

**Hearing  
Before the  
United States  
Commission on Civil Rights**

**AGE DISCRIMINATION IN  
FEDERALLY-ASSISTED PROGRAMS**

**HEARING HELD IN  
MIAMI,  
FLORIDA**

**AUGUST 22-23, 1977**

**VOLUME II: EXHIBITS**

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## U. S. COMMISSION ON CIVIL RIGHTS

The United States Commission on Civil Rights is a temporary independent, bipartisan agency established by the Congress in 1957 to:

- Investigate complaints alleging denial of the right to vote by reason of race, color, religion, sex, or national origin, or by reason of fraudulent practices;
- Study and collect information concerning legal developments constituting a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, or national origin, or in the administration of justice;
- Appraise Federal laws and policies with respect to the denial of equal protection of the laws because of race, color, religion, sex, or national origin, or in the administration of justice;
- Serve as a national clearinghouse for information concerning denials of equal protection of the laws because of race, color, religion, sex, or national origin; and
- Submit reports, findings, and recommendations to the President and Congress.

## MEMBERS OF THE COMMISSION

Arthur S. Flemming, *Chairman*

Stephen Horn, *Vice Chairman*

Frankie M. Freeman

Manuel Ruiz, Jr.

Murray Saltzman

John A. Buggs, *Staff Director*

By the Older Americans Amendments of 1975, the U.S. Commission on Civil Rights was directed to: investigate unreasonable age discrimination in federally-assisted programs; report the findings of the investigation to Congress, the President, and affected Federal agencies; recommend statutory changes or administrative actions based on its findings; and draft general regulations for implementation of the Age Discrimination Act of 1975.

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**COMMISSION ON CIVIL RIGHTS****AGE DISCRIMINATION****Hearing**

Notice is hereby given pursuant to the provisions of the Civil Rights Act of 1975, as amended, 42 U.S.C. § 1975 et seq. (1976), that the U.S. Commission on Civil Rights will hold a public hearing dealing specifically with the provisions of the Age Discrimination Act of 1975, enacted as part of the Older Americans Amendments of 1975, 42 U.S.C. § 6101 et seq. (1976). The hearing will be held on August 22 and August 23, 1977, at the Dade County Court House, Room 250, 73 West Flager Street in Miami, Florida. The hearing will begin each day at 8:30 a.m. An Executive Session, if appropriate, will be convened on August 22 at the same location as the hearing.

The purpose of the hearing is to elicit the views of interested parties, including Federal departments and agencies, on issues relating to age discrimination in programs and activities receiving Federal financial assistance and particularly with respect to the reasonableness of distinguishing on the basis of age among potential participants in, or beneficiaries of, specific federally assisted programs.

The hearing will focus particular attention on the following programs and activities: Comprehensive Employment and Training Act Public Service Employment Programs; Community Mental Health Centers; Community Health Centers; Vocational Rehabilitation; Legal Services; Title XX of the Social Security Act; Food Stamps; Medicaid, and selected areas within Education.

Dated at Washington, D.C., July 14, 1977.

**ARTHUR S. FLEMMING,**  
*Chairman.*

[FE Doc.77-20914 Filed 7-20-77;8:45 am]

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*Exhibit No. 2*

UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 6, 1977

REPLY TO  
ATTN OF: L. W.

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

Mayor Stephen P. Clark did not leave an exhibit following his testimony.

*Exhibit No. 3*

UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: November 11, 1977

REPLY TO     L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

Ann Taylor, secretary to Mr. Charles Cain, informed me today that there would not be a statement submitted for the record. The notes which he had at the hearing were there for his own personal use.

*Exhibit No. 4*

ATTACHMENTS 4.2B AND 4.3B  
DIVISION OF BLIND SERVICES  
AFFIRMATIVE ACTION PLAN  
STATEMENT OF DIVISION POLICY

I LEGAL BASIS

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

The Rehabilitation Act Amendments of 1974 (P.L. 93-516)

The Civil Rights Act of 1964

The Equal Employment Opportunity Act of 1972 (P.L. 92-261)

State of Florida Personnel Policy and Procedure Manual,  
Sec. 22A.7.02. (G and H)

State of Florida, Department of Education, Policy Reference  
6.3.1.

The Architectural Barriers Act of 1968 (P.L. 90-180)

The Architectural Barriers Act, Amendments of 1970 (P.L.  
91-205)

Florida Statutes 255.21 Special Facilities for Physically  
Handicapped

Florida Statutes 413.07, "White Cane Law"

Florida Statutes 413.08, "Guide Dog Law"

## II POLICY

The Division of Blind Services hereby establishes a specific plan of affirmative action to provide for all individuals equal employment opportunities, training, compensation, promotion and other conditions of employment without regard to national origin, race, religion, politics, physical or mental handicap, sex or age except where sex or age is an essential bona fide occupational qualification. This plan is to be pursued as vigorously as possible within the limits of staff resources presently or hereafter acquired. All personnel policies or procedures pertinent to the recruitment, hiring, training and promotion of employees of the Division of Blind Services will assure equal opportunity for minority groups, handicapped individuals and women of the State of Florida.

## III SCOPE OF THE POLICY

This plan covers all sections, programs, areas and district office operations and will be adhered to by these offices.

## IV COMMUNICATION OF POLICY AND PROCEDURES

1. A copy of this policy will be provided to all administrators, Supervising Counselors, and other persons responsible for personnel in the Division of Blind Services.

2. Meetings will be held with all administrators, Supervising Counselors, and other personnel, when appropriate, of the Division of Blind Services to discuss the implementation of this policy.

3. Notice of the intent and purpose of this policy

will be sent to all employees of the Division of Blind Services.

4. All normal recruitment sources, as well as minority-oriented community agencies and educational institutions, handicapped citizens groups, and others, will be notified in writing of the Division of Blind Services Affirmative Action Policy for the purpose of compliance with the Policy.

5. A copy of this Policy will be sent to all facilities currently receiving grant assistance through the Division.

#### V GOALS AND OBJECTIVES

1. The Director of the Division of Blind Services will appoint an Equal Employment Opportunity officer to administer the Program. The EEO officer will be responsible for the preparation of the Division of Blind Services Affirmative Action Program, will conduct periodic surveys to determine whether the Affirmative Action Program is achieving its objectives, and will provide the Division Director with frequent periodic evaluation reports concerning the progress of the Division's Affirmative Action Program.

2. Position questionnaires will be reviewed periodically to assure that minimum training and experience requirements reflect realistic qualifications and do not include discriminatory factors.

3. The Division's EEO officer will advise the most

EFFECTIVE DATE: OCTOBER 1, 1978

frequently used graduate training programs of the establishment of the Division's Affirmative Action Policy and encourage them to recruit minority students, women, and handicapped individuals to participate in established programs. Graduate programs from which students are presently being recruited are to be advised immediately, and programs which may be established in the future will be notified prior to utilization.

4. The Division's EEO officer will act as a liaison between the Division of Blind Services and the Department of Education's EEOC committee.

5. The Division's personnel officer will maintain a complete record of recruitment and selection activities listing all applicants, the selection or rejection decision in each case and reasons for rejection, to ensure that there is no reflection of race, sex, or handicapping condition in the employment decision. To assist the Division's personnel officer in carrying out this responsibility, the District Directors, Administrator of the Rehabilitation Center, Administrator of the Regional Library, Administrator of the Vending Facilities Section, and others who may be responsible for recruiting and hiring, will complete a monthly report to be sent to the personnel officer, listing all applicants and selection decisions.

6. Each Division of Blind Services office will conspicuously post a statement regarding the agency's Affirmative Action Plan.



7. No property lease will be approved or renewed that does not meet the requirements outlined in P.L. 90-180, P.L. 91-205 and Florida Statutes 255.21. (Architectural Barrier Act of 1968 as amended by act of 1970)

8. Any qualified handicapped applicant will be provided with special assistance in taking entry examinations and/or in filling out job applications is they are requested.

9. No handicapped employee will be prohibited from using any special equipment, having an attendant, or having a guide dog at his/her work station or office.

10. Through the promotion of current employees, the Division of Blind Services will increase the number of minorities, women, and handicapped individuals in supervisory and managerial positions. Likewise, when vacancies occur in such positions, all normal recruiting sources will be notified regarding the vacancy(ies), and all qualified individuals will be considered without regard for race, sex or physical handicap.

11. The Division of Blind Services shall develop supervisory training with the emphasis toward educating the supervisory personnel to the significance of the Affirmative Action Program and to eliminate prejudicial hiring practices if they exist.

12. The Division of Blind Services will encourage supervisors who have the hiring responsibility to be sensitive to the individual problems or barriers any potential employee might have to accepting a position. Greater effort is to be made by the supervisor to assist the applicant in solving the problem (i.e. transportation, child care) rather than using

the barrier as a screening device for removing the applicant from consideration.

13. All recruitment and employment literature, including the application form will prominently identify the Division of Blind Services as an equal opportunity employer.

14. The Division of Blind Services will obtain a written affirmative action plan for all facilities receiving grant assistance through the Division. The Director of the Division of Blind Services, or his designee will review the written plan, undertake periodic evaluation, (including site visits) and review reports from the facility to assure that the facility is adequately implementing the action plan. If there is substantial lack of compliance, the Division will take appropriate steps to remedy the situation within a reasonable period of time.

15. The Division will establish procedures for minority, women and handicapped applicants and/or employees to make complaints and seek remedy through prompt, fair, and effective decision or resolution of their complaints.

#### VI CONTINUING AFFIRMATIVE ACTION PROGRAM

The Division of Blind Services recognizes that there are significant barriers to the employment of minority group and handicapped individuals. The Division of Blind Services is making a continuing commitment to eliminate these barriers of recruiting and hiring applicants and the promotion of employees without regard to national origin, race, handicap, religion, politics, sex or age. To insure the effectiveness of the Affirmative Action Plan, the agency will continue to seek out

EFFECTIVE DATE. OCTOBER 1 1978

and implement programs that assure equal treatment and opportunity for all its employees and applicants. It is recognized further that the success or failure of the Affirmative Action Plans rests with the support given by the Agency, Director, Program Administrators and first line supervisor. The progress toward reaching the objectives will be constantly monitored by the Division Director and Equal Employment Opportunity Officer to assure that the desired results are met.

DIVISION OF BLIND SERVICES  
DEPARTMENT OF EDUCATION  
STAFFING PATTERNS

	<u>White Female</u>	<u>Black Female</u>	<u>White Male</u>	<u>Black Male</u>	<u>Hispanic</u>	<u>Handicapped</u>
Pay Grade 1						
FY 77	0	2	0	0	0	1
FY 78	1	1	0	0	0	1
FY 83	0	1	1	0	0	1
Pay Grade 2						
FY 77	0	1	0	0	0	0
FY 78	0	1	0	0	0	0
FY 83	0	1	0	0	0	1
Pay Grade 3						
FY 77	4	2	6	0	0	2
FY 78	3	3	3	3	0	3
FY 83	2	2	2	4	2	4
Pay Grade 4						
FY 77	2	1	6	2	0	0
FY 78	1	2	7	3	0	1
FY 83	1	2	4	4	2	2
Pay Grade 5						
FY 77	58	8	1	0	2	4
FY 78	51	12	2	1	3	6
FY 83	48	14	2	2	3	9
Pay Grade 6						
FY 77	0	0	3	0	0	0
FY 78	0	0	2	1	0	1
FY 83	0	0	1	1	1	1
Pay Grade 7						
FY 77	15	2	0	1	4	3
FY 78	12	5	0	1	4	4
FY 83	10	6	0	1	5	5
Pay Grade 8						
FY 77	8	1	0	1	0	1
FY 78	7	2	0	1	0	2
FY 83	5	3	0	1	1	3
Pay Grade 9						
FY 77	0	0	1	0	0	0
FY 78	0	0	1	0	0	0
FY 83	0	0	1	0	0	1

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## Staffing Patterns (Cont.)

	<u>White Female</u>	<u>Black Female</u>	<u>White Male</u>	<u>Black Male</u>	<u>Hispanic</u>	<u>Handicapped</u>
Pay Grade 10						
FY 77	9	0	1	0	0	1
FY 78	8	0	2	0	0	1
FY 83	5	2	1	2	0	3
Pay Grade 11						
FY 77	0	0	2	0	0	0
FY 78	0	0	2	0	0	1
FY 83	1	0	1	0	0	2
Pay Grade 12						
FY 77	0	0	1	0	0	1
FY 78	0	0	1	0	0	1
FY 83	0	0	1	0	0	1
Pay Grade 13						
FY 77	1	0	0	0	0	0
FY 78	1	0	0	0	0	0
FY 83	1	0	0	0	0	0
Pay Grade 14*						
FY 77	23	5	14	4	0	10
FY 78	27	6	12	6	0	11
FY 83	25	8	10	7	1	15
Pay Grade 15						
FY 77	3	0	2	2	0	1
FY 78	3	0	2	0	0	1
FY 83	2	2	0	1	0	2
Pay Grade 16						
FY 77	25	2	44	2	2	6
FY 78	27	3	40	3	2	7
FY 83	22	8	35	6	4	10
Pay Grade 17						
FY 77	0	0	2	0	0	1
FY 78	0	0	2	0	0	1
FY 83	0	0	1	1	0	1
Pay Grade 18						
FY 77	5	0	9	1	0	0
FY 78	6	0	8	1	0	1
FY 83	9	1	4	1	0	3
Pay Grade 19						
FY 77	1	0	0	0	0	0
FY 78	1	0	0	0	0	0
FY 83	1	0	0	0	0	0

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## Staffing Patterns (Cont.)

	<u>White Female</u>	<u>Black Female</u>	<u>White Male</u>	<u>Black Male</u>	<u>Hispanic</u>	<u>Handicapped</u>
Pay Grade 20						
FY 77	0	0	1	0	0	1
FY 78	0	0	1	0	0	1
FY 83	0	0	1	0	0	1
Pay Grade 21						
FY 77	2	0	7	0	0	2
FY 78	3	0	6	0	0	2
FY 83	3	0	5	1	0	3
Pay Grade 22						
FY 77	0	0	1	0	0	1
FY 78	0	0	1	0	0	1
FY 83	0	0	1	0	0	1
Pay Grade 23						
FY 77	0	0	4	0	0	2
FY 78	0	0	4	0	0	2
FY 83	1	0	3	0	0	3
Pay Grade 24						
FY 77	0	0	0	0	0	0
FY 78	0	0	0	0	0	0
FY 83	0	0	0	0	0	0
Pay Grade 25						
FY 77	0	0	0	0	0	0
FY 78	0	0	0	0	0	0
FY 83	0	0	0	0	0	0
Pay Grade 26						
FY 77	0	0	1	0	0	1
FY 78	0	0	1	0	0	1
FY 83	0	0	1	0	0	1
<i>Total</i>						
FY 77	161	24	106	13	8	38
FY 78	151	35	97	20	9	49
FY 83	136	50	75	32	19	73

\*All pay grades 14 to 26 are professional positions.

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Attachment 8.2(a)A

The following order of selection will be imposed if fiscal and other conditions necessitate.

1. Those already in-service having been determined to be functionally severely vocationally handicapped and who have a higher potential of becoming independent.
2. Those already selected who have been determined to be functionally severely vocationally handicapped and have lesser but still existant potential for becoming independent.
2. Those already in referral/applicant status or extended evaluation (this is based upon the legal and moral commitment we have to rule in our out those cases which have come to our attention.)
4. Those being newly referred who after evaluation show to be severely functionally vocationally handicapped but with high potential for becoming independent.
5. Those being newly referred who after evaluation show to be severely functionally vocationally handicapped and have lesser but still existant potential for independence.
6. Those already in-service not having been determined to be severely vocationally handicapped.
7. Those already in referral not having been determined after evaluation to be severely vocationally handicapped.

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Attachment 8.2(a)A

METHODS OF ADMINISTRATION

9.11(a)A

POLICY - The Department of Education will provide within every operating unit of the Department equal employment opportunities, training, compensation, promotion, and other conditions of employment without regard to national origin, race, religion, sex, or age, except where sex or age factors are bonified occupational requirements.

ASSIGNMENT OF RESPONSIBILITY

A. Responsibility for coordinating Title VI, compliance procedures of the agency, rests with the Commissioner of Education or his designee, who will be referred to as the Title VI Coordinator. The Title VI Coordinator will be responsible for the following:

1. The dissemination of Title VI information to agency staff beneficiaries, vendors, and members of the general public who might be interested.
2. The monitoring and evaluation of the Civil Rights activity of the agency through compliance reviews of all vocational rehabilitation district offices, vendors, and vendor facilities.
3. Title VI training and provision of technical assistance to staff and to those engaged in compliance reviews.
4. Liaison activities between the state agency and the Office of Civil Rights and between the state agency and minority groups and or other community groups concerned about the delivery of services.



5. Insuring proper handling of complaints of discrimination.
6. Informing the appropriate persons regarding civil rights matters pertinent to the agency and the civil rights activities of district offices, vendors, and vendor facilities.
7. Maintaining necessary records and files relative to civil rights and the compliance program of the agency.
8. The preparation of compliance reports for submission to the Office of Civil Rights as may be required.

B. Under the direction of the agency Director the Title VI Coordinator, will have the responsibility for implementing Title VI regulations and assisting in the coordination of Title VI responsibility. Implementing activities at the local level will rest with the district office directors and with the guidance of the Title VI coordinator. All district directors will be provided with a copy of Title VI regulations and pertinent information to assist them in this duty.

#### DISSEMINATION OF INFORMATION

A. The agency will inform and instruct its own staff concerning their obligations under Title VI of the 1964 Civil Rights Act by:

1. Providing staff with pertinent highlights of Title VI regulations and posting in every district and sub-district office pertinent Title VI regulations.
2. Conduct Title VI training as a regular part of the agency staff development program, including in-service training and new staff orientation. New staff will be instructed as to the

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Attachment 9.11(a)A - Page 2 of 6

intent and meaning of such documents and their obligations in carrying out the policies contained with emphasis on, but not limited to, non-discrimination and acceptance for services, provision of services, referrals to agencies, vendors and cultural awareness.

3. Identifying staff in each district office to be in the compliance review program. Selected staff members will receive information with the Office of Civil Rights providing training on compliance review techniques and procedures for investigation complaints and maintenance of appropriate records and reports.

B. The agency will inform other agencies, vendors, and vendor facilities, and contractors, from whom services are purchased under the rehabilitation program of their responsibilities under Title VI by written documents and or guidelines concerning the specific requirements of Title VI with explanation as required.

C. The agency will inform clients, applicants, and the public of the fact that services, financial aid, and other benefits under the program are provided on a non-discriminatory basis and of their rights to file a complaint if they believe that discrimination on the ground of race, color, or national origin, has occurred. This will be accompanied by:

1. Printed notice on all application forms with explanation as required.
2. Appropriate explanatory statements of the agency's non-discriminatory policies and public information materials which will be made available to the public, particularly those individuals and groups which may be sources of referrals and applications. Such information

will be disseminated in a language and manner understood by the various majority groups in the area.

3. Upon receipt of a prototype from the Office of Civil Rights, the agency will develop and display in all of its district and sub-district offices, posters explaining the agency's non-discriminatory policy and complaining procedure.

