the client's individual program plan is established. The client program coordinating process includes providing support, procuring direct services, coordinating services, collecting and disseminating data and information, and monitoring the progress of the client."

--Assessment, evaluation, diagnosis, development of a plan, and counseling of the individual and family.

--Referral to appropriate service resources, and follow-through to insure the rendering of services.

--Follow along; i.e., review, reappraisal and redirection as necessary throughout the life span.

--Record keeping, to facilitate the most effective provision of services, but with safeguards to protect the individual's right to privacy.

--Coordination of the diverse services which the individual may require, including health care, education, vocational training, job placement and oversight, residential services, use of leisure time, financial and legal guidance, and protection from exploitation.

--Standby availability, to help the individual cope with unanticipated problems as they arise.

As the draft Comprehensive Plan notes, it is essential that the services to developmentally disabled persons be conceived of as a lifelong flow, with each phase linked to the past and future according to the needs of the individual.

For the developmentally disabled person, there are special needs for long-term personal program coordination beyond those which exist for other dependent children or adults. The disabled person must not only receive services, but must also receive them in an integrated, sequential manner according to a professionally designed plan which is based upon and responsive to his individual needs. Essential to a successful system of personal program coordination is the establishment of a fixed point of referral, a base to which the disabled person and his family may go, for assistance and counseling whenever required.

At the same time, a cautionary note must be sounded. Society, in its concern to provide for the needs of the impaired individual, must beware of overprotection. Infantilization -- the continuing maintenance of the individual in an unnecessary state of dependency -- can be as harmful to growth and development as the abandonment of a disabled person to personal and social problems with which he cannot cope alone.

A pertinent analogy is the latent power which rests in an electric light switch or an ignition key: the resource is available for instant activation as required to meet an emerging need, but is otherwise quiescent and non-intrusive. Such is the appropriate manifestation of effective personal program coordination.

Findings

There already exist fragments, or elements, of what may ultimately become an effective, comprehensive, statewide structure for long-term personal program coordination for each developmentally disabled person in New Jersey. The trouble with this "pattern" is, however, analogous to the problem of the individuals: that is, the fact that there are indeed only fragments of a system means that there is no (effective, comprehensive, statewide) system. In other words, what is still lacking -- despite the fairly numerous pieces which may serve as "good examples" -- is the structure that could and would provide the outreach, the continuity and the protection which dependent members of our society require if they are to achieve their individual potentials.

Nevertheless, the fragments do provide clues. The problem is not an inappropriateness or lack of quality in what the existing personal coordination services do, but the fact that each one does it in a single dimension; and moreover, the dimensions addressed by the various programs are not congruent, so that they cannot, in their present form, be aggregated into anything resembling a cohesive and comprehensive system.

The limitations of existing programs are of three different types:

A. Administrative. Individual agencies, whether state or local, may be doing an effective job, but at best each one serves a clientele defined and limited by its own focus of concern, which generally is set by law. Thus, for example, the Bureau of Field Services, Division of Mental Retardation, provides the elements of personal program coordination, for the lifetime of the individual if necessary -- but only for those retarded persons receiving "functional services" from the Division. Similarly, the Division of Youth and Family Services offers comprehensive continuity of program planning -- but only for children in need of protection or of care outside their own homes.

B. Age-specific or otherwise categorical. Thus the child study teams of the public educational system do a relatively effective job for considerable numbers of exceptional children; but by law and policy they deal <u>only</u> with children. The Division of Vocational Rehabilitation addresses itself to every identifiable need of each client; but the clients must have vocational potential within the meaning of the Federal law, and there is an affirmative effort to <u>close</u> each case with successful placement, rather than to minister to whatever continuing needs the rehabilitated individual may still have or may later develop.

C. Geographic. There are some excellent programs in New Jersey, and some provocative demonstrations under way, but each has its inherent limitations of catchment area, as well as its categorical constraints. Moreover, some rely for their effectiveness on charismatic leadership or on generous funding as demonstration projects; and neither of these advantages is easy to reproduce statewide. Indeed, one problem with demonstration projects is that when they have demonstrated, they are terminated and filed.

Assumptions and Premises

To understand the scope, the merits and the disadvantages of a proposal for change, it is helpful to have an explicit definition of the frame of reference. Accordingly, here are the assumptions and premises which underlie the recommendations that follow.

