

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
WASHINGTON 25, D. C.

12:HS
April 20, 1959

CHILDREN'S BUREAU

Hon. John E. Fogarty
House of Representatives
Washington 25, D. C.

Dear Mr. Fogarty:

On April 15 I met with the representatives of the Rhode Island parents' group for mentally retarded children and with members of the Health Department staff for a discussion of the status of the mental retardation program. Those participating included Dr. Corrigan, Dr. Taft, and other staff members of the mental retardation clinic, and Mr. Michaelis and Mr. Goff of the parents' group.

The conference provided a long overdue opportunity for the parents' group and Dr. Corrigan and Dr. Taft to get together and clear up some misunderstandings. There was good feeling evident at the end of the conference which was not the case when it started.

The problem basically is that the requests for admission to the clinic are increasing and are beginning to create a long waiting list. The number of cases seen at the clinic each year is about 210, which is just about the same as the clinics in other States. Everyone is agreed that the quality of service is good, but there is not nearly enough service to meet the need. The amount of parent counselling is likewise insufficient. The psychiatric consultant, Dr. Franek, who sees about one-third of the children, but is not paid, made the excellent suggestion that group parent counselling be started. The parents' group also had the feeling that the Health Department could get an increase in their grant from the Children's Bureau if they would ask for it. They did not realize that all of our maternal and child health funds are allocated. The parents' group did not know that the Rhode Island salary scale is low--for example the salary for a trained psychiatric social worker is only \$4,000-\$5,000 which is what quite a few secretaries receive.*

These and a number of other questions and problems were thoroughly discussed and cleared the way for considering what steps should be taken in order that the program can improve and develop further into a community service that will begin to provide what Rhode Island needs. The following are the principal conclusions which were reached:

1. The parents' group is going to the Governor to try to get action from the merit system on raising the salaries of the clinic staff or at least to get agreement to appoint staff at higher than the entering salary. Some action such as this is essential if good staff is to be employed and retained.

2. Admission policies will give emphasis to the younger children.

3. The Health Department will request an increase in the grant for next fiscal year so as to enlarge the clinic staff and admit more children.

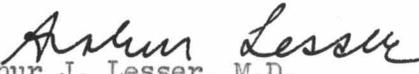
4. The psychiatrist should be paid for his services. He and the clinic staff could make an important contribution to services for retarded children with nationwide implications by developing a program of group counselling for parents.

5. More frequent conferences of the parents' group and the Health Department and clinic staff should prevent the recurrences of misunderstanding.

6. In order to plan future program development, serious consideration should be given to a State conference with representation from health, education, mental hygiene, welfare, vocational rehabilitation, parents' and other citizens' groups to discuss next steps. I think such a conference could contribute a great deal to increasing the participants' understanding about objectives and the means of achieving goals.

I know that you are greatly rushed just now, but if you have a chance to see me either before you go to Europe or afterwards, I would be glad to talk with you further about this.

Sincerely yours,


Arthur J. Lesser, M.D.
Director
Division of Health Services