#### MAINTAINING CONTINUED COMPLIANCE

A. To insure compliance of local district offices, the following actions will be taken:

1. Reviews will be made at least annually of statistical reports quantifying services, financial benefits, and referrals by race and national origin.

2. Reviews will be continued of local district offices at least annually to insure that the specific provisions and intent of the Title VI regulations are adhered to. Such reviews will include, but are not limited to, staff interviews and case audits, with special Title VI emphasis to insure that the same quality of services are provided to all without regard to race, color, or national origin.

B. To insure compliance of all vendors, consisting of positions, facilities, institutions, etc., from whom services are purchased, the following will be provided:

1. Vendors providing vocational rehabilitation services will be required to execute an assurance in writing that they will comply with Title VI and the applicable provision, that the regulation where facilities, institutions, contractors, and so on, are the primary vendors of another agency, contact will be made with that agency to assure that assurance of compliance is on file or with the agency. The agency's records will be documented accordingly. When a

change of ownership of a vendor facility occurs, a new assurance of compliance will be required and the information on Title VI requirements will be issued thereto.

2. The agency recognizes that an assurance of compliance services primarily as a notice of the participant's agreement to comply, and in no way will be reviewed as evidence of actual compliance. To insure actual compliance, the agency will develop and implement a schedule of reviews of vendors, included in the agency's rehabilitation program. Where evidence of discrimination is noted, this will be followed by a report issued to the vendor with an outline of corrective actions to be taken within an established time period. Documentation will be maintained on all actions taken.

#### COMPLAINT PROCEDURE

A. Any person who believes that he or she personally has been, or any specific class of persons have been, subjected to discrimination because of race, color, or national origin, shall be filed in writing, shall be signed by the complainant, shall give the address of the complainant, shall indicate the time and place of the alleged discrimination, and shall describe any pertinent facts and circumstances surrounding the alleged discrimination. Complaints may be filed with the agency head or with the Office of Civil Rights in the Department of Health, Education, and Welfare. All complaints received by the agency will receive a prompt and thorough evaluation through channels and by the Title VI Coordinator with appropriate report to the agency director.

C. The complainant will be advised in writing as to the findings of the agency regarding the complaint. The complainant will be advised of the right to appeal to the Office of Civil

Rights. Records will be maintained to show the nature of the complaint, details of the investigation, and the nature of any corrective action taken if the complaint is found valid.

D. The mechanism used to convey the agency's complaint procedures to clients, potential clients, and the public will be effected as described in item 2C.

#### RECRUITMENT AND EMPLOYMENT

A. The agency will periodically review the recruitment and employment practices agency-wide to insure that such practices have not resulted in the unequal delivery of program benefits to minorities.

B. The agency will insure that all employees who have contacted the program beneficiaries are made aware of the ethnic, cultural, and language differences that may have an important impact on the delivery of services to minority groups. In those instances where there appears to be a difference in services delivered by vendors to clients, the agency will review vendors' recruitment and employment practices.

Section 504. The same procedures and precautions taken to insure that individuals are not discriminated against because of race, color, or national origin will apply to handicapped individuals. No otherwise qualified handicapped individual will solely by reason of his handicap be excluded from participation in any program of activities receiving federal financial participation under this state plan.

STATE OF FLORIDA



DEPARTMENT OF

Reubin O'D Askew, Governor

**Health & Rehabilitative Services**

1323 WINEWOOD BOULEVARD

TALLAHASSEE, FLORIDA 32301

August 30, 1977

Ms. Gerry Smolka  
Age Discrimination Study  
U. S. Commission on Civil Rights  
1730 K Street, N. W., Suite 214  
Washington, D. C. 20006

Dear Ms. Smolka:

At the Age Discrimination Hearing in Miami a question was raised regarding Civil Rights compliance. We had indicated that a Civil Rights Review had been conducted and a report was available in the Office for Civil Rights, Region IV. We are providing you with a copy of this report along with a memorandum sent out to our district staff by J. H. Hutchison, Ph.D., Director. If further information is required please contact Mr. Mike Norman, Administrator, Office of Civil Rights, Department of Health and Rehabilitative Services, 1323 Winwood Boulevard, Building 3, Room 202, Tallahassee, Florida 32301.

We are also enclosing a copy of our monitoring procedures for assuring compliance with client rights through the Vocational Rehabilitation process. Cases are monitored on a regular basis, monthly, by staff in the Vocational Rehabilitation Program Office. If any variance is noted, review is made with the district staff, including the counselor involved.

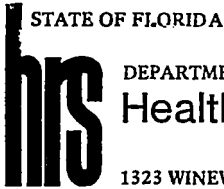
The Human Rights Act of 1977, copy previously forwarded to you, will provide executive authority effective July 1, 1978. At this time it is expected that the Florida Human Relations Commission will be empowered to enforce the Human Rights Act.

I hope this information is of help to you. If you have any further questions or concerns please feel free to contact me.

Sincerely yours,

William F. Twomey, Administrator  
Client Services  
Office of Vocational Rehabilitation

WFT:mg  
Enclosure



DEPARTMENT OF

# Health & Rehabilitative Services

Reubin O'D Askew, Governor

1323 WINEWOOD BOULEVARD

TALLAHASSEE, FLORIDA 32301

## MEMORANDUM

DATE: March 10, 1976

TO: District Directors, Vocational Rehabilitation

FROM: J. H. Hutchison, Ph.D., Director, Vocational Rehabilitation

RE: Title VI Review of the Office of Vocational Rehabilitation  
by Representatives from the Region IV H.E.W. Office for Civil Rights.

We have received the report of the above review conducted in four districts in 1974, from Mr. John E. Tolbert, Acting Director, Office for Civil Rights, H.E.W. Region IV, dated February 11, 1976.

While the report identifies specific findings for Jacksonville, Tallahassee, Tampa and Orlando, we recognize their general application to all districts. (The four districts mentioned will find an attached addendum outlining specific items for corrective action.)

Although constructive efforts were implemented by Vocational Rehabilitation to deliver services and benefits on a non-racial basis, the following items were observed as needing correction:

1. Staff interviewed were not aware of the specific requirements of Title VI. Rather, staff articulated a general requirement not to "discriminate" nor use vendors who discriminate; but expressed no concrete awareness of the scope of "discrimination" as defined by Title VI Regulation.
2. During the review, administrative staff advised that a Memorandum of Understanding was required of vendors for the compilation of the Vendor List. The Vendor List was stated by counselors to be used as a guide for referral purposes as it evidenced those facilities, organizations, etc., that had met the agency's requirements including Title VI. However, the review disclosed that districts had not systematically obtained such assurances from its vendors as evidenced by an extraordinary number of Memorandum of Understanding forms dated within ninety days of the compliance review and a high ratio of the forms not on file.

March 10, 1976  
District Directors  
Page 2

3. At the time of the review there was no systematic procedure for Title VI reviews of vendors who served as providers of services as well as no procedure for review of District Offices. For vendors, the compliance process was basically that of requesting a Memorandum of Understanding (in those instances where implemented) indicating an agreement that services would be provided without regard to race and a subsequent voucher form with a statement acknowledging that such services had been provided accordingly.

Methods of Administration in our State Plan dated July 1, 1975, have been found to be in compliance with Title VI of the Civil Rights Act of 1964, and from a general standpoint serve as a procedural guide for ensuring that the areas of noncompliance outlined above are corrected. However, the following information and documentation (progress reports) must be taken to implement those procedures.

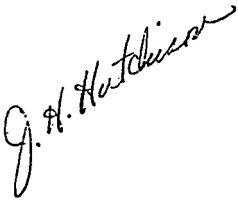
1. All staff must be made more fully aware of Vocational Rehabilitation responsibilities under Title VI. The attached highlights of Title VI Regulations are to be provided to all staff members. In addition, the attached Title VI Regulations, State Methods of Administration, and Title VI Posters shall be posted on a bulletin board in every district and sub-district office. The bulletin board shall be displayed in an area easily viewed by all clients.
2. As indicated in Mr. Van Beck's memo of October 14, 1974, RE: Staff Training - Title VI of the Civil Rights Act, the salient points of Title VI Regulations should be reviewed with staff at least quarterly as a part of one of your regular staff meetings. In addition, Title VI training should be a part of new staff orientation.
3. Vendors/vendor facilities, contractors, subcontractors, and other agencies from whom services are purchased under the rehabilitation program shall be informed of their responsibilities under Title VI by written Memorandum of Understanding supplemented by the attached document (What Signing the Memorandum of Understanding Means) which clearly explains what obligations are imposed and what commitments are being made when the statement is signed evidencing an agreement to comply with Title VI. In those instances where a Memorandum of Understanding has not been obtained, a report shall promptly be submitted to the VR EEO Office indicating actions taken to obtain compliance agreements.



March 10, 1976  
District Directors  
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4. You shall establish a system for "continuing compliance reviews" of vendors within your district and report any areas of noncompliance. Send a copy of the review system you establish and include a listing of dates for reviews planned and reviews conducted.

Please send a follow-up report on steps you have taken to correct the above areas of noncompliance to C. D. Erickson, Vocational Rehabilitation EEO Officer. As usual, your cooperation and assistance is greatly appreciated.

A handwritten signature in cursive script, reading "J. H. Hutchinson". The signature is written in dark ink and is slanted upwards from left to right.

cc: Memo only: District Administrators  
ASA  
ASO  
ASP



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 REGION IV  
 50 7TH STREET N.E.  
 ATLANTA, GEORGIA 30323

Room 10

FEB 11 1976

OFFICE OF THE  
 REGIONAL DIRECTOR

Mr. Craig Mills  
 Director  
 Division of Vocational  
 Rehabilitation  
 Department of Health and  
 Rehabilitative Services  
 725 South Bronough Street  
 Tallahassee, Florida 32304

RCCTD DWR

FEB 13 1976

Dear Mr. Mills:

This relates to the Title VI review of four District offices of the Florida Division of Vocational Rehabilitation by representatives from the Office for Civil Rights during the periods of November 4--8, and November 18--22, 1974. The cooperation of staff, both from the State and District level, during the review was greatly appreciated.

We apologize for the delay in following up on the review activities. However, we hope that the report on those activities will be beneficial toward the strengthening of the overall compliance activities of the agency.

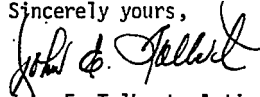
Enclosed is a preliminary report on the findings and recommendations made as a result of the above-mentioned review. Although the enclosed focuses on deficiencies or observations on items in need of correction, positive actions by the Division to deliver services and benefits on a non-racial basis were also noted during the review.

Please review the findings and recommendations and let us have your written response within 90 days following receipt of this letter. A subsequent meeting will be scheduled to discuss the recommendations and your action plans.

Mr. Craig Mills  
Page Two

Your continuing cooperation is appreciated. If you have any questions regarding this matter, please contact this office.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "John E. Tolbert".

John E. Tolbert, Acting Director  
Office for Civil Rights, Region IV

TITLE VI FINDINGS AND RECOMMENDATIONS  
FLORIDA DIVISION OF VOCATIONAL REHABILITATION

The findings and recommendations listed below have been outlined to address observations in terms of (1) Methodology (as applied to the agency's Methods of Administration) and (2) Service Delivery; both as they relate to the implementation of Title VI Requirements.

I. Methodology

A. Findings:

1. At the time of the review the agency had not developed clear and definitive responsibilities for its Title VI Coordinator and District Directors to ensure compliance with Title VI. Those District Directors interviewed generally viewed their responsibilities to be that of ensuring the dissemination of Title VI information to staff as transmitted by the State Agency (which has been infrequent) and requiring Title VI agreements from all vendors.
2. The review disclosed that staff interviewed were not aware of the specific requirements of Title VI. Rather, staff articulated a general understanding of the requirement not to "discriminate" nor use vendors who discriminate; but, expressed no concrete awareness of the scope of "discrimination" as defined by Title VI Regulation.
3. During the review, administrative staff advised that a Memorandum of Understanding (to be addressed further in our recommendations) was required of vendors for the compilation of the Vendor List. The Vendor List was stated by counselors to be used as a guide for referral purposes as it evidenced those facilities, organizations, etc., that had met the agency's requirements, including Title VI. However, the review disclosed that the agency had not systematically obtained such assurances from its vendors as evidenced by the following:
  - a. In Jacksonville, of ninety vendor forms reviewed, twenty-two were dated during the month of October, 1974 (one month prior to the compliance review). In eleven cases, there was no Memorandum of Understanding on file. These vendors were:
    - 1) Cherry Park Boarding Home
    - 2) Church Street Halfway House

## TITLE VI FINDINGS AND RECOMMENDATIONS

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- 3) Estep Boarding Home
  - 4) Gibbs Boarding Home
  - 5) Hartley Rest Home
  - 6) Hutchinson's Boarding Home
  - 7) Riggs Boarding Home
  - 8) Sun Ray Boarding Home
  - 9) Wheeler Boarding Home
  - 10) Jacksonville Marine Institute
  - 11) Morris Guest Home For The Retired
- b. In Tallahassee, all of the Memorandums of Understanding on file were dated in October, 1974. In some instances the agency had sought and obtained such forms from physicians/dentists, etc. on the medical panel; in other instances it had not. A check of records of other vendors listed who fell in the category of "providers of services" (versus supplies, etc.) showed no compliance agreements for the following:
- 1) Jackson County Guidance Clinic
  - 2) Taltrom
  - 3) WISH House
  - 4) Baptist Bible Institute
  - 5) Chipala Junior College
  - 6) Florida A & M University
  - 7) Florida A & M University
  - 8) North Florida Junior College
  - 9) Washington--Holmes Area Vocational Technical School
  - 10) Gadsden Nursing Home
  - 11) Isle of Rest Nursing Home
  - 12) Nurse Care of Tallahassee
  - 13) Tallahassee Convalescent Center
- Although some facilities are cited above, e. g., nursing homes, it is recognized that these facilities are the major providers of other agencies. Thus, the Division of Vocational Rehabilitation needs only to be ensured of the compliance status of the vendor from that agency and any subsequent changes in such status as noted through compliance reviews and document its records accordingly.
- c. During the Tampa review, it was noted that of ninety seven compliance forms reviewed, fifty eight were dated within ninety days of the compliance review. Memorandum were

## TITLE VI FINDINGS AND RECOMMENDATIONS

Page 3

not on file for the following facilities included on the Vendor List.

1. Good Samaritan Hospital of Tampa
  2. Tampa Heights Hospital
  3. Manhattan Convalescent Center
  4. MacDonalds
  5. B & B Cafeteria
  6. Hillsborough Community College
  7. St. Joseph's Mental Health Center
  8. Magnolia Boarding Home (Form on file dated November 12, 1974; however, notation on vendor list stated "Remove--will not comply")
  9. Wrights Boarding Home --(notation on vendor form relative to a conversation with a Mrs. Ross--"I don't take colored, I stay full as it is.")
  10. Hillsborough Halfway House--(No form, however, included on vendor list. A notation stated "Telephoned and advised Mr. T. that we do not buy services from there.
  11. Crest Halfway House--notation stated only "no blacks."
  12. Love Halfway House--notation stated "not home, card left"; mentioned that building had a condemned sign on it.
- d. In the Orlando District, compliance agreements were not on file from the following providers of services.
1. Mid-Florida Technical Institute
  2. Mills & Nebraska Institute
  3. Orange County Vocational School
  4. Orlando Day Nursery
  5. Herndon Ambulance Service
  6. Engels, Inc.
  7. O.J.T. - Montgomery Ward, Sears, Southern Bell, Mr. Big Shop
4. At the time of the review the agency had not developed any systematic procedure for Title VI reviews of vendors who served as providers of services as well as local District Offices under its program. For vendors, the compliance process was basically that of requesting a Memorandum of Understanding (in those

## TITLE VI FINDINGS AND RECOMMENDATIONS

Page 4

instances where implemented) indicating an agreement that services would be provided without regard to race and a subsequent voucher form with a statement acknowledging that such services had been provided accordingly.

5. The agency had not developed a procedure for the handling of Title VI complaints.
- B. Recommendations:

From a general standpoint, the Methods of Administration to ensure compliance under Title VI as revised and adopted by the agency on July 1, 1975, and approved by this office serves as a procedural guide for ensuring that the areas of noncompliance outlined above are corrected. However, although procedure as defined are adequate further information and documentation (progress reports) are required on steps taken to implement those procedures. Specifically, we request:

- 1) A report of activities taken to make District Directors, staff and clients aware of the Agency's responsibilities under Title VI. (We are also enclosing a prototype of a Poster that can be displayed in District Offices and sub-offices relative to Title VI.)
- 2) A report of actions taken to make vendors/vendor facilities, etc. from whom services are purchased, aware of their responsibilities. In this regard each Memorandum of Understanding should be supplemented by a document clearly explaining what obligations are imposed and commitments are being made when the statement is signed evidencing an agreement to comply with Title VI.
- 3) A report of actions taken to obtain compliance agreements in those instances where such documents were not a matter of record (Item A.3 above).
- 4) A summary of activities taken to establish continuing compliance reviews of local district offices and vendors (including a listing of dates and findings of any reviews conducted and those planned.)

## TITLE VI FINDINGS AND RECOMMENDATIONS

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## II. Service Delivery

## A. Findings:

1. It was noted during the review in the Tallahassee District Office that two physicians on the medical panel list (list of physicians eligible to render medical services) included the names of Doctors Taylor W. Griffin and H. R. Reddick of Quincy, Florida. According to our records both of these physicians have been terminated as Medicaid Providers under the Florida Medicaid Program because of failure to correct dual waiting room situations (a Title VI violation). Also appearing on that medical panel list was Dr. James Sledge, a dentist in Monticello, Florida, against whom similar allegations have been made, but for which the Florida Division of Family Services had no jurisdiction because of a lack of participation in the Medicaid Program.
2. From the sample of cases reviewed in the four District Offices, (150 cases--open and closed), there was no apparent pattern of racial discrimination in the establishment of vocational objectives. In many instances, it was noted that for both minority and nonminority clients, vocational objectives were established without pre-vocational or aptitude testing to determine maximum potential; but, rather based solely on current or previous work history. Although no apparent racial patterns were noted, there were three cases which are considered noteworthy in depicting questionable assessments or actions taken, these were:
  - a. Pamela Williams (Black): Tampa District; Age--17; Education--11th grade; IQ from Weschler Adult Intelligence Scale--91; Objective--Kitchen Helper (Previous employment had been in this area.)
  - b. Cliff Stokes (Black): Tallahassee District; Age--17; Education--11th grade; Disability--Ganglion Left Wrist; Vocational Objective--Busboy (No testing provided--client, however, joined the Coast Guard--Case closed)



## TITLE VI FINDINGS AND RECOMMENDATIONS

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- c. Oliver Hill (Black): Tallahassee District; Age--31; Education--11th grade; Disability--Mild Cerebral Palsy; Vocational Objective--Mail Clerk. (The question here is not in terms of the vocational objective. The vocational objective was not realized; instead, at closure the client was placed by DVR with a garage company at wages of \$1.00 per hour which was lower than minimum wages.
3. Further analysis of closed cases only showed:
    - a. More nonwhites received physical restoration only as compared to white clients (57% compared to 47%).
    - b. The average expenditure for white clients was higher than that for nonwhite clients (\$1,037 compared to \$786)
    - c. The average wages at closure was higher for white clients than nonwhite clients. (\$486 compared to \$334). This appears to be partially the result of the fact that, as indicated in Item 3a above, fewer nonwhites received additional training than white clients.
  4. In the case of vendors reviewed the following deficiencies were noted:
    - a. All vendors reviewed with the exception of the Easter Seals Rehabilitation Center had no formally adopted nondiscriminatory policies at the time of the review.
    - b. Staff at the Florida College of Medical and Dental Assistants, Jacksonville, advised that placement of students for intership in black physicians' offices had been limited and that some physicians question the race of students prior to placement.
    - c. There were no room assignment or transfer policies for the Leon County Rehabilitation Center (Halfway House) or the MacDonald Training Center (residential facilities).
    - d. Nonwhite utilization of the Leon County Rehabilitation Center (Halfway House) was nil at the time of the review although 66% (6) of the clients were DVR sponsored.