--Conceptualizing the ideal would be sterile. The objective in these recommendations, therefore, is to propose an approach to a plan which is feasible and attainable, and which would represent more effective, though not necessarily perfect, continuity of concern for all developmentally disabled persons in New Jersey.

--The population of immediate concern is persons with developmental disabilities, as currently defined by Federal law: "a disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual...closely related to mental retardation or requir(ing) treatment similar to that required for mentally retarded individuals...and which constitutes a substantial handicap...." If the improvements and innovations here proposed later prove adaptable to other dependent persons in New Jersey, this will be of additional social value.

--The "principles of the service delivery system," enumerated in the

Standards for Community Agencies (pp. 1-7) of the Accreditation Council for Facilities for the Mentally Retarded (1973), appear equally applicable as criteria of an effective system for coordination of personal program services: responsiveness, availability, accessibility, individuation, record keeping, quality control and accountability.

--Whatever long-term personal program coordination service is offered to developmentally disabled persons in New Jersey, it should not be a class-related system but should be available to all who need it, regardless of means.

--For economic as well as for other reasons, it is desirable to utilize existing systems or portions of systems, insofar as they are relevant and of suitable quality.

--A structure based on partnership is most desirable, both for reasons of economy and as an appropriate expression of the democratic mode of organization. Partnership embraces the state and local levels of government, each of which has its distinctive role. Partnership also makes possible the cooperative effort of public and voluntary service agencies, working together toward common goals in the service of a population of mutual concern. Further, it should be noted that for the public segment, partnership implies multi-departmental cooperation; and in the voluntary sector, there are roles for both the generic and specialized agencies.

--It follows from the foregoing points that any approach to a more effective system should be pluralistic, rather than monolithic or hierarchical.

--To be comprehensive -- i.e., to reach all developmentally disabled persons who need services, with particular concern and outreach to those least able to seek it for themselves -- a New Jersey-statewide structure for long-term personal program coordination, implying continuity of concern and of service, will ultimately require a statutory mandate. The obligation to provide service cannot be mandated upon the voluntary sector; therefore responsibility for provision (whether by direct operation or by purchase) must be lodged in a public agency. If it is to be effective in affording equal access for all developmentally disabled persons in New Jersey, this should be a state agency, which in turn should have extensions or satellites accessible to all affected individuals close to their communities of residence. For practical and political reasons, responsibility for the service should be fixed in a presently existing agency, rather than one to be created for the purpose. (The responsibility may, however, be carried forward by selective use of private organizations on a contractual basis.)

--The new pattern proposed here will need to be phased in over a period of time probably extending into several years. The reasons are at least four: (a) The political and fiscal realities of budgetary change. (b) The need for gradualness in administrative adjustment. (c) Psychological considerations involved in the acceptance of change by current personnel of existing agencies. (d) The time required to train additional personnel.

Contributory Recommendations

The major recommendation for a statewide redesign of structure (see below) will at best take considerable time, first to gain acceptance, then to effectuate in detail, and to implement. Meanwhile, there are other actions which the Developmental Disabilities Council and its allies can undertake, which may contribute to the successful evolution of the comprehensive statewide system, and which in the meantime may prove to be useful in themselves:

1. Observe, evaluate and encourage those projects and experiments, currently under way or contemplated for early inauguration, which undertake to improve the provision or coordination of services to any segment of the dependent population, whether statewide or in a single community of New Jersey. With respect to each of these there is the potential, either central or peripheral, for significant input of concern for developmentally disabled persons. Among these are:

    a. The efforts of the Department of Institutions and Agencies to reorganize the provision of welfare services, as exemplified in the "State Plan for Title IV-A and IV-B of the Social Security Act Service Programs for Families and Children" (New Jersey Department of Institutions and Agencies, 1974).

    b. The Newark Comprehensive Health Services Plan, as set out in "A Proposal to Social and Rehabilitation Service" for a demonstration project authorized under Title XIX, Social Security Act (Newark Comprehensive Health Services Board of Trustees, 1973).

    c. The Hunterdon Early Childhood Project.

    d. The integration of service by staffs of the Division of Youth and Family Services and the Welfare Board in Monmouth County.

    e. The Newark Pre-School Program for Handicapped, in cooperation with Social Outreach Service for Pre-School Handicapped Children in Essex County.

f. The "citizen advocacy" program under way in Burlington, Mercer and Cumberland Counties, under auspices of the New Jersey Association for Retarded Children.

g. The "home service program" under way in Cloucester, Salem and Cumberland Counties, under auspices of United Cerebral Palsy Associations of New Jersey.

h. The efforts of the Association for Advancement of the Mentally Handicapped to create a "community support system" for handicapped adults.