## TITLE VI FINDINGS AND RECOMMENDATIONS

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## B. Recommendations:

1. A review should be made to determine whether Doctors Taylor and Reddick have corrected those office practices (dual waiting facilities) which served as a basis for their termination from the Medicaid Program. If such practices continue to exist they should be removed from the Tallahassee Medical Panel List of eligible medical service providers. A review should also be made of the office practices of Doctor James Sledge to determine the validity of allegations as to dual waiting facilities in his office.

2 & 3 As part of the overall review of local district offices, the agency has agreed, through revised Methods of Administration, to monitor activities through statistical analysis and case sampling reviews. Such reviews should be designed to identify and correct concerns as noted in Findings 2 & 3 above. The agency's data system should provide for, but not limited to, the retrieval and analysis of information on all closed cases by (1) type of services provided by race (2) expenditures by race and disability code and (3) placement at closure and by whom arranged (DVR, client, others). The data analysis should proceed all on-site reviews and serve as a basis for guidance in case sampling reviews. The agency has been provided with forms for use in individual Title VI case audit procedures. Further visits will be arranged by the agency to review such data to determine State-wide implications and patterns.

4a All vendors should be required to develop nondiscriminatory policies which address open admission to the program, assignment of clients within (both to program area and staff) and the provision of services on a nondiscriminatory basis. Such policies should be disseminated to all staff therein.

b. Data should be obtained from the Florida College of Medical and Dental Assistants to show placements for internship by race of the student and physician during a six month period. Policies governing such assignments should be a part of the

## TITLE VI FINDINGS AND RECOMMENDATIONS

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institution's nondiscriminatory policy mentioned in Item a above.

- c. All facilities with residential programs including but not limited to the Leon County Rehabilitation Center and the MacDonald Training Center should be required to adopt policies/procedures for room assignments/transfers to ensure that such assignments are based on valid procedures without regard to race, color, or national origin nor transfers permitted on that basis.
- d. A review should be made of DVR referrals to the Leon County Rehabilitation Center (Halfway House) to ensure that minorities are being provided an equal opportunity/consideration for referral and acceptance into the program.

*Exhibit No. 6*

## HIGHLIGHTS OF TITLE VI REGULATIONS

## CIVIL RIGHTS POLICY STATEMENT

In accordance with Title VI of the Civil Rights Act of 1964, the Vocational Rehabilitation program administered by the Florida Office of Vocational Rehabilitation will be conducted in such a manner that no person will be subjected to discrimination on the ground of race, color or national origin.

The following policies and practices will be adhered to in compliance with Title VI:

1. No individual will on the ground of race, color or national origin be denied any service, financial aid or other benefit provided under the Vocational Rehabilitation program, or he provided a service, financial aid or other benefit which is different or is provided in a different manner from that provided to others under the program.
2. No individual will on the ground of race, color or national origin be subjected to segregation or separate treatment in any manner related to receipt of any service, financial aid or other benefit. This includes any distinction with respect to waiting rooms, rest rooms, eating facilities, housing or spaces where services are provided or offered. Neither will separate time be scheduled for the provision of services.
3. Caseloads will not be assigned on the basis of race, color or national origin.
4. The Office of Vocational Rehabilitation will make no distinction on the basis of race, color, or national origin with respect to individuals seeking employment or with respect to the employment of qualified personnel.
5. All employees of the Office of Vocational Rehabilitation will be afforded the same privileges without respect to race, color or national origin. This includes attendance at meetings, staffing sessions, training courses, etc.
6. The Office of Vocational Rehabilitation will not patronize any vendor or purchase any service from an individual or firm who does not comply with Title VI.
7. In the selection of vendors and the purchase of the services the Office of Vocational Rehabilitation will make no distinction on the basis of race, color or national origin of the vendor or provider of services.
8. The Office of Vocational Rehabilitation will not approve any application or make any expenditures for the establishment, expansion or alteration of a rehabilitation facility or workshop until it obtains an assurance that the applicant will comply with the requirements of Title VI.
9. Courtesy titles will be used without respect to race, color or national origin.

10. Clients, potential clients, employees, applicants for employment or other interested persons have a right to file a complaint either with the Office of Vocational Rehabilitation, or the United States Vocational Rehabilitation Administration, or both, if they believe that discrimination on the grounds of race, color, or national origin is being practiced.
11. All complaints concerning discrimination because of race, color, or national origin filed in writing will be assigned for thorough investigation through established supervisory channels.
12. The Office of Vocational Rehabilitation will review periodically its own practices as well as the practices of the other agencies, institutions, organizations, and vendors participating in the program to assure compliance with Title VI of the Civil Rights Act.

MEMORANDUM OF UNDERSTANDING

We will accept and render services to clients of the Florida Office of Vocational Rehabilitation on a non-discriminatory basis with out regard to race, color, or national orgin.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Name of Vendor or Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Date

MEMORANDUM OF UNDERSTANDING

We will accept and render services to clients of the Florida Office of Vocational Rehabilitation on a non-discriminatory basis with out regard to race, color, or national orgin.

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Name of Vendor or Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Date

Methods of Administration

I. Assignment of Responsibility

- A. Responsibility for coordinating Title VI compliance procedures of the agency rests with the Assistant Secretary for Administration who hereafter will be referred to as the Title VI Coordinator.

The Title VI Coordinator will be responsible for the following:

1. The dissemination of Title VI information to agency staff, beneficiaries, vendors and interested members of the general public.
  2. Monitoring and evaluating the civil rights activity of the agency through the conduct of compliance reviews of all Vocational Rehabilitation district offices, vendors and vendor facilities.
  3. Title VI training and provision of technical assistance to staff engaged in compliance reviews.
  4. Liaison activities between the State Agency and OCR and between the State Agency and minority groups/ other community groups concerned about the delivery of services.
  5. Ensuring proper handling of complaints of discrimination.
  6. Informing the Program Director regarding civil rights matters pertinent to the agency and the civil rights activities of local district offices, vendors, and vendor facilities.
  7. Maintaining essential records and files relative to civil rights and the compliance program of the agency.
  8. The preparation of compliance reports for submission to OCR as required.
- B. Under the direction of the Title VI Coordinator, District Program Supervisors will have the responsibility for implementing Title VI Regulations and assisting in the coordination of Title VI activities by ensuring the fulfillment of these Methods at the local level. All Program Supervisors will be provided with a copy of these Methods and other documents, including but not limited to, Title VI Regulations and pertinent guidelines pertaining thereto.

30

II. Dissemination of Information

- A. The Program Office will inform and instruct its own staff concerning their obligations under Title VI of the 1964 Civil Rights Act by:
- (1) Providing all staff with copies of pertinent highlights of Title VI Regulations and posting on a bulletin board in every district and sub-district office Title VI Regulations and State Methods of Administration.
  - (2) Conducting Title VI training as a regular part of our staff development program (in-service training and new staff orientation) to explain the intent and meaning of such documents and to instruct them as to their obligations in carrying out the policies contained therein, emphasizing, but not limited to, nondiscrimination in acceptance for services, provision of services, referrals to agencies and vendors and cultural awareness.
  - (3) Identifying staff in each district office to be in the compliance review program. These staff will receive information with the Office of Civil Rights providing training on compliance review techniques and procedures, procedures for investigating complaints and maintenance of appropriate records and reports.
- B. The Program Office will inform other agencies, vendors/vendor facilities, contractors, subcontractors, from whom services are purchased under the rehabilitation program, of their responsibilities under Title VI by written documents/guidelines concerning the specific requirement of Title VI with personal explanation as required.
- C. The Program Office will inform clients, potential clients and the public of the fact that services, financial aid, and other benefits under the program are provided on a non-discriminatory basis, and of their right to file a complaint if they believe that discrimination on the ground of race, color, or national origin has occurred. This will be accomplished by:
- (1) Printed notice on all application forms with personal explanation as required.
  - (2) Inclusion of appropriate explanatory statements of the agency's nondiscriminatory policies in public information materials (brochures, media announcements, etc.) which will be made available to the public and particularly those individuals and groups which may be sources of referrals and applications. Such information will be written in a language and manner understood by the various minority groups in the area.
  - (3) Upon receipt of a proto type from the Office of Civil Rights, the Program Office will develop and display in



all its district and sub-district offices, posters explaining the agency's non-discriminatory policy and complaint procedure.

III. Maintaining Continued Compliance

A. To ensure compliance of local district offices, the following actions will be taken.

- (1) Reviews will be made at least annually of statistical reports quantifying services, financial benefits and referrals by race, and national origin.
- (2) Reviews will be conducted of local district offices at least annually to ensure that the specific provisions and intent of the Title VI Regulation are adhered to. Such reviews will include, but not limited to,
  - (a) Staff Interviews
  - (b) Case Audits (Special Title VI emphasis) to ensure that the same quality of services are provided to all without regard to race, color, or national origin.

B. To ensure compliance of all vendors (physicians, facilities institutions, etc.) from whom services are purchased, the following will be provided:

- (1) Vendors providing vocational rehabilitation services will be required to execute an assurance in writing that they will comply with Title VI and the applicable provision of the Regulation. Where facilities, institutions contractors, subcontractors, etc. are the primary vendors of another agency, contact will be made with that agency to assure that an Assurance of Compliance is on file with the agency. The Program Office records will be documented accordingly.

When a change in ownership of a vendor facility occurs, a new Assurance of Compliance will be required and information on Title VI requirement will be issued thereto.

- (2) The Program Office recognizes that an Assurance of Compliance serves primarily as a notice of the participants agreement to comply and in no way will be viewed as evidence of actual compliance. Therefore in ensuring actual compliance, the Program Office will:
  - (a) Develop and implement a schedule of reviews of vendors included in the Program Office's rehabilitation program. Where evidence of noncompliance is noted this will be followed by a report of such non-compliance issues to the vendor with an outline of corrective actions to be taken within an established

time period. Documentation will be maintained on all actions taken.

- (b) In all possible situations where the Program Office shares mutual vendors with other Programs of the Department of Health and Rehabilitative Services, cooperative agreements will be established with the Programs to provide for such reviews. All cooperative agreements will be in writing and will include the sharing of reports of compliance activities with regard to such vendors.

#### IV. Complaint Procedure

- A. Any person who believes, he/she or any specific class of persons is subjected to discrimination under Title VI in the Vocational rehabilitation program may, or by a representative, file a complaint.
- B. All complaints concerning discrimination because of race, color or national origin shall be filed in writing, shall be signed by the complainant, shall give the address of the complainant, shall indicate the time and place of the alleged discrimination, and shall describe any pertinent facts and circumstances surrounding the alleged discrimination. Complaints may be filed with the Director of the Program Office or with the Office for Civil Rights, DHEW. All complaints received by the Program Office will receive a prompt and thorough evaluation through channels of the Title VI Coordinator with appropriate report to the State Director.
- C. The complainant(s) will be advised in writing as to the findings of the Program Office regarding the complaint. The complainant will be advised of his/her right to appeal to the Office for Civil Rights. Records will be maintained to show the nature of the complaint, details of the investigation, and nature of any corrective actions taken, if found valid.
- D. The mechanism used to convey the Program Office complaint procedure to clients, potential clients, and the public will be effected as described in Item II.-C

#### V. Recruitment and Employment

The Program Office will periodically review the recruitment and employment practices of the agency, and its local district offices, to ensure that such practices have not resulted in the unequal delivery of program benefits to minorities. The Program Office will ensure that all employees who have contact with program beneficiaries are made aware of the ethnic, cultural and language differences that may have an important impact on the delivery of services to minority groups. In those instances where there appears to be a difference in services delivered by vendors to clients, the agency will review the vendor's recruitment and employment practices.

#### VI. Section 504 --

The same procedures and precautions taken to ensure that individuals are not discriminated against because of

race, color, or national origin, will apply to handicapped individuals. No otherwise qualified handicapped individual will, solely by reason for his handicap, be excluded from participation under any program or activity receiving Federal financial participation under this State plan.

IWRP REVIEW-POINTS TO CONSIDER1. Client Services Program and Supplements

- a. Vocational handicap identified
- b. Occupational group or vocational objective identified
- c. Services and providers identified
- d. Are there intermediate objectives for each service
- e. Are dates or times of services listed
- f. Guidance and counseling goals recorded
- g. Is there a statement of client agreement and participation ]
- h. Estimated cost recorded
- i. Counselor, (Supervisor) and client signatures present
- j. Annual review and other dates present
- k. Supplementary programs for significant changes present
- l. Supplementary programs for substantial cost increases present
- m. Was client provided a copy of the program and changes ]

2. Program Progress Report and Case Recording

- a. Statement of eligibility present (PPR)
- b. Severity of handicap noted
- c. Evaluation statement for each intermediate objective
- d. Dates of authorizations present (PPR)
- e. Evaluation of client progress documented
- f. Closure statement (PPR)
- g. Annual review recorded

3. Eligibility

- a. Client certified eligible or acceptable
- b. Eligibility determined before or simultaneous to IWRP
- c. No service beyond diagnostic (CS-A) before IWRP

4. Client Participation - Knowledge and Understanding

- a. Joint development of program recorded
- b. "Agreement of Understanding" present

5. Ineligibility and Annual Review

- a. Facts concerning ineligibility recorded
- b. For clients lacking rehabilitation potential
  - i. Ineligibility decision made with full client consultation
  - ii. Ineligible client invited to report favorable changes
  - iii. Annual Review recorded
- c. Client notified of annual review
- d. At annual review client invited to present new information
- e. New information recorded
- f. For client closed uncooperative, having progressive or terminal illness, or other reason making annual review impractical, a statement to this effect is recorded

AGREEMENT OF UNDERSTANDING

On the basis of information collected by my counselor and me, I may be found eligible for rehabilitation services, and a program planned for me with my help. I understand that this program can change as circumstances change and my program can be ended if it is found not likely that I am able to work. I also understand that my counselor and I will re-evaluate my program from time to time to determine my progress toward becoming employed. My program will be reviewed at least once a year at which time my counselor and I have the opportunity to make any changes necessary.

If I am unhappy with any part of my program, I may request an administrative review. If I am not satisfied with that review, I will have the opportunity for a fair hearing before the agencies' administrator or his representative.

If I am not found eligible for services, I understand my counselor will discuss the reasons with me. I will have the opportunity to re-apply for services should there be a change in my situation. Similar benefits from other agencies both private and governmental have been discussed with me, and when pertinent, they will be used in my rehabilitation program.

I understand that all information given by me or about me will be held confidential by Vocational Rehabilitation. Release of this information to any person, agency, or organization will be done only with the assurance that the information will be used only to further rehabilitation efforts in my behalf.

I understand all services provided are without regard to race, creed, sex, or national origin. The provisions of affirmative rights legislation has been explained to me.

---

Signature

---

Date

## REHABILITATION INTER-OFFICE MEMORANDUM

**Date:** March 22, 1977

**To:** J. H. Hutchison, Ph.D., Director

**From:** William F. Twomey, Administrator - Client Services Program

**Re:** IWRP Review in District XI (Miami)

The Quality Assurance Section conducted a review of a random sample of Individualized Written Rehabilitation Programs in the Miami district on March 1-2, 1977. A summary chart of the findings is attached.

The programs were found to be generally adequate to accomplish the stated objectives and most had documented evidence of joint planning with the client or guardian.

Inconsistencies found followed approximately the same pattern as those found in other districts. These were pointed out in the exit interview and recommendations for corrective action were made for most.

We will provide you with a copy of the final recommendations to the districts upon completion of the review.

WFT:bb

attachment

IWRP HIGHLIGHT-POINTS TO CONSIDER

<u>Client Services Program and Supplements</u>	<u>Satisfactory</u>	<u>Corrective Action Needed</u>
a. <u>Vocational handicap identified</u>	39	11
b. <u>Occupational group or vocational objective identified</u>	46	4
c. <u>Services and providers identified</u>	47	3
d. <u>Are there intermediate objectives for each service</u>	48	2
e. <u>Are dates or times of services listed</u>	46	4
f. <u>Guidance and counseling goals recorded</u>	41	9
g. <u>Is there a statement of client agreement and participation</u>	48	2
h. <u>Estimated cost recorded</u>	48	2
i. <u>Counselor, (Supervisor) and Client signatures present</u>	49	1
j. <u>Annual review and other dates present</u>	47	3
k. <u>Supplementary programs for significant changes present</u>	7	
l. <u>Supplementary programs for substantial cost increases present</u>	7	1
m. <u>Was client provided a copy of the program and changes</u>	41	9
n. <u>Statement of Understanding present in file</u>	48	2
<u>Program Progress Report and Case Recording</u>		
a. <u>Statement of eligibility present (PPR)</u>	38	12
b. <u>Severity of handicap noted</u>	24	26
c. <u>Evaluation statement for each intermediate objective</u>	29	21
d. <u>Dates of authorizations present (PPR), no admin. references</u>	36	14
e. <u>Evaluation of client progress documented</u>	33	17
f. <u>Closure statement (PPR)</u>	NA	
g. <u>Annual review recorded</u>	4	18
h. <u>Client involvement documented</u>	35	15
<u>Eligibility</u>		
a. <u>Client certified eligible or acceptable</u>	50	
b. <u>Eligibility determined before or simultaneous to IWRP</u>	50	
c. <u>No service beyond diagnostic (CS-A) before IWRP</u>	50	

Client Name \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_

District vs. Counselor \_\_\_\_\_

## REHABILITATION INTER-OFFICE MEMORANDUM

**Date:** August 30, 1977

**To:** Mr. Earl Southerland, OVR Program Supervisor - District VIII

**From:** James Bush, Quality Assurance Unit Supervisor

**Re:** Review of cases closed rehabilitated in your district during February, March and April, 1977

Attached are copies of the review forms on the sample of client files from District VIII.

We have returned the files to the respective units from which they were sent and have included a copy of the review with each client file, and have suggested that the Supervising Counselors remove them and use them for unit training, if indicated.

The overall review was satisfactory. However, there were some inconsistencies and you may want your Program Specialist and the Supervising Counselor to jointly review those and plan whatever remedial action is appropriate.

One case was served with obesity as the disabling condition. Obesity, per se, is not considered an eligibility factor. However, this client had complications resulting from her obese condition (hypertension) which could have been used as the disabling condition.

The file on Lee Slater was sent from our office to Tampa at their request. It needed a supplement to cover \$2,894.00 which was spent and not covered by a supplemental plan. We assume the receiving counselor in Tampa will take care of this.

There is still some misunderstanding on what constitutes minimal substantial services acceptable to RSA. The minimal services are evaluation (diagnosis), guidance and counseling with documented placement activity by the counselor as a part of guidance and counseling. In-service training is needed in this area.

We will send you a narrative report, by client, when the state review has been completed.

If you have questions, please let us know.

JB:bb

cc: Dr. J. H. Hutchison

Mr. William F. Twomey ✓





STATE OF FLORIDA

DEPARTMENT OF

**Health & Rehabilitative Services**

Reubin O'D Askew, Governor

1323 WINEWOOD BOULEVARD

TALLAHASSEE, FLORIDA 32301

August 1, 1977

Mr. Gerry Smolka  
Age Discrimination Study  
U. S. Commission on Civil Rights  
1730 K Street, N. W., Suite 214  
Washington, D. C. 20006

Dear Mr. Smolka:

Enclosed for your information is a copy of the Florida Human Rights Act of 1977. This Act was passed by the Florida Legislature in June, 1977.

If you need any additional information please feel free to call on me.

Sincerely yours,

William F. Twomey, Administrator  
Client Services  
Office of Vocational Rehabilitation

WFT:mg  
Enclosure

SB 1165

Passed Florida House of  
Representatives, June 1, 1977  
102 Yeas, 10 Nays  
Passed Florida Senate June 3, 1977  
29 Yeas, 0 Nays

## HUMAN RIGHTS ACT OF 1977

The Human Rights Act restructures and strengthens the Florida Human Relations Commission as a twelve-member commission appointed by the Governor and confirmed by the Senate. The commission would continue its human relations work, particularly through technical assistance to local human relations commissions.

Section 6 of the Act, effective July 1, 1978, adds executive authority to protect Florida's citizens against employment discrimination based on race, color, sex, religion, national origin, age, handicap or marital status. At present, the state has very limited authority in equal employment opportunity matters, and its citizens are compelled to rely on an increasingly unwieldy federal system for redress of these grievances.

As its inception, the Equal Employment Opportunity Commission was virtually powerless to enforce any provision of Title VII, but was relegated to attempts at conciliation. In 1972, the commission was given the power to initiate suits against the subject of a charge. Thus, the poor were afforded a chance for remedying their grievances with an uncooperative employer without personal resort to suit. But the federal commission has become increasingly backlogged with complaints, and victims of discrimination are frustrated in their attempts at redress.

The most recent figures from the EEOC disclose a backlog of over 4,000 complaints in the State of Florida, some dating back to 1974. Parties to these complaints are left in limbo until the commission either conciliates or issues a right-to-sue letter permitting the party to pursue the complaint in court. Delays of more than three years are not uncommon. In an employment situation, justice delayed for such a time is justice denied.

A state forum for a more speedy amelioration of citizen complaints would do more than benefit the victims of discrimination. It would also expedite what is now a lengthy and expensive process for employers. Consider, for example, the costs which accrue in a Title VII action which grants back-pay. Back-pay liability commences 2 years prior to filing the EEOC complaint. Given the 2-3 year delay period for EEOC processing, plus the lengthy time span of litigation, total liability for back-pay mounts steadily. Further, in a class action situation which includes applicants as part of the class, the longer the process is delayed in administrative and court adjudication, the greater the class of applicants, and hence the greater liability sustained by the employer.

It is obvious that delays in remedying the employee's complaint is a detriment to both the aggrieved employee and the employer. One industrial relations director had indicated that in one discrimination case adjudicated in court, back-pay for the class amounted to \$31,000; however, it cost the company more than \$250,000 to litigate the matter in federal court.

In a local Title VII class action suit against Monsanto Company, the cost of litigation alone so far has amounted to more than \$500,000. Back-pay is yet to be determined for the class members, as the case enters its fourth year of litigation.

Further, under the Equal Pay Act, back-pay plus liquidated damages in the amount equal to back-pay are allowed to the prevailing party. The employer is thus liable for double damages for sex discrimination in wages.

Public employers have an additional figure to consider in the cost analysis: federal revenue sharing funds. A finding of discrimination can trigger cut-off of these funds. Florida received a total allocation of \$154,098,458 in revenue sharing funds for the period from January 1, 1977 to September 30, 1977, \$102,732,306 of which goes to local governments. The potential

loss of revenue resulting from noncompliance places Florida's governments in an uncomfortable position.

While Florida law already proscribes certain forms of discrimination, it provides little in the way of remedy. Fla. Stat. §§112.041, 112.042, 112.043, 112.044 and 110.092(1) proscribe discrimination on the basis of age, race, sex, color, religion and national origin on the part of public employers, employment agencies and labor organizations. Career Service Commission review is provided in a limited number of cases. Fla. Stat. §413.08(3) prohibits discrimination on the basis of blindness or handicap by all employers supported in whole or part by public funds. Employee organizations are prohibited from discrimination on the basis of age, race, sex, religion and national origin by Fla. Stat. §447.305(f). Violation of this statute can trigger disqualification of the group from representation elections, by the Public Employees Relations Commission.

In the private sector, §448.07, F.S., proscribes sex discrimination by private and public employers with two or more employees in the payment of wages. This statute covers those employers not presently covered by the Fair Labor Standards Act. Additionally, §725.07, F.S., appears to prohibit, across-the-board, discrimination on the basis of sex, marital status or race, in "providing equal pay for equal services." In sum, the Florida Statutes prohibiting discrimination are scattered in a labyrinth of legislation and afford the victim little more than a basis for initiating a civil suit at his or her own expense. Research has disclosed not a single reported case granting relief under any of these statutes. A comprehensive approach to vindication of citizens' rights in a more expeditious fashion is needed.

The Human Rights Act substantially parallels Title VII in its scope. Both limit their coverage to larger employers -- those having 15 or more employees. The Florida Act, however,

specifically adds marital status as a proscribed basis for discrimination. Although Title VII does not explicitly prohibit discrimination on the basis of marital status, in certain situations sex discrimination is construed as including marital status as a "sex-plus" basis proscribed impliedly by Title VII. Also proscribed by the Human Rights Act is discrimination on the basis of age and handicap. These two bases are not included in Title VII, but are the subject of other federal statutes.

The Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap, physical or mental. The Act applies to government contractors, public agencies receiving federal aid, and private agencies or institutions receiving federal funds. The Human Rights Bill thus expands the coverage to private employers not receiving federal funds. The Age Discrimination in Employment Act of 1967 covers substantially the same employers as Title VII, only in regard to age discrimination. The Act, however, limits the protection to those between the ages of 40 and 65. The Human Rights Act has no such qualification.

Generally, the Human Rights Act prohibits discrimination on the basis of race, color, sex, religion, national origin, marital status, age and handicap. Effective July 1, 1978, it makes unlawful the following employment practices with respect to employers: refusal to hire, discharge, discrimination with respect to compensation, terms or conditions of employment, segregation or classification of employees in such a way as to adversely affect an individual's status on any of the above bases for discrimination. The Act makes it unlawful for an employment agency to fail or refuse to refer for unemployment, classify, or in any way discriminate against persons on those same bases of discrimination. Labor organizations are prohibited from excluding or expelling from membership, limiting, segregating or classifying membership, refusing to refer for employment, causing or attempting to cause an employer to discriminate

against any individual on the basis of race, sex, color, religion, national origin, age, handicap or marital status. The Act will further prohibit employers, employment agencies and labor organizations from retaliating against individuals who have opposed in any way the above unlawful employment practices.

The Human Rights Act exempts action on the basis of sex, national origin, religion, marital status, age or handicap when that action is pursuant to a bona fide occupational requirement necessary for the performance of a particular employment. Further exemptions from unlawful employment practices are bona fide seniority systems, employee benefit plans and systems which measure earnings by quality or quantity of production. Training programs designed to benefit certain age groups pursuant to law are also exceptions to unlawful employment practices.

The Human Rights Act triggers administrative procedures under Florida's Administrative Procedures Act in processing allegations of unlawful employment practices. The complaint must be filed with the commission within 180 days of the alleged violation. Where another government agency has jurisdiction, the complaint may be referred or deferred to such agency. All other complaints will be investigated by the commission, which will have the power to subpoena witnesses, take testimony and receive evidence. The commission will then make findings and orders providing for full relief, including class relief if appropriate. If the commission fails to conciliate or take final action on the matter within 180 days of filing, the aggrieved party may bring a civil action in court.

The Human Rights Act is comprehensive legislation which places the responsibility for its citizens' protection under the authority of the State of Florida. It creates an administrative commission whose powers surpass those of the EEOC in that complaints can be adjudicated through the mechanism of the Ad-

ministrative Procedures Act. The Act will effectively pre-empt EEOC, which will be required to defer to the authority of the commission before considering a discrimination charge. Florida will thus undertake the responsibility of protecting its own citizens from the ravages of discrimination, and breathe life into its own constitutional provision to prevent deprivation of the rights of its citizens.

1 A bill to be entitled

2 An act relating to the Florida Human Relations  
 3 Act; amending ss. 13.201(1), (2), 13.211(3) and  
 4 adding subsections thereto, 13.221, 13.241 and  
 5 13.251, Florida Statutes; creating s. 13.261,  
 6 Florida Statutes; renaming the act the Florida  
 7 Human Rights Act; adding age, handicap, and  
 8 marital status as factors upon which  
 9 discrimination is not to be based; providing  
 10 additional definitions; restructuring the  
 11 Commission on Human Relations; providing  
 12 compensation for members; clarifying powers and  
 13 functions of the commission; giving the  
 14 commission subpoena power enforceable in civil  
 15 court; defining unlawful employment practices;  
 16 providing administrative and judicial remedies;  
 17 providing severability; providing an effective  
 18 date.

19  
 20 Be It Enacted by the Legislature of the State of Florida:

21  
 22 Section 1. Subsections (1) and (2) of section 13.201,  
 23 Florida Statutes, are amended to read:

24 13.201 Purposes; construction; title.--

25 (1) Part II of this chapter shall be cited as the  
 26 Florida Human Rights Relations Act of 1977.

27 (2) The general purposes of part II are to secure for  
 28 all individuals within the state freedom from discrimination  
 29 because of race, color, religion, sex, or national origin,  
 30 age, handicap, or marital status and thereby to protect their  
 31 interest in personal dignity, to make available to the state



1 their full productive capacities, to secure the state against  
 2 domestic strife and unrest, to preserve the public safety,  
 3 health, and general welfare, and to promote the interests,  
 4 rights and privileges of individuals within the state.

5 Section 2. Subsection (3) of section 13.211, Florida  
 6 Statutes, is amended, and subsections (6), (7), and (8) are  
 7 added to said section to read:

8 13.211 Definitions.--For the purposes of this part:

9 (3) "Discriminatory practice" means any practice made  
 10 unlawful by this part unfair-treatment-based-on-race,-color,  
 11 religion,-sex,-or-national-origin.

12 (6) "Employer" means any person employing fifteen or  
 13 more employees for each working day in each of twenty or more  
 14 calendar weeks in the current or-proceeding calendar year, and  
 15 any agent of such a person.

16 (7) "Employment agency" means any person regularly  
 17 undertaking with or without compensation to procure employees  
 18 for an employer or to procure for employees opportunities to  
 19 work for an employer and includes an agent of such a person.

20 (8) "Labor organization" means any organization which  
 21 exists for the purpose, in whole or in part, of collective  
 22 bargaining or of dealing with employers concerning grievances,  
 23 terms or conditions of employment, or other mutual aid or  
 24 protection in connection with employment.

25 Section 3. Section 13.221, Florida Statutes, is  
 26 amended to read:

27 13.221 Commission on Human Relations; staff--

28 (1) There is hereby created the Florida Commission on  
 29 Human Relations, comprised of twelve members appointed by the  
 30 Governor, subject to confirmation by the Senate. The  
 31 commission shall select one of its members to serve as

1 chairperson for terms of two years. the membership of which  
 2 shall be as follows:

3        {a}--~~Six members from the state at large to be~~  
 4 ~~appointed by the Governor;~~

5        {b}--~~Six members from the state at large to be~~  
 6 ~~appointed by the President of the Senate;~~

7        {c}--~~Six members from the state at large to be~~  
 8 ~~appointed by the Speaker of the House of Representatives;~~

9        {d}--~~The Secretary of the Department of Community~~  
 10 ~~Affairs shall serve as chairman.~~

11        (2) The appointed members of the commission shall be  
 12 broadly representative of various racial, religious, ethnic,  
 13 social, economic, political, and professional groups within  
 14 the state.

15        (3) Commissioners shall serve for terms of 4 years;  
 16 provided, that of those members first appointed, three shall  
 17 be appointed for terms to expire September 30, 1981, three  
 18 shall be appointed for terms to expire September 30, 1980,  
 19 three shall be appointed for terms to expire September 30,  
 20 1979, and three shall be appointed for terms to expire  
 21 September 30, 1978. by the Governor, two shall be appointed  
 22 for a term of 4 years, two for a term of 3 years, and two for  
 23 a term of 2 years; and provided further, that those members  
 24 appointed by the President of the Senate and the Speaker of  
 25 the House of Representatives shall serve terms concurrent with  
 26 the terms of their respective appointing officers, not to  
 27 exceed 4 years. A member chosen to fill a vacancy otherwise  
 28 than by expiration of term shall be appointed for the  
 29 unexpired term of the member whom such appointee he is to  
 30 succeed. A member of the commission shall be eligible for  
 31 reappointment. A vacancy in the commission shall not impair

1 the right of the remaining members to exercise the powers of  
 2 the commission.

3 (4) The Governor may suspend a member of the  
 4 commission only for cause, subject to removal or reinstatement  
 5 by the Senate.

6 (5) Seven members shall constitute a quorum for the  
 7 conduct of business; however, the commission may establish  
 8 panels of not less than three of its members to exercise its  
 9 powers under s. 13.251(5), subject to such procedures and  
 10 limitations as the commission may provide by rule.

11 (6) ~~(4)~~ Each commissioner ~~commissioners shall not be~~  
 12 ~~compensated for their service upon the commission; but~~ shall  
 13 be entitled to receive per diem and travel expenses as  
 14 provided by s. 112.061. ~~A vacancy in the commission shall not~~  
 15 ~~impair the right of the remaining members to exercise the~~  
 16 ~~powers of the commission. The commission may by rule establish~~  
 17 ~~panels of not less than a quorum to exercise its powers.~~

18 (7) The commission shall appoint and may remove an  
 19 executive director, who may employ, with the consent of the  
 20 commission, a deputy, attorneys, investigators, clerks, and  
 21 such other personnel as may be necessary to adequately perform  
 22 the functions of the commission, within budgetary limitations.

23 Section 4. Section 13.241, Florida Statutes, is  
 24 amended to read:

25 13.241 Functions of the commission.--The commission  
 26 shall promote and encourage fair treatment and equal  
 27 opportunity for all persons regardless of race, color,  
 28 religion, sex, creed, ancestry or national origin, age,  
 29 handicap, or marital status and mutual understanding and  
 30 respect among all members, all economic, social, racial,  
 31 religious, and ethnic groups and shall endeavor to eliminate

1 discrimination against, and antagonism between, religious,  
2 racial and ethnic groups and their members.

3 Section 5. Section 13.251, Florida Statutes, is  
4 amended to read:

5 13.251 Powers of the commission.--Within the  
6 limitations provided by law, the commission shall have the  
7 following powers:

8 (1) To maintain an office in the City of Tallahassee  
9 ~~and such other offices within the state as it may deem~~  
10 necessary.

11 (2) To meet and exercise its powers at any place  
12 within the state.

13 ~~{3}--To appoint an executive director and to employ and~~  
14 ~~fix the compensation of hearing examiners, clerks, and such~~  
15 ~~other personnel as may be necessary to adequately perform its~~  
16 ~~functions.~~

17 {3}{4} To promote the creation of, and to provide  
18 continuing technical assistance to, local commissions on human  
19 relations and to cooperate with individuals and state, local  
20 and other agencies, both public and private, including  
21 agencies of the federal government and of other states.

22 {4}{5} To accept gifts, bequests, grants, or other  
23 payments, public or private, to help finance its activities.

24 {5}{6} To receive, initiate, investigate, seek to  
25 conciliate, hold hearings on, and act pass upon complaints  
26 alleging any discriminatory practice, as defined by this part  
27 ~~discrimination on the grounds of race, color, religion, sex,~~  
28 ~~or national origin and to make recommendations to the parties~~  
29 ~~to eliminate any discrimination.~~

30  
31

1           ~~(6)-(7)~~ To hold public-or-private hearings to determine  
2 the facts about instances of discrimination or intergroup  
3 tensions..

4           (7) To administer oaths, subpoena witnesses, and  
5 compel production of evidence pertaining to any hearing  
6 convnced pursuant to subsection (5). The authority granted by  
7 this subsection may be delegated by the commission, for  
8 investigations or hearings, to a commissioner, to a panel of  
9 commissioners established under s. 13.221(5), or to the  
10 executive director. In the case of a refusal to obey a  
11 subpoena issued to any person, the commission may make  
12 application to any circuit court of this state which shall  
13 have jurisdiction to order the witness to appear before the  
14 commission and to produce evidence, if so ordered, or to give  
15 testimony concerning the matter in question. Failure to obey  
16 the order may be punished by the court as contempt.

17           (8) To recommend methods for elimination of  
18 discrimination and intergroup tensions and to use its best  
19 efforts to secure compliance with its recommendations.

20           (9) To furnish technical assistance requested by  
21 persons to facilitate progress in human relations.

22           (10) To make or arrange for studies appropriate to  
23 effectuate the purposes and policies of this part and to make  
24 the results thereof available to the public.

25           (11) To become a deferral agency for the Federal  
26 Government and to comply with the necessary federal  
27 regulations to effect this part.

28           (12) To render, at least annually, a comprehensive  
29 written report to the Governor and to the Legislature. The  
30 report may contain recommendations of the commission for  
31

1 legislation or other action to effectuate the purposes and  
2 policies of this part.

3 (13) To adopt, promulgate, amend, and rescind rules  
4 and regulations to effectuate the purposes and policies of  
5 this part and govern the proceedings of the commission, in  
6 accordance with chapter 120.

7 Section 6. Section 13.261, Florida Statutes, is  
8 created to read:

9 13.261 Unlawful employment practices; remedies;  
10 construction.--

11 (1) It is an unlawful employment practice for an  
12 employer:-

13 (a) To fail or refuse to hire or to discharge any  
14 individual, or otherwise to discriminate against any  
15 individual with respect to compensation, terms, conditions, or  
16 privileges of employment, because of such individual's race,  
17 color, religion, sex, national origin, age, handicap, or  
18 marital status.

19 (b) To limit, segregate, or classify employees or  
20 applicants for employment in any way which would deprive or  
21 tend to deprive any individual of employment opportunities or  
22 adversely affect any individual's status as an employee,  
23 because of such individual's race, color, religion, sex,  
24 national origin, age, handicap, or marital status.

25 (2) It is an unlawful employment practice for an  
26 employment agency to fail or refuse to refer for employment,  
27 or otherwise to discriminate against, any individual because  
28 of race, color, religion, sex, national origin, age, handicap,  
29 or marital status, or to classify or refer for employment any  
30 individual on the basis of race, color, religion, sex,  
31 national origin, age, handicap, or marital status.