2. Contribute to current deliberations with respect to "thorough and efficient" education of New Jersey school children, with emphasis on the special needs of developmentally disabled children.

3. Extend and strengthen the operations of the State Department of Health, especially the Crippled Children Program and the Maternal and Child Health Program.

4. Broaden the efforts and services of the Division of Vocational Rehabilitation, in accordance with as-yet-unfulfilled recommendations of <u>The Second Half Century -- A Plan for Vocational Rehabilitation to 1975 and Beyond</u> (Ellis, Carman and Cayer, 1968).

5. Participate in the rationalization of the Department of Institutions and Agencies, with reference to the relationships among its Divisions of Mental Health, Mental Retardation, Youth and Family Services, and Public Welfare, and the vertical relationships between the latter two divisions and the county welfare systems. Also: Encourage the broadening of the Division of Mental Retardation to embrace all developmental disabilities.

6. Establish close, cooperative working relationships with the Department of Community Affairs, the Department of the Public Advocate, and

New Jersey's institutions of higher education.

7. Contribute to the development of more adequate and equitable funding of human services by the state. Support the Governor's efforts toward a revised revenue structure.

8. Stay alert to developments at the national level and in other states. For example, it is reasonable to predict a substantial impact on Federal and other programs resulting from publication of Hobbs' (1975a, 1975b) The Futures of Children and Issues in the Classification of Children. The probable enactment of National Health Insurance in some form by the current session of Congress can likewise have major effects on the provision of health care, broadly defined, for developmentally disabled persons. Major governmental reorganization efforts and other administrative experiments in California, Massachusetts, Ohio, Oregon, Pennsylvania and possibly New York may also have aspects adaptable to New Jersey.

Note: Items 3, 4 and of course 8 imply action at the Federal level. All eight of these recommendations have broad political implications within the State of New Jersey, but this is not a reason to be timorous.

Recommendation: A Redesigned Structure

For a program of service to be successful, and especially for it to provide reliable continuity, it must have at least three assurances: an organizational structure appropriate to the objectives; competent personnel, in sufficient numbers; and adequate financing.

The major recommendation of this report addresses itself principally to the first requirement. The proposal is to bring into existence a comprehensive administration structure which will address the continuing (often life-long) need of developmentally disabled individuals for personal program coordination. Such a structure must be statewide, in order to be uniform and equitable and to meet the needs of all developmentally disabled persons and their families. At the same time, it must be localized in implementation, to be available and accessible to every individual who needs to use it, irrespective of his or his family's private resources. And finally, it must be available whenever needed, without contributing to the dependency of the individual or intruding on his right of privacy and his right to make his own life decisions insofar as he is able.

To the extent possible, the recommendation builds on and seeks to adapt existing mechanisms and resources, rather than proposing a totally new system. To ignore existing assets merely for the sake of innovation would create more problems than it would resolve. On the other hand, it must be noted that even the best of the existing elements of program coordination will require adaptation and modification to meetthe criteria of comprehensiveness, continuity, dependability and effectiveness.

Statewide

Fix the responsibility for the program in a single agency of state government. New Jersey history and administrative logic point to the Department of Institutions and Agencies. The Commissioner may then assign the task to the Division of Mental Retardation. The Division can build on the present activities of the Bureau of Field Services, although considerable expansion (implying augmentation of staff along with redefinition of scope) will be necessary.

The ultimate objective will be to develop an integrated, pluralistic, comprehensive, continuous availability of service along the whole life-line of each developmentally disabled individual. One example is the program of regional centers for the developmentally disabled in the State of California, but while this may serve in some aspects as a conceptual model, the pattern will require adaptation to the different conditions of New Jersey. For the short and middle range, the comprehensive California regional center approach is neither feasible nor necessarily desirable, but the major components of (a) continuity of personal concern through a permanent mechanism, and (b) state-local/public-voluntary partnership, warrant careful scrutiny. Another pattern is that which is evolving in Ohio, but it too has developed out of social, historical, political and programmatic considerations which may be unique to Ohio. The emphasis there has been upon protective services, and in New Jersey in recent years this has not been the high-priority unmet need.