1       (3) . It is an unlawful employment practice for a labor  
 2 organization:

3       (a) . To exclude or to expel from its membership, or  
 4 otherwise to discriminate against, any individual because of  
 5 race, color, religion, sex, national origin, age, handicap, or  
 6 marital status.

7       (b) To limit, segregate, or classify its membership or  
 8 applicants for membership, or to classify or fail or refuse to  
 9 refer for employment any individual, in any way which would  
 10 deprive or tend to deprive any individual of employment  
 11 opportunities or adversely affect any individual's status as  
 12 an employee or as an applicant for employment, because of such  
 13 individual's race, color, religion, sex, national origin, age,  
 14 handicap, or marital status.

15       (c) . To cause or attempt to cause an employer to  
 16 discriminate against an individual in violation of this  
 17 section.

18       (4) . It is an unlawful employment practice for any  
 19 employer, labor organization, or joint labor-management  
 20 committee controlling apprenticeship or other training or  
 21 retraining, including on-the-job training programs, to  
 22 discriminate against any individual because of race, color,  
 23 religion, sex, national origin, age, handicap, or marital  
 24 status in admission to, or employment in, any program  
 25 established to provide apprenticeship or other training.

26       (5) . Whenever, in order to engage in a profession,  
 27 occupation, or trade, it is required that a person receive a  
 28 license, certification, or other credential, or become a  
 29 member or an associate of any club, association, or other  
 30 organization, or pass any examination, it is an unlawful  
 31 employment practice for any person to discriminate against any

1 other person seeking such license, certification, or other  
 2 credential, or seeking to become a member or associate of such  
 3 club, association, or other organization, or seeking to take  
 4 or pass such examination, because of such other person's race,  
 5 color, religion, sex, national origin, age, handicap, or  
 6 marital status.

7 (6) It is an unlawful employment practice for an  
 8 employer, labor organization, employment agency, or joint  
 9 labor-management committee to print, or cause to be printed or  
 10 published, any notice or advertisement relating to employment,  
 11 membership, classification, referral for employment, or  
 12 apprenticeship or other training, indicating any preference,  
 13 limitation, specification, or discrimination, based on race,  
 14 color, religion, sex, national origin, age, absence of  
 15 handicap, or marital status.

16 (7) It is an unlawful employment practice for an  
 17 employer, an employment agency, a joint labor-management  
 18 committee, or a labor organization to discriminate against any  
 19 person because that person has opposed any practice which is  
 20 an unlawful employment practice under this section, or because  
 21 that person has made a charge, testified, assisted, or  
 22 participated in any manner in an investigation, proceeding, or  
 23 hearing under this section.

24 (8) Notwithstanding any other provision of this  
 25 section, it is not an unlawful employment practice under this  
 26 part for an employer, employment agency, labor organization,  
 27 or joint labor-management committee to:

28 (a) Take or fail to take any action on the basis of  
 29 religion, sex, national origin, age, handicap, or marital  
 30 status in those certain instances where religion, sex,  
 31 national origin, age, or absence of a particular handicap, or



1 marital status is a bona fide occupational qualification  
2 reasonably necessary for the performance of the particular  
3 employment to which such action or inaction is related.

4 (b) Observe the terms of a bona fide seniority system  
5 or any bona fide employee benefit plan, such as a retirement,  
6 pension, or insurance plan, or a system which measures  
7 earnings by quantity or quality of production, which is not  
8 designed, intended, or used to evade the purposes of this  
9 part. However, no such employee benefit plan shall excuse the  
10 failure to hire, or the involuntary retirement of, any  
11 individual on the basis of any factor not related to the  
12 ability of such individual to perform the particular  
13 employment for which such individual has applied or in which  
14 such individual is engaged.

15 (c) Take or fail to take any action on the basis of  
16 age, pursuant to law or regulation governing any employment or  
17 training program designed to benefit persons of a particular  
18 age group.

19 (9) Each employer, employment agency, and labor  
20 organization shall post and keep posted in conspicuous places  
21 upon its premises a notice provided by the commission setting  
22 forth such information as the commission deems appropriate to  
23 effectuate the purposes of this part.

24 (10) Any person aggrieved by a violation of this  
25 section may file a complaint with the commission within 180  
26 days of the alleged violation, naming the employer, employment  
27 agency, labor organization, or joint labor-management  
28 committee, or in the case of an alleged violation of  
29 subsection (5) the person responsible for the violation and  
30 describing the violation. The commission, a commissioner, or  
31 the Attorney General may in like manner file such a complaint.

1           (11) . In the event that any other agency of the state,  
2 or of any other unit of government of the state, has  
3 jurisdiction of the subject matter of any complaint filed with  
4 the commission, and has legal authority to investigate or act  
5 upon the complaint, the commission may refer such complaint to  
6 such agency. Referral of such a complaint by the commission  
7 shall not constitute agency action within the meaning of s.  
8 120.52(2). . In the event of any referral under this  
9 subsection, the commission shall accord substantial weight to  
10 final findings and orders of any such agency. Provided that  
11 if any such agency has legal authority to investigate such a  
12 complaint and to provide relief substantially identical to  
13 that available under this section, the commission may provide  
14 by rule, in accordance with criteria established by rule, that  
15 all such complaints shall be deferred to such agency. In the  
16 event that such agency, within 20 days of deferral of such a  
17 complaint, gives notice to the commission that the agency  
18 accents jurisdiction of the complaint, the commission shall  
19 cease to have jurisdiction of the complaint.

20           (12) . In the event that the commission fails to  
21 conciliate or take final action on any complaint under this  
22 section within 180 days of filing, an aggrieved person may  
23 bring civil action against the named employer, employment  
24 agency, labor organization, or joint labor-management  
25 committee in any court of competent jurisdiction. The  
26 commencement of such action shall divest the commission of  
27 jurisdiction of such complaint, except that the commission may  
28 intervene as a matter of right.

29           (13) . In the event that the commission, in the case of  
30 a complaint under subsection (10), or the court, in the case  
31 of a civil action under subsection (12), finds that an

1 unlawful employment practice has occurred, it shall issue an  
2 order prohibiting the practice and providing affirmative  
3 relief from the effects of the practice, [including reasonable  
4 attorney's fees.] Upon such notice as the commission or the  
5 court, as appropriate, may require, such order, or any  
6 subsequent order upon the same complaint or action, may  
7 provide relief for all individuals aggrieved by any such  
8 unlawful employment practice. No liability for back pay shall  
9 accrue from a date more than 2 years prior to the filing of a  
10 complaint with the commission.

11 (14) All complaints filed with the commission under  
12 this part, and all records and documents in the custody of the  
13 commission, which relate to and identify a particular  
14 complainant, employer, employment agency, labor organization,  
15 or joint labor-management committee shall be confidential, and  
16 shall not be disclosed by the commission except to the parties  
17 or in the course of a hearing or proceeding under this part.  
18 The restriction of this subsection shall not apply to any  
19 record or document which is part of the record of any hearing  
20 or court proceeding.

21 Section 7. If any provision of this act or the  
22 application thereof to any person or circumstance is held  
23 invalid, such invalidity shall not affect any other provision  
24 or application of the act which can be given effect without  
25 the invalid provision or application, and to this end the  
26 provisions of the act are declared severable.

27 Section 8. This act shall take effect July 1, 1977,  
28 except that section 6 shall take effect July 1, 1978.

Form SRS-NCSS-116  
 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 Social and Demographic Service  
 Program Statistics and Data Systems  
 National Center for Social Statistics  
 December 1977

Form Approved  
 CMB No. 83R-0270  
 Expires 6/74

STATISTICAL REPORT ON NUMBERS OF INDIVIDUALS RECEIVING EARLY AND PERIODIC SCREENING SERVICES

State Florida For the Month-of FY 76-77, 19      
 State Agency Dept. of Health & Rehabilitative Services - Health Program - Family Health Program  
 Title and Signature of Person Reporting Lawson H. Davis Health Program Specialist

Item	Number of Individuals		
	Total (1)	Under Age 6 (2)	Age 6-20 (3)
Number of individuals screened during month, total.....	78,143	34,752	43,391
Number of individuals with specified conditions uncovered or suspected during screening:			
a. Visual problems.....	7,342	1,501	5,841
b. Hearing problems.....	2,347	960	1,387
c. Dental problems.....	38,671	10,898	27,773
c. Sickle Cell anemia.....	518	222	296
e. Lead poisoning.....	17	10	7
f. Other problems.....	8,054	4,616	3,438
Number of individuals screened but NOT referred for diagnosis and/or treatment during month, total.....	22,728	14,133	8,595
a. No referable conditions uncovered during screening.....	22,548	14,083	8,501
b. Other reason.....	144	50	94
Number of individuals referred for diagnosis and/or treatment during month, total.....	55,415	20,619	34,796

Exhibit No. 8

APPL# 1.0 II  
 FLORIDA MEDICAL ASSISTANCE PLAN (MEDICAID)  
 FOI

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF CHILDREN

State of Florida				Report for MONTHLY Annual FY 76-77a
(Name of Screening Agency)				Total children screened 78143
HRS - HPO - FHP				Total children referred 55415
(Address)				Health Department referrals 36683
				Private Physician referrals 8650
				Private dentist referrals 30090
				Other referrals 8856
No referral necessary	84423	144	84279	

CONDITIONS FOUND	0-20	0-5	6-20
Dental Abscess	1798	467	1331
Caries, Other Oral Pathology	36873	10431	26442
Obesity, Other Nutrition Problem	1220	496	724
Club Foot	27	15	12
Poliosis	103	39	64
Other Orthopedic/Musculo-Skeletal Abnormalities	1089	594	495
Intellectual Retardation	127	43	84
Seizures	93	33	60
Other Neurological Conditions	159	53	106
Scabies, Pediculosis, Other Scalp/Hair Pathology	393	201	192
Scabies	599	380	219
Other Skin Pathology	2442	1404	1038
Impaired Vision	6230	1117	5113
Ear Defects or Pathology	1112	384	728
Deafness or Hearing	1241	314	927
Otitis Media	1106	646	460
Ear Canal Defect	159	86	73
Facial Deformity	167	112	55
Chronic Tonsillitis	477	222	255
Enlarged Lymph Glands	81	34	47
Goiter/Hyperthyroidism	19	4	15
Abnormal Heart Condition (History, signs, symptoms)	1021	444	377
Intermittent Fever (History, signs, symptoms)	16	3	13
Hypertension	144	22	122
Diabetes	206	115	91
Abdominal Mass, Pregnancy Suspect or Confirmed	138	0	138
Other Abdominal Mass, Suspect	61	37	24
Ascites	616	405	211
Hydrocele	50	30	20
Diaphragmatic Hernia	29	19	10
Emphysema, severe	264	142	122
Upper Respiratory Tract Infection	186	71	115
Urinalysis Positive for Albumin	627	141	486
Urinalysis Positive for Glucose	24	5	19
Anemia, Sickle Cell Suspect	518	222	296
Other Anemia	4680	3197	1483
Respiratory Parasites	1377	729	648
Scarlatin Skin Test Positive	170	34	136
Vaccination Incomplete	10674	5336	5338
Abuse or Neglect of Child	20	18	2
Chronic Disease	16	2	14
Lead Poisoning	17	10	7
Other (specify)	8054	4616	3438
TOTALS	84423	32673	51750

Monthly Medicaid Screening Report

Mail to: Medicaid Screening Program  
 Child Health, Health Program Office  
 Department of HRS  
 1323 Winwood Boulevard  
 Tallahassee, Florida 32309

FORM 492A, MAR 1977 (Replaces HRS/HPO/FH72/05 (R-2))

## SCREENING CHILDREN

<u>FY-1976</u>			<u>FY-1977</u>		
<u>Children</u>		<u>\$</u>	<u>Children</u>		<u>\$</u>
0-5	35,090	\$266,077	Figures not yet available		
6-20	<u>55,873</u>	<u>529,433</u>			
Total	90,963	\$795,510	68,258		\$916,037

<u>FY 1976</u>	<u>Children</u>	<u>\$</u>
Dental	38,527	\$3,398,077
Optometrist	9,323	171,116
Opticians	12	1,440
Hearing Aid Supplies	98	4,283
Speech & Hearing Ctrs.	<u>358</u>	<u>7,972</u>
	-	\$3,583,728

<u>FY 1977</u>	<u>Children</u>	<u>\$</u>
Dental	Figures	\$3,316,016
Optometrist	not	171,688
Opticians	yet	1,207
Hearing Aid Supplies	available	6,645
Speech & Hearing Ctrs.	<u>          </u>	<u>12,091</u>
		\$3,507,647

Figures provided by Data Analysis and Forecasting - 8-12-77.

NUMBER OF EPSDT ELIGIBLES SCREENED  
by  
HRS SERVICE DISTRICTS

Total EPSDT Eligibles FY 77-78

Total Screened to Date

Per Cent

0 - 5 59449  
6 - 20 151646  
Total 211095

District I:	No.	No.	%	No.	No.	%	No.	No.	%
	Eligible	Screened	0-5	Eligible	Screened	6-20	Eligible	Screened	0-20
Escambia	2267			6175			8442		
Okaloosa	480			1243			1723		
Santa Rosa	283			763			1046		
Walton	154			501			655		
TOTAL	3184			8682			11866		

District II:

Bay	660			1400			2060		
Calhoun	80			244			324		
Franklin	94			209			303		
Gadsden	895			2299			3194		
Gulf	135			333			468		
Holmes	59			315			374		
Jackson	294			1066			1340		
Jefferson	140			447			587		
Leon	1158			2609			3767		
Liberty	26			94			120		
Madison	277			735			1012		
Taylor	174			432			606		
Wakulla	83			253			336		
Washington	111			349			460		
TOTAL	4186			10765			14951		

District III:

Alachua	1142			2779			3921		
Bradford	186			463			649		
Citrus	213			594			807		
Columbia	264			684			948		
Dixie	45			197			242		
Gilchrist	11			89			100		
Hamilton	110			351			461		
Hernando	210			602			812		
Lafayette	6			30			36		
Lake	537			1451			1988		
Levy	101			390			491		
Marion	1112			2814			3926		
Putnam	591			1536			2127		
Sumter	284			740			1024		
Suwannee	77			279			356		
Union	58			151			209		
TOTAL	4947			13150			18097		

	No. Eligible	No. Screened	%	No. Eligible	No. Screened	%	No. Eligible	No. Screened	%
	0-5	0-5	0-5	6-20	6-20	6-20	0-20	0-20	0-20
<u>District IV:</u>									
Baker	116			277			393		
Clay	186			518			704		
Duval	6054			15666			21720		
Flagler	124			261			385		
Nassau	195			584			779		
St. Johns	325			772			1097		
Volusia	1523			3923			5446		
TOTAL	8523			22001			30524		

District V:

Pasco	618			1648			2266		
Pinellas	3416			7876			11292		
TOTAL	4034			9524			13558		

District VI:

Hillsborough	5316			13236			18552		
Manatee	778			1879			2657		
TOTAL	6094			15115			21209		

District VII:

Brevard	1515			3728			5243		
Orange	3598			8924			12522		
Osceola	250			597			847		
Seminole	975			2365			3340		
TOTAL	6338			15614			21952		

District VIII:

Charlotte	140			361			501		
Collier	304			779			1083		
DeSoto	137			369			506		
Glades	51			97			148		
Hardee	158			382			540		
Hendry	177			524			701		
Highlands	406			878			1284		
Lee	770			1831			2601		
Polk	1623			3770			5393		
Sarasota	490			1211			1701		
TOTAL	4256			10202			14458		

District IX:

Indian River	411			960			1371		
Martin	259			618			877		
Okeechobee	144			332			476		
Palm Beach	2825			6940			9765		
St. Lucie	1438			2898			4336		
TOTAL	5077			11748			16825		

District X:

Broward	3039			7237			10276		
TOTAL	3039			7237			10276		

District XI:

Dade	9546			26941			36487		
Monroe	225			667			892		
TOTAL	9771			27608			37379		



STATISTICAL REPORT ON NUMBERS OF INDIVIDUALS RECEIVING EARLY AND PERIODIC SCREENING SERVICES

State Florida - All Counties

For the Month of FY Annual 75-76, 19    

State Agency Department of Health & Rehabilitative Services - Health Program Office - Family Health Program

Title and Signature of Person Reporting Lawson H. Bewis Health Program Specialist

Item	Number of Individuals		
	Total (1)	Under Age 6 (2)	Age 6-20 (3)
1. Number of individuals screened during month, total.....	102,901	35,524	67,377
Number of individuals with specified conditions uncovered or sus- pected during screening:			
a. Visual problems.....	10,545	1,174	9,371
b. Hearing problems.....	3,066	910	2,156
c. Dental problems.....	49,178	8,082	41,096
d. Sickle Cell anemia.....	544	186	358
e. Lead poisoning.....	9	8	1
f. Other problems.....	9,876	4,277	5,599
2. Number of individuals screened but NOT referred for diagnosis and/or treatment during month, total.....	29,183	14,236	14,947
a. No referable conditions uncovered during screening.....	29,183	14,236	14,947
b. Other reason.....	-0-	-0-	-0-
3. Number of Individuals referred for diagnosis and/or treatment during month, total.....	73,718	21,288	52,430

FLORIDA MEDICAID REPORT FOR 1976 (CONTINUED)

FOR  
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF CHILDREN

HEALTH PROGRAM OFFICE	Report for fiscal year <u>FY 75/76</u> 19
(Name of Screening Agency) WILLOWOOD COMPLEX	Total children screened <u>102,901</u>
(Address) TALLAHASSEE, Florida	Total children referred <u>73,718</u>
	Health Department referrals <u>52,182</u>
	Private Physician referrals <u>13,384</u>
	Private Dentist referrals <u>40,433</u>
	Other referrals <u>14,957</u>

CONDITIONS FOUND	0-20		0-5		6-20	
	NUMBER		REferred		TO	
Peri-Dental Abscess	5,165		890		4,275	
Other Oral Pathology	48,433		7,893		40,540	
Obesity, Other Nutritional Problem	1,421		303		1,118	
Orthopedic/Musculo-Skeletal Abnormalities	1,831		815		1,016	
Mental Retardation	161		48		113	
Seizures	141		54		87	
Other Neurological Conditions	219		55		164	
Ringworm or other Scalp Pathology	503		255		248	
Impetigo	966		4,353		399	
Other Skin Pathology	3,112		1,408		1,704	
Poor Vision	8,672		727		7,948	
Eye Defects or Pathology	2,664		515		2,149	
Poor Hearing	1,937		295		1,652	
Otitis Media	1,225		655		570	
Speech Defect	225		276		107	
Nasal Obstruction	242		139		103	
Nasal deformity	118		25		33	
Chronic Tonsillitis	951		313		638	
Enlarged Lymph Glands	348		68		136	
Hypertyroidism	34		10		24	
Abnormal Heart Condition (History, signs or symptoms)	1,662		573		1,089	
Rheumatic Fever (History, signs or symptoms)	47		4		43	
Hypertension	260		27		233	
Asthma	293		102		191	
Hernia	1,044		549		495	
Hydrocele	51		27		24	
Hypospadias	21		17		4	
Phimosis, severe	381		219		179	
Urinary Tract Infection	318		74		244	
Urinalysis Positive for Albumin	1,290		165		1,125	
Positive for Glucose	54		6		48	
Anemia, Sickle Cell, Suspect (Screening)	555		209		356	
Anemia, Other	7,155		4,219		2,936	
Intestinal Parasites	2,193		495		1,298	
Tuberculin Skin Test Positive	260		27		233	
Immaturity Incomplete	15,407		6,611		8,799	
Indications of Child Abuse	16		10		6	
Other (specify)	10,510		4,516		5,994	
Other (specify)						
Other (specify)						
Other (specify)						
<b>TOTALS</b>	<b>119,699</b>		<b>33,367</b>		<b>86,312</b>	

Monthly Medicaid Screening Report  
HHS/DH/CH  
MP 72/05 (R-1)

Send to: Medicaid Program  
Child Health Section  
Division of Health  
P. O. Box 210  
Jacksonville, Florida 32201

*Exhibit No. 9*

## Percentage Age Distributions for Recipients of Early and Periodic Screening services in Florida

<u>FY 1976</u>	100%
Children 0-5	38.6
Children 6-20	61.4
<u>FY 1977 (incomplete)</u>	100%
Children under 6	44.5
Children 6-20	55.5

Source: Materials submitted by Morrison, August 22, 1977

*Exhibit No. 10*

HEALTH CARE FINANCING  
ADMINISTRATION

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
REGION IV

50 7TH STREET N.E.  
ATLANTA, GEORGIA 30323

Sept. 16, 1977

Room 708

Ms. Eileen Bradley, Director  
Age Discrimination Study  
U.S. Commission on Civil Rights  
1730 K Street, N.W., Suite 214  
Washington, D. C. 20425

Dear Ms. Bradley:

During the hearing on age discrimination held in Miami, Florida, August 22, 1977, it was requested that I provide the Commission with sample reports of the most recent joint Medicaid and Office for Civil Rights reviews for compliance with Title VI of the Civil Rights Act. Attached are two reports:

MSA-OCR Review - San Carlos Convalescent Center,  
Fernandina Beach, Florida

MSA-OCR Review - Buckingham-Smith Nursing Home,  
St. Augustine, Florida

I appreciated the opportunity to participate in the hearing on age discrimination.