Along with responsibility to activate and supervise the statewide system of personal program coordination, the state agency should have the responsibility to correlate its efforts with the activities of other departments of state government insofar as they may constitute an aspect of personal program coordination. Lateral coordination is not easy to achieve, but if it has the active endorsement of the Governor, it is possible at interdepartmental and also subordinate levels. Alternatively, a legislative mandate could produce the same results.

While responsibility for the statewide program is to be fixed in one department, implementation must be conducted close to the ultimate beneficiary, the developmentally disabled individual. This means localization, which may be achieved through regional units of the operating department, district offices of other state departments, county governmental units, municipalities, or voluntary organizations and service agencies. To add "...or appropriate combinations" would be inadequate; diversity in implementation is not only permissible but highly desirable. Every service agency concerned with any aspect of the lives of developmentally disabled persons should have an active involvement in the personal program coordination <u>somewhere</u> in New Jersey, and the reality is that no one pattern of service, no matter how well it may work in a single community or region, will deliver adequately in every geographic and political area of the state.

Local

In each community,[2] accessible to every developmentally disabled person,[3] there must be a single focal point, which will respond to every expression of need. Its functions will include outreach to find persons and families with problems; information and referral; aggressive advocacy in behalf of the individual seeking service from any part of the multiple service system; record keeping; periodic follow-up evaluation and intervention as

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[2] The "locality" requires careful and differential definition. In rural sections, the effective catchment area may extend over several counties, whereas in densely populated urban centers, it may be necessary to operate several service units within one city. The modal pattern, however, will probably prove to be at the single-county level. This suggests the ultimate establishment of approximately 21 such operating units.

[3] "Accessibility" means some degree of physical proximity, to be sure. It also implies the availability of adequate transportation. Further, it means office hours and other conditions of availability suited to the needs of diverse clients. And finally, it means <u>psychological</u> accessibility: an atmosphere which conveys to the disabled individual and that person's family the fact that the service exists for <u>them</u>.

necessary; and life-long availability.

The focal point should have a physical locus, in a suitable location and architectural context, but it should also be accessible and responsive by telephone and by mail. This activity should be administratively independent, apart from the provision of other services with the possible exception of diagnosis and evaluation.

The staff should include professional and supportive personnel suitable to the tasks they will perform and to the expectations of the individual applicant. Selective recruitment is a first requirement, but beyond this there must be staff training, both as to the substance of the work and as to appropriate behavior in relation to persons seeking information, guidance or help.

The fact that such a "one-stop human services center" is possible has been proved repeatedly in different ways throughout the United States. The outstanding example in New Jersey was the Community Social Services Center which operated for three years in Hamilton Township. Although that demonstration project was concluded in 1973, the experience is being adapted in Monmouth County and there are plans for imminent launching of similar programs in Middlesex County and elsewhere. There is also the experience of the "one-stop centers," multi-departmental in composition but unitary in their relationships with disadvantaged job-seekers, in California. Of the 13 centers established in 1965-66, six survived eight years of gubernatorial opposition and continue to provide effective services today. While both of the New Jersey experiments cited (Hamilton Township and Monmouth County) address the needs of the poor and near-poor, and while the California program's primary focus was job placement, the principles are identical and the applicability to the needs of developmentally disabled persons is unmistakable.

Clearly, more than information and referral is the responsibility of the local center. It must provide follow-through to the point, case by case, of successful resolution of the individual's problems. This will mean, in some cases, aggressive advocacy in behalf of the individual. It will obviously mean a considerable investment of time in many cases, usually on the part of a professional staff person.

In addition to the continuity of concern -- indeed, the lifetime availability -- offered by the local "one-stop human services center" under this plan, it is also highly desirable to provide continuity of interaction on the individual level. That is, within each community's program, as offered within the context of the state plan, each developmentally disabled person should have as primary contact one member of the professional staff who functions in the continuing role of informant, counselor and advocate.

It is recognized that individuals are mortal and that professional staff turnover occurs. It is also evident that disabled persons may move from one residence area to another. Within these constraints, however, it is desirable that each disabled person be able to maintain a relationship with one member of the professional staff over the longest possible time span. This is the concept embodied in the Developmentally Disabled Assistance and Bill of Rights Act, introduced in the 93rd Congress, and assuredly applicable in New Jersey.