Sincerely,

A handwritten signature in cursive script that reads "Edward Davis".

Edward Davis  
Regional Medicaid Director (Acting)

Attachments

# Memorandum

TO : William H. Thomas  
Regional Civil Rights Director

DATE: December 6, 1972

FROM : Mildred A. Wise, Civil Rights Specialist  
Health and Social Services, OCR

REFER TO:

SUBJECT: MSA-OCR Review of Buckingham-Smith Nursing Home  
St. Augustine, Florida

In accordance with our agreement for joint training reviews with MSA staff, reviews of nursing homes participating in Medicaid (Title XIX) only were scheduled in the state of Florida. One of the homes chosen for the review was Buckingham-Smith Nursing Home in St. Augustine, FL.

Persons participating in the review were Mr. Williams, Administrator, Ms. Wilson, Executive Secretary, St. Johns County Welfare Association, Mr. Baxter Webster, Administrative Officer, Bureau of Medical Services, Florida Division of Family Services, Mrs. Minnie McBeth, MSA-DHEW, and Ms. Mildred Wise, CRS, OCR.

The subject nursing home was constructed in April, 1970, and is located in St. Johns County, where according to figures obtained by Mr. Williams, from Chamber of Commerce, the total population is 32,046. Of this total 26,000 are white 6,000 are black and 46 are classified as "other"! (The 1970 census show the total population to be slightly less than this figure) The nursing home is physically located in St. Augustine in a predominantly black community.

Buckingham-Smith is an intermediate care facility and has a bed capacity of 50. According to Mr. Williams, the facility has three private rooms and the remainder are three-bed accommodations. The facility has one rate for all accommodations, that is \$270 per month, which is equivalent to the state vendor payment for intermediate care. The only supplement that is requested is the difference between the payment received from the state and the recognized maximum established by the state; provided the patient has income from which to draw this amount.

According to Mrs. Wilson, five of the patients in occupancy on the date of the review were private pay patients and the remaining 44 patients (a total of 49 in occupancy) were Medicaid.

Before going further into the discussion of the findings of this review, it should be pointed out that the facility is county owned. It was disclosed that the County Welfare Association owns two such nursing homes in St. Johns County. The other home is the St. Johns County Home for Senior Citizens which is located at 169 Marine St.



MSA-OCR Review  
St. Augustine, FL

-2-

near Flagler Hospital. Both homes have a capacity for 50 beds.

All referrals and placements are channelled to the two homes through the County Welfare Association. Ms. Wilson stated she was responsible for handling all admissions and placements. According to Ms. Wilson, referrals are made to her office from physicians, DFS, and Flagler Hospital.

Ms. Wilson maintains one waiting list which is used to fill vacancies in the two homes. The waiting list consisted of 52 potential patients on the date of the review. There was no racial identification noted on the waiting list, just names and addresses. (Addresses of those living in St. Augustine could easily reveal the race of the of the individual). The review of the waiting list revealed an inconsistent use of courtesy titles; however it could not be established that this was a pattern attributed to racial factors since as previous stated, race was not indicated.

When questioned as to the selection process for individuals on the waiting list, Ms. Wilson stated that selections were based on the order in which the names appeared on the list. When questioned further as to how assignments to the home were handled, Ms. Wilson advised that the assignment depended on where a vacancy existed (both she and Mr. Williams stated that there were very few vacancies at both facilities at any given time). Ms. Wilson stated that "most patients prefer to come here (referring to Buckingham-Smith) because of the newness of the facility."

According to Mr. Williams the facility has an adopted nondiscriminatory policy covering its operation. However, it was not posted in the facility and could not be located at the time of the review. It was thought to be in the County Welfare Association's office. Mr. Williams stated that copies of this policy had been published in the paper and copies sent to physicians and the NAACP. It was requested that a copy of the adopted policy be forwarded to this office for review along with documentation on the dissemination of the policy to the community.

A statement of the policy was thought to be contained in the employee personnel booklet; however, a review of this pamphlet did not reveal such a policy statement.

According to Mr. Williams, room assignments are made based on sex and medical need. He also stated that medical need determined which patient would be assigned to the three private rooms in the facility.

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MSA-OCR Review  
St. Augustin, FL

Mr. Williams advised that personality conflicts and medical reasons would be the basis for transfers. He stated that the Director of Nursing Services would make the decision on transfers. When asked whether the Director of Nursing Services would make the decision on "medical necessity", Mr. Williams stated this would be done by the physician or jointly. The facility has no written policies governing room assignment or transfers.

As indicated previously, the facility has a total of 49 patients in occupancy. All 49 patients were black. When questioned regarding the Home for Senior Citizens, Ms. Wilson stated that it too had 49 patients, all of whom were white. Mr. Williams stated that Buckingham-Smith Nursing Home had not had any white patients since its opening in 1970. The same was said to be true of the other facility as it relates to black admissions.

As background information, Ms. Wilson stated that years ago, two physicians in the area established a home for black people. That home was the parent facility for what later became Buckingham-Smith Nursing Home. The plant was physically relocated with the construction of the new facility. A review of admission dates for all patients in occupancy showed twelve patients to have been admitted during the existence of the old facility. The remaining 37 patients were admitted at various intervals between April 1970 and present.

The facility's nursing staff consist of 5 RNs (4 whites and 1 black - the one black RN serves as Director of Nursing Services); 6 LPNs (3 white and 3 black) fifteen nurses aides (all black) and five orderlies (4 black and 1 white) Services are rendered from one nurses station and, according to Mr. Williams, all nursing staff work with an assigned number of patients. All nursing staff are employed and assigned to the facilities by the County Welfare Association. (Info. was requested on the staff make-up at the other facility)

According to Ms. Wilson, all patients and staff are addressed with titles. However, there were no policies on the use of titles. As pointed out previously, there were noted inconsistencies in the use of titles on the waiting list. The black nurse on duty at the nurses station was referred to as "Nurse \_\_\_\_\_" as opposed to Mrs. \_\_\_\_\_ There were no other observed instances where titles were used or not used in addressing patients or staff. Records showed only first name and last for all patients.

The facility has a consultant house physician, Dr. Rubin Plant, Jr., whose office is located in Suite III, Doctors Building. However, per Mr. Williams, all of the physicians on staff at Flagler Hospital may be used on a call basis.

MSA-OCR Review  
St. Augustine, FL

-4-

The facility provides recreational therapy. There is no social services director and thus the Director of Nursing coordinates these activities. Ms. Wilson stated that the Linconville Branch Auxiliary, the Elite Club and Senior Citizens Organization were among the volunteer groups serving the facility. The former two groups are black and the Senior Citizens group is white.

The facility does not operate any formal training programs nor does it have any agreements with any other institution for use of its facilities for clinical training purposes.

### FINDINGS AND RECOMMENDATION

#### Findings

1. The facility's nondiscriminatory policy had not been posted and there was no documentation to indicate that this policy had been widely disseminated to staff, physicians, community organizations and the general public.
2. The facility did not have any written policies covering room assignments, transfers, and use of courtesy titles. A copy of the Guidelines for Nursing Homes under Title VI was left with the facility to aid in the development of a policy statement for the facility.
3. Buckingham-Smith is one of two nursing homes owned and operated by St. Johns County Welfare Association. All referrals and placements are channeled through and effected by the association. The two homes are identifiable by race with one being all white and the other all black. The two facilities are located in the same area and within a short distance from each other. Based on the admission process, it appears that the racial characteristic of the home can readily be controlled by the County Welfare Association.

#### Recommendations - Based on the above, it is recommended:

1. That the St. Johns County Welfare Department submit copy of documentation of the dissemination of its policies relative to the operation of both facilities to the community. If a review of this information indicates that the data is not current or extensive, the Association should be requested to readvertise its policies.
2. Buckingham-Smith should adopt a policy outlining procedures and reasons for room assignments and transfers. Such a policy



MSA-OCR Review  
St. Augustine, FL

-5-

should also be developed for the Senior Citizens Home if it does not already have a written policy. The need for such a policy will have greater Title VI implications as the racial character of the homes change.

3. Each facility should establish a written policy on the use of courtesy titles for patients and staff.
4. The St. Johns County Welfare Association should establish a plan for the inclusion of its nondiscriminatory policy in orientation sessions or in-service training of staff.
5. The main concern of the review relates to the racial character of the two homes. The act of notifying the community and referral sources of the policies of each home will not sufficiently eliminate this concern. Referral agencies or physicians are referring patients to the Association and not to a specific home. The Association is charged with the responsibility for placements. Thus, it is requested that the Association develop a procedure for the placement of patients in homes without regard to race, color or national origin. A plan outlining a procedure to accomplish this procedure should be submitted for review. It may involve placing the client at the top of the list in the home with the oldest or largest number of vacancies. However, any such plan should ensure that such placements are not made based on racial consideration. In order to monitor the effectiveness of the plan, the Association should be requested to maintain and submit a record of all placements during the next three months by race.
6. A determination of continuing compliance should be withheld pending resolution of all concerns.

Mildred A. Wise

Mildred A. Wise, Civil Rights Specialist  
Health and Social Services Branch, OCR  
Date: Dec. 7, 1972

Marie A. Chretien

Marie A. Chretien, Chief  
Health and Social Services Branch, OCR  
Date: 12/11/72

Approved: William H. Thomas

William H. Thomas  
Regional Civil Rights Director  
Date: 12/11/72

cc: MSA

*Exhibit No. 11*UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 6, 1977

REPLY TO L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits.

TO: Eileen Bradley

On October 26, 1977, Mr. Edward Davis, Director of the Office of Medical Services, H.E.W. was contacted for the second time and asked to supply for the record an answer from the regional and central offices of the Office of Civil Rights as to why there had not been a monitoring job done within the last 12 months. He assured me that he had mailed it before and would mail it again. To date, no response has been received.

*Exhibit No. 12*UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: October 31, 1977

REPLY TO L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits

To: Eileen Bradley

Denise Patent at 904/487-2380 stated that Mr. Morrison was no longer with the Office of Medical Services. He is currently employed with the Assistant Development Corporation at 904/878-5438.

I contacted him at his new number and left word for him to call. To date he has not returned my phone call nor has he followed-up on the message I left him requesting the most recent report on DHRM monitoring of providers.

REPORT NO: 54

U.S. DEPARTMENT OF LABOR - EMPLOYMENT &amp; TRAINING ADMINISTRATION

PAGE 1951

RUN DATE: 09/23/77

QUARTERLY SUMMARY OF CLIENT CHARACTERISTICS

DATA AS SUBMITTED THRU: 09-09-77

REGION-STATE: 04-

REPORTED AS OF: 06-30-77

CETA TITLE: I		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
REGION TOTAL		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL		176,890	100.0	105,526	100.0	36,969	100.0
SEX	MALE	97,649	49.6	54,312	51.5	19,299	52.2
	FEMALE	99,241	50.4	51,214	48.5	17,670	47.8
AGE	18 + UNDER	66,326	33.7	35,562	33.7	4,726	12.8
	19 - 21	35,923	20.3	20,786	19.7	9,101	24.6
	22 - 44	75,618	36.5	41,503	39.3	19,743	53.5
	45 - 54	7,394	4.2	4,292	4.1	1,540	5.2
	55 - 64	4,806	2.4	2,467	2.3	1,047	2.8
	65 +	2,078	1.1	916	0.9	362	1.0
EDUCATION	8 + YEARS	14,531	12.4	12,705	12.0	3,123	8.5
	9 - 11	82,753	42.0	46,116	43.7	11,059	29.9
	12	68,452	33.8	36,311	34.5	17,108	47.9
	OVER 12	21,250	10.8	10,366	9.8	5,671	13.7
FAMILY INCOME	AFDC	25,714	13.1	13,470	12.8	2,333	7.7
	PUB ASSIST	18,025	7.2	8,938	9.4	2,346	6.3
	ECOR DIFCAY	132,222	77.6	80,758	76.5	25,780	69.7
ETHNIC GROUP	WHITE	78,498	50.0	53,924	51.1	21,052	56.9
	BLACK	55,405	48.5	50,032	47.4	15,308	41.4
	AMER IND	893	0.5	322	0.3	142	0.4
	OTHER	7,069	1.1	1,230	1.2	451	1.2
	INA	26	0.0	13	0.0	10	0.0
SPANISH AMERICAN		6,936	3.5	5,015	4.8	1,411	3.8
LIMITED ENGLISH SPEAKING ABILITY		2,627	1.4	1,851	1.8	609	1.6
HIGHWAY OR SEASONAL FARM FARMER		3,317	1.7	1,717	1.6	563	1.5

Exhibit No. 13

83

REPORT NO: 54

## U.S. DEPARTMENT OF LABOR - EMPLOYMENT &amp; TRAINING ADMINISTRATION

PAGE 1952

RUN DATE: 09/23/77

## QUARTERLY SUMMARY OF CLIENT CHARACTERISTICS

DATA AS SUBMITTED THRU: 09-09-77

REGION-STATE: 04-

REPORTED AS OF: 06-30-77

CETA TITLE: I		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
	REGION TOTAL	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
VETERAN	TOTAL	18,501	9.3	9,751	9.2	4,825	13.1
	RECENTLY SEPARATED	6,920	3.5	3,561	3.4	1,721	4.7
	SPECIAL	4,239	2.2	2,426	2.3	1,158	3.1
	DISABLED	829	0.4	402	0.4	157	0.4
HANDICAPPED		7,478	3.8	3,380	3.2	1,917	5.1
FULL TIME STUDENT		57,119	29.0	31,243	29.6	2,167	5.9
OFFENDER		8,551	4.3	5,030	4.8	2,179	5.9
LABOR FORCE	UNDEREMPLOYED	14,008	7.1	5,735	5.4	2,967	8.1
	UNEMPLOYED	1,6527	8.6	7,430	7.1	3,248	8.7
STATUS	OTHER	47,234	24.1	26,361	25.0	2,184	6.0
RECEIVING UNEMPLOYMENT INS		9,971	5.1	4,226	4.0	2,176	5.9
	WAGES	D. F. CARE ENROLLMENT		UNSUBSIDIZED EMPLOYMENT			
HOURLY WAGE	NO PREVIOUS WAGE	5,015					
	< \$7.00	5,215	14.5	697	2.0		
	\$2.00 - 2.99	21,052	58.4	21,358	61.2		
	\$3.00 - 3.99	6,393	17.7	9,320	26.7		
	\$4.00 - 4.99	1,860	5.2	2,202	6.3		
	\$5.00 - 5.99	2,821	2.3	775	2.2		
	\$6.00 +	737	2.0	551	1.6		
AVERAGE WAGE		\$2.60		\$2.78			

REPORT NO: 54

U.S. DEPARTMENT OF LABOR - EMPLOYMENT &amp; TRAINING ADMINISTRATION

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RUN DATE: 09/23/77

QUARTERLY SUMMARY OF CLIENT CHARACTERISTICS

DATA AS SUBMITTED THRU: 09-30-77

REGION-STATE: 04-

REPORTED AS OF: 06-30-77

CETA TITLE: II		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
REGION TOTAL		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL		71,312	100.0	60,096	100.0	7,957	100.0
SEX	MALE	44,792	62.3	37,885	63.0	5,045	63.9
	FEMALE	26,520	37.7	22,211	37.0	2,912	36.6
AGE	18 + UNDER	3,120	4.4	2,624	4.4	342	4.3
	19 - 21	11,523	16.3	9,797	16.2	1,267	15.9
	22 - 44	44,698	62.7	37,760	62.9	5,258	66.1
	45 - 54	7,246	10.2	6,084	10.1	717	9.0
	55 - 64	3,853	5.4	3,206	5.3	323	4.1
	65 +	796	1.1	655	1.1	50	0.6
EDUCATION	8 + UNDER	7,915	11.1	6,758	11.2	631	8.6
	9 - 11	12,547	17.3	10,404	17.3	1,219	15.3
	12	30,166	42.2	25,139	42.3	3,367	42.3
	OVER 12	20,944	29.4	17,535	29.2	2,090	26.8
FAMILY INCOME	AFDC	2,075	2.9	1,448	2.4	211	2.7
	PUB ASSIST	2,452	3.4	1,844	3.1	237	3.0
	ECOM DISADV	29,999	42.1	24,439	40.7	3,046	38.3
ETHNIC GROUP	WHITE	46,599	65.3	39,733	66.1	5,488	69.0
	BLACK	24,071	33.8	19,841	33.0	2,402	30.2
	AMER IND	207	0.3	158	0.3	13	0.2
	OTHER	422	0.6	356	0.6	53	0.7
	INA	11	0.0	6	0.0	1	0.0
SPANISH AMERICAN		1,254	1.8	1,133	1.9	81	1.0
LIMITED ENGLISH SPEAKING ABILITY		670	0.9	565	0.9	59	0.7
MIGRANT OR SEASONAL FARM FAM MEN		766	1.1	682	1.1	62	0.8

REPORT NO: 54

U.S. DEPARTMENT OF LABOR - EMPLOYMENT &amp; TRAINING ADMINISTRATION

PAGE 3288

RUK DATE: 09/23/77

QUARTERLY SUMMARY OF CLIENT CHARACTERISTICS

DATA, AS SUBMITTED THRU: 09-09-77

REGION-STATE: 04-

REPORTED AS OF: 06-30-77

CETA TITLE: II		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
	REGION TOTAL	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
VETERAN	TOTAL	14,724	20.6	12,036	20.0	1,669	21.0
	RECENTLY SEPARATED	3,733	5.2	3,079	5.1	433	5.4
	SPECIAL	4,164	5.8	3,352	5.6	550	6.9
	DISABLED	546	0.8	354	0.6	53	0.7
HABILITATED		2,049	2.9	1,557	2.6	190	2.4
FULL TIME STUDENT		756	1.1	595	1.0	63	0.8
GRANDFEE		1,309	1.8	1,044	1.7	110	1.4
LABOR FORCE STATUS	UNDEREMPLOYED	3,530	5.0	2,861	4.8	497	6.2
	UNEMPLOYED	10,257	14.5	51,098	85.0	6,766	85.0
	OTHER	7,375	10.3	6,125	10.2	694	8.7
RECEIVING UNEMPLOYMENT INS		7,113	10.0	5,849	9.7	652	8.2
	WAGES	REGURE ENROLLMENT		UNSUBSIDIZED EMPLOYMENT			
HOURLY WAGE	NO PREVIOUS WAGE	751					
	< \$2.00	829	9.9	62	0.8		
	\$2.00 - 2.99	4,097	48.8	3,252	42.3		
	\$3.00 - 3.99	1,943	23.2	2,666	34.7		
	\$4.00 - 4.99	893	10.6	1,207	15.7		
	\$5.00 - 5.99	356	4.2	326	4.2		
	\$6.00 +	272	3.2	172	2.2		
AVERAGE WAGE		\$2.82		\$3.19			

*New Britain - Percentage Rate of participation*

REPORT NO: 54

U.S. DEPARTMENT OF LABOR - EMPLOYMENT & TRAINING ADMINISTRATION

PAGE 0825

RUN DATE: 09/23/77

QUARTERLY SUMMARY OF CLIENT CHARACTERISTICS

DATA AS SUBMITTED THRU: 09-09-77

REGION-STATE: 04-

REPORTED AS OF: 06-30-77

CETA TITLE: VI		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
REGION TOTAL		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL		61,963	100.0	12,366	100.0	4,801	100.0
SEX	MALE	38,762	62.6	8,383	67.8	3,256	67.8
	FEMALE	23,201	37.4	3,983	32.2	1,545	32.2
AGE	18 + UNDER	2,626	4.2	596	4.8	267	5.6
	19 - 21	9,945	16.0	2,233	18.1	871	18.1
	22 - 44	39,022	63.0	7,897	63.9	3,126	65.1
	45 - 54	6,256	10.1	1,059	8.6	395	8.2
	55 - 64	3,434	5.5	507	4.1	136	2.8
	65 +	680	1.1	74	0.6	6	0.1
EDUCATION	8 + UNDER	6,859	11.1	1,221	9.9	401	8.4
	9 - 11	11,393	18.4	2,354	19.0	799	16.6
	12	25,479	41.1	5,190	42.0	2,113	44.0
	OVER 12	18,232	29.4	3,601	29.1	1,488	31.0
FAMILY INCOME	AFDC	3,829	6.2	560	4.5	173	3.6
	PUB_ASSIST	2,435	3.9	435	3.5	172	3.6
	ECON DISADV	31,823	51.4	5,613	45.4	2,040	42.5
ETHNIC GROUP	WHITE	37,967	61.3	8,010	64.8	3,373	70.5
	BLACK	23,447	37.8	4,254	34.4	1,370	28.6
	AMER IND	139	0.2	19	0.2	12	0.3
	OTHER	375	0.6	82	0.7	31	0.6
	INA	33	0.1	0	0.0	0	0.0
SPANISH AMERICAN		1,251	2.0	161	1.3	51	1.1
LIMITED ENGLISH SPEAKING ABILITY		535	0.9	51	0.4	16	0.3
MIGRANT OR SEASONAL FARM FAM MEM		611	1.0	109	0.9	37	0.8



CFTA TITLE: V1		TOTAL CLIENTS		TOTAL TERMINATIONS		ENTERED EMPLOYMENT	
	REGION TOTAL	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
VETERAN	TOTAL	12,955	28.9	3,051	24.7	1,196	23.0
	RECENTLY SEPARATED	3,616	6.2	866	7.0	322	6.7
	SPECIAL	2,799	4.5	611	4.9	253	5.3
	DISABLED	451	0.7	108	0.9	35	0.7
HANDICAPPED		1,802	2.9	348	2.8	123	2.6
FULL TIME STUDENT		708	1.1	124	1.0	44	0.9
OFFENDER		1,279	2.1	312	2.5	81	1.7
LABOR FORCE STATUS	UNDEREMPLOYED	3,802	9.1	611	4.9	250	5.2
	UNEMPLOYED	30,616	62.0	9,635	77.9	3,613	75.3
	OTHER	7,285	11.9	1,984	16.0	801	16.7
RECEIVING UNEMPLOYMENT INS		6,167	10.7	1,085	8.8	437	9.1
HOURLY WAGE	WAGES BEFORE ENROLLMENT		UNSUBSIDIZED EMPLOYMENT				
	NO PREVIOUS WAGE		304				
	< \$2.00		176	3.7	24	0.6	
	\$2.00 - 2.99		2,786	47.0	1,505	35.9	
	\$3.00 - 3.99		1,442	24.3	1,694	40.4	
	\$4.00 - 4.99		568	9.6	633	15.1	
	\$5.00 - 5.99		327	5.5	225	5.4	
	\$6.00 +		223	3.8	117	2.8	
AVERAGE WAGE		\$2.85		\$3.33			

*Exhibit No. 14*

STATEMENT  
to  
UNITED STATES COMMISSION ON CIVIL RIGHTS  
by  
ROBERT D. KRAUSE  
DIRECTOR OF HUMAN RESOURCES  
CONCERNING  
AGE DISCRIMINATION ACT OF 1975  
PUBLIC HEARING, MIAMI, FLORIDA  
AUGUST 22, 1977

It is a pleasure for me to have this opportunity to appear before your Commission. We in the City of Miami have a significant interest in the subject of your hearings.

In accordance with the request of your staff, I will confine my own comments primarily to the Comprehensive Employment and Training Act, its relationship to the Age Discrimination Act, and some suggestions concerning future regulations.

City of Miami Employment Programs

The resident and working population of the City of Miami is as diverse as those who visit and vacation here. In addition to becoming a retirement center for growing numbers of senior citizens, Miami has a disproportionately high number of young people who are unable to secure regular full-time employment. In attempts to utilize the potential resources of this varied group, the federal government has earmarked funding under the Comprehensive Employment and Training Act for a wide variety of programs.

In reference to specific programs, both the staffs and those whom the programs serve run the gamut of age brackets. The STEP Program, the Youth for Youth Program, the Miami Public Opinion Center and the Social Service Aide Program are staffed primarily by young people and geared towards meeting the needs of the younger generation.

STEP, the Summer Teen Employment Program, offers part-time employment within City departments and private non-profit agencies exclusive of private businesses to young people between the ages of 14 and 21. These young participants work 25 hours per week at the minimum wage of \$2.30 per hour. This summer the City employed 1,000 young people in this program with a total of approximately 11,000 participants in Dade and Monroe Counties.

Youth for Youth, a recently developed program under CETA Title VI funding, is geared towards providing full-time employment through four community outreach centers. Although not fully staffed, the program currently consists of approximately 30 participants ranging in age from 18 to 21 who, in turn, serve as peer counselors for young people in the community who are experiencing problems ranging from drugs to parental conflicts.

Thirty young people between 18 and 23 participate in the Miami Public Opinion Center doing job market analyses and assessing citizens' needs. The MPOC is expanding its services and is aiming at utilizing the hard core unemployed of all ages who are eligible under Title VI funds.

The Social Service Aide Program employs 19 individuals ranging in age from 21 to 50 with the heaviest concentration in the 20-30 year old category. Social Service Aides function as recreation leaders, social workers for the elderly, and counselors for all age groups.

The Career Development Internship Program provides tuition reimbursements for attendance at a public university and part-time employment within the City for low income college students. Although there are no age restrictions, participants generally fall between the ages of 18 and 23. The program is currently budgeted for 30 slots for eligible City residents. Its sequel, the Career Development Graduate Program, is geared toward those economically disadvantaged people, regardless of age, who are working towards a masters degree at a public institution and who are ultimately aiming towards serving the City in a managerial capacity.

The Citizen Response Center provides information and referrals to government and social service agencies for people of all ages. Presently, 22 participants ranging in age from 18 to 21 assist in door-to-door interviewing, coding, editing, grant writing, and monitoring incoming calls to assess citizens' needs.

A variety of special projects funded by the federal government for one year's duration include community beautification and improvements, help for the handicapped, and the Lowe Art Miami Center among others and aim at the hard core unemployed of all ages under Title VI funds.

The Senior Citizen Program is specifically designed to employ the older unemployed segment of our population. Originally funded by federal revenue sharing and now included in the regular City budget, this program currently consists of 22 participants over the age of 62 who work 20 hours each week assisting with clerical duties in the Police Department, in order to release uniformed personnel for other functions.

At the present time, CETA Title II and Title VI funds are being utilized to employ 564 eligible participants in departments throughout the City. Approximately one-fourth of those participating are under 27 years of age; approximately one-half are between 28 and 47; the remaining quarter are over 48 years of age, including many over 60 years, some of whom are here today.

#### Suggestions for Future Regulations

The Age Discrimination Act of 1975 is a fair and reasonable law. We would urge that the implementing regulations reflect the tenor of the law itself, which prohibits "unreasonable discrimination on the basis of age", yet authorizes any action that "reasonably takes age into account as a factor" and permits differentiations "based upon reasonable factors other than age."

Our concern as a public employer is primarily directed toward Section 305 (c) (1) which deals with public service employment under CETA. We have no intent to discriminate on the basis of age in our CETA Program. Quite to the contrary, the City of Miami has attempted to develop job opportunities under CETA covering the full spectrum of age groups.

Yet we are aware that some jobs and training opportunities are more attractive to one age group than another. Our college work-study program, for example, is more relevant to the needs of young people than to other age groups. We would hope that programs under CETA that may be designed primarily for certain "target groups" would not be invalidated if they are based on reasonable efforts to assist in solving the

major and social and economic problems of our central cities.

We see also a need to develop jobs that will assist in providing career opportunities for transition into unsubsidized employment. We do not now use CETA funds for jobs as Police Officers and Fire Fighters, although we may find it advantageous to do so in the future. We have previously established reasonable age requirements for the fire and police services. These are based on the fact that we provide long term, costly in-service training to new recruits in order to develop a career service. Our age requirements are based on considerations very similar to those used by the Federal government in some of its own programs. We would hope that regulations under this law would not preclude the use of reasonable age requirements, and thus preclude career employment opportunities, for cities that may wish to provide CETA jobs in such occupations as the fire and police services.

Many central cities now find themselves facing fiscal problems of enormous proportions. Miami is among those cities. We have a property tax limitation imposed by the Florida State Constitution that will make it necessary for the City to reduce its present staffing levels. We understand that we may not use CETA funds to supplant local funds. Yet the very nature of our fiscal problem will limit our ability to provide flexibility in employment opportunities under CETA. We are unable to forecast the impact of this problem. It is possible that our fiscal limitations may change the relative balance of employment opportunities among age groups. We would urge that any regulations take into account these major problems of the central cities and not rely on simple statistical studies to indicate a prima facie case of "unreasonable discrimination on the basis of age."

Federal agencies now have significant experience in drafting regulations to prohibit discrimination. The fiscal plight of the central cities becomes more apparent each year. We hope that this body of knowledge and experience will assure that the greatest wisdom, understanding and compassion is used in drafting regulations to implement the employment provisions of this law.

*Exhibit No. 15*UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 7, 1977

REPLY TO L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

Exhibit 15: General Revenue Sharing funds for Dade County  
for 10-1-76 - 9-30-77, were \$16,400,299.



*Exhibit No. 16*"The Elderly and C.E.T.A. in Dade & Monroe Counties"

Statement by Gary F. Spencer  
Executive Director  
South Florida C.E.T.A. Consortium

August 22, 1977  
Miami, Florida

It is a pleasure to relate to your hearing some activities of the South Florida CETA Consortium concerning service delivery. Under provisions of the Comprehensive Employment and Training Act the City of Miami, City of Hialeah, and Metropolitan Dade County, as sponsoring jurisdictions, with the City of Miami Beach and Monroe County, as participating jurisdictions, have formed our local consortium.

We serve a population of over one and one half million citizens from all ethnic backgrounds. Ours is a cosmopolitan, metropolitan area, as well as an area of rural, agricultural and migrant interests.

Services for the elderly concerning employment are hampered somewhat by the fiscal limitation of supplemental income that can endanger the social security benefits of many of our retirees. In spite of this, all service delivery agents under CETA operate programs without age barriers. Senior citizens are able to avail themselves of these services in a variety of meaningful approaches.

The South Florida CETA Consortium is cognizant of the plight of the elderly citizens of our area. The elderly are very much a part of the local economically disadvantaged population and are, in fact, a singular group in terms of employment status. It is for these reasons that the Consortium has identified the elderly as a target group which should be given special consideration for CETA services.

Funds from different titles of the Comprehensive Employment & Training Act have been directed at servicing the elderly. For example, under Title I, we fund two programs which are exclusively elderly directed: 1) Project RENEW, receiving \$150,000 per year, offers orientation, counseling, job development, work experience, classroom training and other similar manpower services to the elderly, and 2) the Senior Citizen Program, offers similar services, in Monroe County. the Senior Citizen Program receives \$81,852 a year.

In addition, and still under Title I, the elderly may, and do, receive services from just about all other programs funded by CETA. The array of services offered include work experience, on-the-job training, vocational training, and job development. Numerically speaking, we find that last year 2,377 elderly persons received CETA training and services under Title I alone, and of those, 791 were placed in unsubsidized employment. During the first 9 months of this fiscal year, we have served 1,641 elderly persons while placing 680 in unsubsidized jobs.

Under President Carter's Economic Stimulus Package (CETA Title VI) the Consortium has approved a number of projects which will have a direct impact on the elderly population of Dade and Monroe Counties. Among these are:

<u>SPONSOR</u>	<u>PROJECT</u>	<u>FUNDING LEVEL</u>
JESCA	Janitorial Services for the Elderly	\$ 73,373
City of Miami Beach	South Beach Relocation Survey	65,111 20,215
City of Miami Beach	Relocatee Interviews	110,000
Little Havana Activity Center	Working for tomorrow	138,594
Little Havana Activity Center	Allapattah '77	101,042
Advocate Program, Inc.	Advocate Program-Senior	52,896
Cuban-American Senior Center	Helping Them Live	77,000
JESCA	Project for the Elderly	130,000
United Way	Mobile Service for the Elderly	74,000
Jewish Community Center	Project Homebound	57,405
State of Florida-HRS	Nursing Home Placement	72,476
Jewish Home for the Aged	Jewish Home for the Aged	30,116
Dade County Human Resources	Project RENEW	256,551
Village South	Elderly & Handicapped	97,549
Jewish Vocational Services	Home Attendant Project	129,129

As reflected in the actions taken in the past, the South Florida CETA Consortium has always maintained a firm position of cooperation and understanding vis a vis this needy group. This position will remain intact as long as the elderly need our services.

Thank you for the opportunity of letting me speak with you today.

*Exhibit No. 17*UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 6, 1977

REPLY TO  
ATTN OF: L. W.

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

The material requested for exhibit 17 was never received.

*Exhibit No. 18*

## HUD HOMEMAKER SERVICES PROGRAM

HUD HOMEMAKER SERVICES PROGRAM FUNDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT, STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES HAS BEEN IN OPERATION FOR 4 YEARS.

THE BASIC FUNCTION OF HOMEMAKER SERVICES PROGRAM IS TO PROVIDE NEEDED SERVICES TO PARTICIPANTS (AGE 60+ ELIGIBLE ELDERLY AND DISABLED PERSONS LIVING IN PUBLIC AND CDP AREAS) SO THAT THEY CAN RETAIN THEIR INDEPENDENT LIVING ARRANGEMENT. WHILE THIS IS PRIMARILY GEARED TOWARD A TEMPORARY SERVICE PER PARTICIPANT, WITH REFERRALS MADE TO OTHER AGENCIES FOR LONG-TERM HOMEMAKER SERVICES, IT IS NOT ALWAYS POSSIBLE FOR OTHER HOMEMAKER AGENCIES TO PROVIDE IMMEDIATE SERVICE DUE TO A WAITING LIST OF ELIGIBLE PERSONS. DURING THIS INTERIM HUD HOMEMAKER SERVICES AIDES WILL CONTINUE SERVICE FOR ELIGIBLE PARTICIPANTS AS LONG AS THE SERVICE IS NEEDED IN ORDER THAT PARTICIPANT CAN REMAIN IN HIS/HER OWN HOME AND NOT BE INSTITUTIONALIZED UNLESS A LAST RESORT FOR NEEDED CARE.

SPECIFIC SERVICES:

- A. CLEANING - HOUSE CLEANING SERVICES RANGE FROM LIGHT TO THOROUGH HOUSE CLEANING. CLEANING INCLUDES VACUUMING, DUSTING, POLISHING, FLOOR WASHING, ETC.
- B. LAUNDRY - LAUNDRY SERVICES RANGE FROM PARTIAL (WASHING AND IRONING) TO COMPLETE WASHING, DRYING AND IRONING.
- C. MEAL PREPARATION (COOKING) - MEALS WILL BE PREPARED FOR RESIDENTS ACCORDING TO INDIVIDUAL DESIRES OR SPECIAL DIET PLANS.

PAGE 2

- D. SHOPPING - SHOPPING SERVICES WILL BE PROVIDED ACCORDING TO THE TOTAL NEEDS OF THE INDIVIDUALS. AIDES WILL PERFORM THIS SERVICE' BOTH FOR INDIVIDUALS AND GROUPS OF INDIVIDUALS.

OUTREACH WORKER FUNCTIONS:

- A. MAKE HOME VISITS TO EVALUATE THE SITUATION IN SELF-REFERRALS AND ALL OTHER SOURCES OF REFERRALS EXCEPT CASEWORK STAFF, IDENTIFY SERVICE NEEDS, MAKE CASE PLANS, AND DETERMINE THE LENGTH OF TIME HOMEMAKER SERVICES WILL BE NEEDED.
- B. FOLLOW-UP ON ACTIVE CASES TO EVALUATE THE NEED FOR CONTINUED HOMEMAKER SERVICES.
- C. PROVIDE INFORMATION ABOUT COMMUNITY RESOURCES SUCH AS THE MOBILE HEALTH UNITS OF DADE COUNTY DEPARTMENT OF PUBLIC HEALTH, SENIOR CENTERS OF DADE COUNTY, DFS FOOD STAMP CENTERS, JMH CREDIT AND CLASSIFICATION DIVISION.

TOTAL BUDGET \$165,988. (FEDERAL FUNDS IN THE AMOUNT OF \$124,491., LOCAL MATCHED FUNDS \$41,497.).