Administrative Arrangements

The relationship between the single state agency and the local one-stop center will come into existence through the negotiation of an agreement and the signing of a contract. One party to the contract will be the state agency, the Department of Institutions and Agencies. The other may be the regional or district office of a state agency (such as the Division of Mental Retardation's Bureau of Field Services, or the Division of Youth and Family Services); a local governmental unit (e.g., County Board of Freeholders, County Welfare Board, or a local Health Department or Board of Education); a voluntary agency (NJARC, UCPA, ACLD, EFA/NJ, Easter Seal, March of Dimes and AAMH all offer local programs somewhere in the state: and the Mount Carmel Guild is an example of a generic voluntary agency): a consortium of any of the foregoing (probably, but not necessarily, comprising the voluntary agencies only): or a new non-profit corporation created within the community for the specific purpose. In any event, the local party to the contract must be acceptable to all interested agencies, organizations and governmental entities, and there should be provision for continuing involvement of consumers and other community representatives.

The state agency will of course set the requirements and criteria of performance, and it will monitor and evaluate the program as delivered at the community level. It will enforce the terms of the contract, with the power to terminate an agreement and transfer the assignment to a different community agency, if the local contracting party fails to serve adequately the personal program coordination needs of the developmentally disabled persons in its area.

Conversely, the state agency has the obligation to provide not only funding in the agreed-upon amount, but also supportive services as specified in the plan and the contract. Not merely as a legal obligation but in the mutual effort to provide the most effective service to the individual, the state will make its own and collateral agencies' resources available to enhance and promote the service of the local agency.

In addition to the radiating lines of supportive service between the state agency and the individual community-level operators of the personal program coordination service, there should be statewide services universally available to developmentally disabled individuals and their families. One such service is a toll-free telephone line, heavily publicized to prospective users and staffed on a 24-hour, 7-day-a-week basis by competent personnel. This would be the first recourse of distressed individuals who otherwise might not know where to begin the search. (The Homestart project of Aux Chandelles, an agency of the Elkhart County, Indiana, Association for the Retarded, is an example of how the first need is met) The SCRIP program, currently operating as a computerized directory service in New Jersey, may also be expanded and interlinked with the proposed coordination service.

Use and Sharing of Information

With the understanding that the well-being of the disabled person is the overriding consideration, it is desirable that available information be shared among official agencies as freely as possible, consistent with Federal and State laws and the right of the individual to protection of confidential information concerning him. There are currently cooperative efforts between different agencies which lead to more effective services. One notable example is the referral arrangement whereby the names of children determined by the public schools to be "ineducable" are made available to the Division of Mental Retardation through the Department of Education; this leads to early outreach and the proffer of service by the Bureau of Field Services. Another is the working referral arrangement between the Disabilities Determination Unit and the Screening Unit, both within the Department of Labor and Industry but in different divisions;the clients are applicants for Supplemental Security Income, and those disabled persons who may benefit from rehabilitation services learn of the program of the Division of Vocational Rehabilitation, whether or not they ultimately prove eligible for SSI.

In similar fashion, the information reported to and recorded by the Crippled Children Program in the Department of Health should be made available to other agencies within the proposed personal program coordination service. The availability of such information would facilitate two efforts: (a) the offering of direct and appropriate services to the developmentally disabled child at the earliest possible stage of his life, and (b) planning by the school system and other child-serving agencies to meet predictable future needs. State laws mandate the reporting to the Health Department of two categories of persons: "a child born with visible congenital deformities" and "each case of cerebral palsy." Subject to the safeguards required by law and considerations of confidentiality, the information so reported can be utilized to substantial benefit of the child.

The subject of a formal, mandated registry of persons with handicapping conditions is somewhat controversial, and many knowledgeable persons -- including members of the Developmental Disabilities Council of New Jersey -- perceive negative aspects which may offset the anticipated benefits. Nevertheless, to the extent that information is reported, recorded and preserved under present procedures, the pertinent portion of the material should be available to those professional persons and official agencies who might make effective use of it in service of the disabled individual. Clearly, this calls for adequate record keeping, at a high level of accuracy, with the retrievability protected against improper dissemination.

Augmentation of the present procedures for gathering, reporting, recording and sharing information may take the following form:

Step one, with the first identification of a developmentally disabled person, calls for the establishment of what will become a continuing record.[4] The ultimate repository for such a record would be the local agency providing the personal program coordination service to the individual; the local center, in turn, would report to the state agency, so that the information may be aggregated for purposes of research and planning.

Any child discovered and adjudged to be handicapped or disabled to the extent that he might require special educational services at any time up to his twenty-first birthday should be called to the attention of the Department of Education, which in turn should transmit the information to the local school district in which the child lives, both for early intervention and for the planning of future needed services. The information should include, at minimum, the name, address and age of the child and the nature and severity of his handicap. The responsibility for such notification should be mandated on every public agency (such as health and welfare departments) as well as such voluntary agencies as ARC, UCP, ACLD, March of Dimes and private nursery and other schools. Cooperation, while voluntary, should be urged on physicians, psychologists, social workers and other persons who make professional evalua-

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[4] Souders, Butkus and Cassady (1973) have described the Individualized Data Base, which they call "an approach to establishing a data system for monitoring client development in community care programs."

tions in the course of their work.

Each local school system, in turn, should have the responsibility to alert the Division of Vocational Rehabilitation as the handicapped youth approaches the time of school leaving. Alternatively, notification to the local program coordination service agency would alert the whole system of next-needed services, whatever they might be: rehabilitation, housing, counseling, transportation, recreation. (It should be understood that the developmentally disabled individual, and his/her family, have of course the right to reject any service thus offered.)

Implications for Other Systems

Separate studies commissioned by the Developmental Disabilities Council have dealt with advocacy, guardianship and deinstitutionalization. Citizen advocacy is a specialized form of direct personal service. The Ombudsman function exercised by the advocate, by the legally designated guardian, and to a limited extent by the New Jersey Department of the Public Advocate, all contain elements of the concept here described as personal program coordination service. To the extent that the proposed service is successful, it may coopt some of the functions of the other spokesmen and agencies. Alternatively, the effective performance (and statewide availability) of an advocacy program or a guardianship service may lessen the need, or narrow the scope, of the personal coordination service. The evolution of these several programs should be monitored and evaluated in relation to each other.

It is also clear that the function of the personal coordinator, no matter how effectively backed up by a service coordination structure, is ultimately unproductive if the needed services do not exist, or are inadequate in quality, quantity or availability. The coordinator is then thrust into the role of community organizer and change agent; and this outcome should be part of the plan and design rather than occurring by accident or default. That is, the community organization function -- for the purpose of stimulating new or improved services at the local level -- should be seen and encouraged as an explicit function of the coordination service system.

Public Information and Education

Communication, embracing all the channels of mass and individualized dissemination of information, represents another integral aspect of the proposal.

The public information effort has a number of obvious objectives to start with: As in the Pennsylvania Child Hunt of 1972, publicity is a case-finding tool. It fosters early identification of developmentally disabled children and encourages their families to seek help or guidance. Publicity is also necessary to promote effective use of the recommended state toll-free telephone line, as well as the local "one-stop human services center."

More subtle and in some ways far more important than simple publicity is the impact of a planned program of public information and education upon prevailing attitudes toward persons with developmentally disabling conditions.[5] The ultimate hope for acceptance and integration of developmentally disabled persons into New Jersey (read: American) society rests on

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[5] Lippman (1972) discusses the social and programmatic implications in a cross-national context. There are also several chapters by different authors dealing with the subject in Kugel and Shearer (in press).

public acceptance, which in turn awaits attitudinal change.

Funding

A considerable portion of the proposed service can be financed with present appropriations, by the reallocation of funds within and among departments.

Additional funds may be available from diverse Federal sources. The Department of Health, Education and Welfare has in the past supported experimental efforts in New Jersey toward improvement of the welfare system (viz., the Community Social Services Center in Hamilton Township) and of Medicaid (viz., the Newark Comprehensive Health Services Plan). The advent of the new state comprehensive social services plan, to be funded under the newly enacted Title XX of the Federal Social Security Act, offers timely opportunity for initiating the personal program coordination system for developmentally disabled persons, inasmuch as the objectives of the proposed system are clearly consistent with those of the new Federal enactment. To the extent that developmentally disabled persons or their families may not be eligible for Federally-assisted programs which impose a means test, the program coordination service should nevertheless be available upon payment of appropriate fees.

There may be a residual need for financial support from state revenues. Such expenditures, which can be planned in advance and phased in moderately, should be viewed as an investment: the allocation of public funds for preventive and interventive services will minimize the need for higher outlays for ameliorative or corrective action later in the lives of the disabled individuals.

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