AT THE PRESENT TIME IN PUBLIC HOUSING, THE SERVICE RATIO IS ONE (1) AIDE FOR EVERY SIX HUNDRED (600) PERSONS. THESE HOMEMAKER SERVICE AIDES ARE ATTEMPTING TO PROVIDE SERVICE TO 8,500 PEOPLE AT PRESENT AND CONSIDERING THE SMALL STAFF AVAILABLE, THEY ARE ONLY ABLE TO SERVE A SMALL PERCENTAGE OF PERSONS NEEDING SERVICES. IT IS QUITE OBVIOUS

A DIRE NEED FOR MORE HOMEMAKERS (SOCIAL WORKER AIDES) TO DELIVER THE SERVICE.

THE ALLOCATION OF SERVICES AND FUNDS SET FORTH IN THE PROJECTED PROGRAM IS THE SAME AS IT HAS BEEN FOR THE PAST THREE YEARS AND DURING THAT TIME, RIGHT UP TO THE PRESENT, THE REQUEST FOR SERVICE HAS GREATLY INCREASED. WITHIN THE PAST TWO YEARS HUD HAS ADDED AN ADDITIONAL 2,070 UNITS FOR THE ELDERLY AND DISABLED. THIS INDICATES THAT WE NEED ADDITIONAL FUNDS TO EXPAND THE STAFF AND SERVICES.



## METROPOLITAN DADE COUNTY • FLORIDA

140 W. FLAGLER STREET  
ROOM 1503  
MIAMI, FLORIDA 33130  
TEL: 579-5416

DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF DIRECTOR

November 21, 1977

Refer to: 2-530

Ms. Laura Wilmot  
U.S. Commission on Civil Rights  
1730 K Street, NW - Room 214  
Washington DC 20006

Dear Ms. Wilmot:

This is in response to your request for information on the County's Title XX and revenue sharing funds. Title XX funding by category is as follows:

<u>PROGRAM</u>	<u>AMOUNT</u>	<u>PERIOD ENDING</u>
Transportation for the indigent	\$ 251,205	9/30/78
Homemakers services for public housing	188,403	6/30/78
Child Care	3,759,095	9/30/78
Elderly		
Adult Day Care	233,290	9/30/78
Homemakers services (countywide)	300,000	9/30/78

The first two programs are administered by Dade County HUD. The last two are administered by the Department of Human Resources. The County also provides match for a legal services program for the elderly, and for a migrant child care program. We do not, however, receive the funds.

General revenue sharing for the period 10/1/77 to 9/30/78 is \$16,400,299.

You are also interested in surveys that would cross classify our clients. We have not conducted such surveys, but instead are putting our efforts into computerizing our client activities. The County is developing a data base management system that will be used by all county human service programs. We will not only be able to extract data on our services to clients, but also retrieve shareable information on services other county providers are giving to the same people. This capability is probably a year off.

I hope this information responds to your needs. If there is anything further, please feel free to ask.

Sincerely,

*Aileen R Lotz*  
Aileen R. Lotz  
Director

ARL:KF:ceg

STATE OF FLORIDA



DEPARTMENT OF

## Health &amp; Rehabilitative Services

Reubin O'D Askew, Governor

1317 WINEWOOD BOULEVARD

TALLAHASSEE, FLORIDA 32301

September 14, 1977

Mr. Arthur S. Flemming, Chairman  
U.S. Commission on Civil Rights  
1121 Vermont Avenue, N.W.  
Washington, D.C. 20001

Dear Mr. Chairman:

Your request of August 22, 1977, that the Florida Department of Health and Rehabilitative Services submit a report relative to employee distribution on the basis of age, race and sex has been referred to me for response. Enclosed are three (3) data reports reflecting analyses of employee demography by race and sex. They are:

1. EEO-4 Report 1972-1975
2. 1976 EEO-4 Report by Salary
3. 1976 EEO-4 Report by Category (Job)

The Department currently does not have an established procedure for maintaining employee analyses on the basis of age. The personnel data system does not contain valid information at this time. Therefore, we are unable to provide you with this information.

If further assistance is required, please contact my office.

Sincerely,

David H. Pingree  
Assistant Secretary for  
Administrative Services

DHP:Wsaf

enclosures

cc: SEC  
PDDHD  
ASPE



DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

EEO-4 Report 1972-1975

590 Health and Rehabilitative Services

	White Male		Black Male		Spanish Male		Other Male		Total Male		White Female		Black Female		Spanish Female		Other Female		Total Female		Total Minorities		Total All
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	
72	7551	28.6	1781	6.7	330	1.2	17	.0	9779	36.5	12410	46.4	4108	15.4	433	1.6	30	.1	16981	63.5	6699	25.0	26760
73	6073	28.4	1865	6.6	325	1.2	18	.0	10282	36.1	12587	44.4	4973	17.5	532	1.9	55	.2	18147	63.8	7768	27.2	28428
74	8517	30.0	2067	6.7	355	1.2	74	.2	11411	37.1	13160	42.8	5500	17.9	57	1.9	119	.4	19358	62.9	6694	28.2	30769
75	9571	29.5	2347	7.2	402	1.2	45	.1	12365	38.1	13518	41.7	5625	17.3	548	1.7	370	1.1	20061	61.8	9337	28.8	32426

2/27/77

## STATE OF FLORIDA

DEPARTMENT OF ADMINISTRATION

1976 EEO-4 REPORT BY SALARY

DIVISION OF PERSONNEL

DEPT	SALARY RANGE	WHITE FEM	BLACK FEM	SPAN FEM	OTHER FEM	TOTAL FEM	TOTAL ALL RACES	% WHITE FEM	% BLACK FEM	% SPAN FEM	% OTHER FEM	% FEM
59	0.1-3.9	212	93	5	2	302	423	50.1	19.6	1.1	.4	71.3
59	4.0-5.9	2,646	1,107	61	7	3,221	4,132	49.5	26.7	1.4	.1	77.9
59	6.0-7.9	4,565	3,197	249	12	8,044	10,362	44.2	30.8	2.4	.1	77.6
59	8.0-9.9	3,112	904	107	8	4,131	6,525	47.6	13.8	1.6	.1	63.3
59	10.0-12.9	2,140	1,338	133	7	2,618	4,507	47.4	7.4	2.9	.1	58.0
59	13.0-15.9	458	67	18	3	576	1,252	38.9	5.3	1.4	.2	46.0
59	16.0-24.9	74	4	5	4	87	434	17.0	.9	1.1	.9	20.0
59	25.0 PLUS	20	1	12	5	38	274	7.2	.3	4.3	1.8	13.8
		12,677	5,701	590	48	19,017	27,909	45.4	20.4	2.1	.1	68.1

2/27/77

## STATE OF FLORIDA

DEPARTMENT OF ADMINISTRATION

1976 EEO-4 REPORT BY SALARY

DIVISION OF PERSONNEL

DEPT	SALARY RANGE	WHITE MALE	BLACK MALE	SPAN MALE	OTHER MALE	TOTAL MALE	TOTAL ALL RACES	% WHITE MALE	% BLACK MALE	% SPAN MALE	% OTHER MALE	% MALE
59	0.1-3.9	77	41	1	1	121	423	10.2	9.6	.2	.2	28.6
59	4.0-5.9	460	436	13	1	910	4,132	11.1	10.5	.3	.0	22.9
59	6.0-7.9	1,724	916	74	4	2,318	10,362	12.7	8.8	.7	.0	22.3
59	8.0-9.9	1,817	523	52	2	2,354	6,525	27.8	8.0	.7	.0	36.6
59	10.0-12.9	1,570	212	97	2	1,889	4,507	35.0	4.7	2.1	.0	41.9
59	13.0-15.9	604	34	37	1	676	1,252	48.2	2.7	2.9	.0	53.9
59	16.0-24.9	318	5	20	4	347	434	73.2	1.1	4.6	.9	79.9
59	25.0 PLUS	147	5	74	10	236	274	53.6	1.8	27.0	3.6	86.1
		6,325	2,172	368	25	8,891	27,909	22.6	7.7	1.3	.0	31.8

2 07/77

STATE OF FLORIDA

DEPARTMENT OF ADMINISTRATION

1976 EEO-4 REPORT BY CATEGORY

DIVISION OF PERSONNEL

DEPT	JOB CATEGORY	WHITE MALE	BLACK MALE	SPAN MALE	OTHER MALE	TOTAL MALE	TOTAL ALL RACES	% WHITE MALE	% BLACK MALE	% SPAN MALE	% OTHER MALE	% MALE
59	OFFIC/ADM	108		4		112	127	85.0	.0	3.1	.0	88.1
59	PRNF	3,268	363	246	18	3,895	9,465	34.5	3.8	2.5	.1	41.1
59	TFCM	215	36	11	2	265	877	24.5	4.1	1.2	.2	30.2
59	PRO-SERV	135	28	4		218	230	80.8	12.1	1.7	.0	94.7
59	PARA-PPF	1,348	1,154	51	3	2,567	8,737	15.5	13.2	.5	.0	29.3
59	OFF/CLER	223	37	34	1	295	5,523	4.0	.6	.6	.0	5.3
59	SKIL-CPF	526	37	8		571	585	89.9	6.3	1.3	.0	97.6
59	SERV/MAIN	440	517	10	1	968	2,365	18.6	21.8	.4	.0	40.7
		5,335	2,172	368	25	8,891	27,909	22.6	7.7	1.3	.0	31.8

2 07 77

STATE OF FLORIDA

DEPARTMENT OF ADMINISTRATION

1976 EEO-4 REPORT BY CATEGORY

DIVISION OF PERSONNEL

DEPT	JOB CATEGORY	WHITE FEM	BLACK FEM	SPAN FEM	OTHER FEM	TOTAL FEM	TOTAL ALL RACES	% WHITE FEM	% BLACK FEM	% SPAN FEM	% OTHER FEM	% FEM
59	OFFIC/ADM	14	1			15	127	11.0	.7	.0	.0	11.3
59	PRNF	4,611	713	220	26	5,570	9,465	48.7	7.5	2.3	.2	58.3
59	TFCM	308	193	31		512	877	45.3	22.0	2.3	.0	69.7
59	PRO-SERV	11	1			12	230	4.7	.4	.0	.0	5.2
59	PARA-PPF	2,978	3,078	106	8	6,170	8,737	34.0	35.2	1.2	.0	70.6
59	OFF/CLER	4,146	843	226	13	5,228	5,523	75.0	15.2	4.0	.2	94.6
59	SKIL-CPF	13	1			14	585	2.2	.1	.0	.0	2.3
59	SERV/MAIN	505	871	17	1	1,394	2,365	21.3	36.8	.7	.0	59.0
		12,077	5,701	590	48	18,017	27,909	43.4	20.4	2.1	.1	68.1

*Exhibit No. 21*

Branch Office  
920 Alton Road  
Miami Beach, Florida 33139  
Phone: 673-5112

# JEWISH OCCUPATIONAL SERVICE

*Job Placement/Career Planning/Rehabilitation Workshop*

The Dr. Michael Goodman Building  
318 N. W. 25th Street — Miami, Florida 33127 — Phone: 576-3220

November 4, 1977

## OFFICERS

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## Executive Director

Eugene Greenspan

United States Civil Rights Commission  
c/o Ms. Laura Wilmot  
1718 P Street N. W.  
Washington, D. C. 20036

Dear Ms. Wilmot:

Because of the difficulties inherent in efforts to obtain fair and equal treatment for the elderly and for the handicapped, I would like to recommend that the Commission include both of these minority groups in all existing and proposed civil rights legislation.

Very truly yours,

*Naomi Benson*  
Naomi Benson  
Project Director  
JVS Nutritional Project

NB/mb



MEMBER: Greater Miami Jewish Federation • United Way of Dade County • Jewish Occupational Council  
Counseling Services Approved by the International Association of Counseling Services, Inc.



DATE : October 23, 1977

TO : Eileen Bradley, Director of  
Age Discrimination Study  
U.S. Commission on Civil Rights

FROM : Laura Wilmot

SUBJECT : Miami Hearing Follow-up On Exhibits

Ms. Ruhi and Ms. Cantey will not be providing written testimony since they were contacted 11-2-77 and 11-13-77 and no response was submitted by them.

UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 7, 1977

REPLY TO L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

On October 4, 1977, Mr. Jerome N. Conger, Deputy Assistant Secretary, Office of Health Planning and Development was contacted and asked to submit two exhibits. He stated that he had mailed the items ten days prior to my call. To date, we have received nothing.

UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 7, 1977

REPLY TO: L. W.  
ATTN OF:

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

On October 4, 1977, Mr. Jerome N. Conger, Deputy Assistant Secretary, Office of Health Planning and Development was contacted and asked to submit two exhibits. He stated that he had mailed the items ten days prior to my call. To date, we have received nothing.

# HEALTH SYSTEMS AGENCY

1001 Biscayne Blvd., Miami, Florida 33132

August 24, 1977

Octavio F. Verdeja  
President

Robert T. Jones  
Executive Director

## Board of Directors

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Raymond W. White  
Raghib P. White

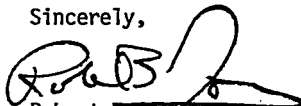
United States Commission on  
Civil Rights  
Age Discrimination Study  
1730 K Street, N.W., Suite 214  
Washington, D.C. 20425

Dear Sir:

Enclosed is information relating to the composition of the Board of Director of the Health Systems Agency of South Florida, Inc. which Chairman Arthur S. Fleming requested at the hearing in Miami, Florida on August 23, 1977.

If I can be of further assistance to you, please feel free to call upon me.

Sincerely,



Robert T. Jones  
Executive Director

RTJ/cl

AUG 29 1977



HEALTH SYSTEMS AGENCY  
OF  
SOUTH FLORIDA

<u>Board Member</u>	<u>Agency Code Number</u>	<u>Status</u>
Michael Abrams	1	Consumer
Cheryl Borseth	2	Consumer
Sandra Brooks, Ph.D.	3	Provider
Robert Bruce	4	Provider
Edward Callahan	5	Indirect Provider
David Cobb	6	Consumer
Anita Cofino Ramirez	7	Consumer
Fred Cowell	8	Provider
W.M. "Mac" Davis	9	Consumer
Thomas Doherty	10	Provider
Rosebud Foster	11	Indirect Provider
Sima G. Gebel, R.N.	12	Provider
Rose Gordon	13	Consumer
Joseph Harris, M.D.	14	Provider
Doris Ison	15	Indirect Provider
Terry B. Jones, R.P.T.	16	Provider
Castle Jordan	17	Consumer
Judge Alan M. Kuker	18	Consumer
Rose E. Landon	19	Provider
Richard McEwen	20	Consumer
Patricia McIntosh	21	Indirect Provider
Sylvan Meyer	22	Consumer
Richard A. Morgan, M.D.	23	Provider
Willis Murray	24	Consumer
Magaly Rodriguez-O'Hearn	25	Consumer
Arthur Rosichan	26	Consumer
Emanuel M. Papper, M.D.	27	Provider
Marie W. Poitier	28	Consumer
Yvonne Santa Maria	29	Consumer
Max Serchuk	30	Consumer
Richard K. Slavin	31	Provider
Sara Smith	32	Consumer
Jack Soutar, D.D.S.	33	Provider
Joseph Spinelli	34	Provider
Charles F. Tate, Jr., M.D.	35	Provider
Morton Terry, D.O.	36	Provider
Rev. Roger Truax	37	Consumer
Octavio Verdeja	38	Consumer
Rev. Roger Volker	39	Consumer
Reginald Walters	40	Consumer
A. Budd Cutler *	41	Consumer

\* Immediate Past President - HSA By-laws specify that the Board shall consist of 40 members plus the Past President for the total of 41. The Executive Committee consists of 15 members plus the Past President for a total of 16.





EAST ALABAMA MENTAL HEALTH - MENTAL RETARDATION CENTER

ELDERLY SERVICES

SYLVIA JOHNSON

RITA GARVEY

RAYMOND BUTLER

MARCH 21, 1977

RON STEPHENS, COORDINATOR

## ELDERLY SERVICES

## I. Introduction

The Elderly Services had its birth with a mandate passed by the Federal Government (PL 94-63 Sec. 205) at which time East Alabama Mental Health began formulating plans of full time service to the elderly. East Alabama Mental Health began its program formally on November 16, 1976 with a full time coordinator and staff.

Recognizing that elderly clients have special problems, the Elderly Services set about to explore through survey, group meetings, questionnaires, individual conferences and research, ways of meeting the physical and mental needs of the elderly population of the catchment area (Russell, Lee, Tallapoosa, and Chambers counties).

## II. Goals and Objectives

Programs for the elderly must address the full range of services made available through a comprehensive mental health program geared to the physical and emotional needs of the elderly. The program is to be integrated within the Center's program in order to avoid a sense of isolation.

The program will . . .

- provide diagnostic services
  - provide physical health assessment
  - provide relevant cognitive, emotional and social evaluation
  - provide services accessible through outreach and home visitation
  - provide a liason with agencies serving the elderly
  - provide preventive services
- and - provide follow-up services.

## Stage I - Evaluation

Eligibility for Elderly Services

All residents of the four county catchment area (Tallapoosa, Lee, Chambers and Russell Counties) are eligible for services if

- a. they are fifty-five (55) years of age or older
- b. they are in need of the services offered by Elderly Services, so determined by a counselor
- c. they are referred by another agency or organization within the community and determined in need of Elderly Services.

### Background History

Effort will be made to obtain background information that will be helpful to the counselor as it relates to the needs of the client. This information will include medical, social, and emotional history.

### Needs Assessment

In as much detail as possible all needs of the individual will be accounted for. Many of their needs will be common to a vast majority of elderly people while others will be unique to the individual. Needs should also be assessed as primary and secondary depending upon their influence on the client, his environment and expectations.

### Individual's Philosophy

The client's view of himself, his problem and the expected outcome will be determined. The view of the client must be considered in dealing with other agencies, organizations and programs since many of these programs have specific guidelines and procedures for operation.

### Relative's Philosophy

Many relatives have views, desires, expectations and problems that affect the older client which have never been discussed or brought to light within the family circle. Since these play a big role in satisfying the client's needs they must be assessed.

### Problem

From the information gathered, the problem or problems of the individual are determined and diagnosed; a goal arrived at and a plan of action devised to achieve this goal.

(At this point it might be wise to ask yourself the following: Do they need help? Do they want help? Do we think we can help?)

## Stage II - Strategy

### Existing Solutions, Organizations and Programs

Referrals are made to organizations and programs that are already in existence in the four county area that meet the needs of the clients. Organizations such as Pensions and Security, Health Department, Hospitals, Nursing Homes, Social Security, and Churches are used to meet immediate needs of the client. Programs already functioning such as Community Action, E.A.S.E., A.R.I.S.E., Housing Authority, R.S.V.P., Area Agency on Aging, and others eliminate a duplication of services. In addition, these outside services refer clients to East Alabama Mental Health through reciprocal agreements.

Inhouse the full force of a comprehensive mental health program is at the disposal of the Elderly Services department. These services include but are not limited to: psychiatrist, psychologist, counselors, social workers, day treatment, transitional home, after-care, drug abuse, alcohol abuse, emergency services, medical services and testing and evaluative services.

Recently developed or being currently developed are direct services offered elderly by the Elderly Services department of the East Alabama Mental Health - Mental Retardation Center. Among these offerings are: outreach services, home visitations, telephone assurance, programs and community services, transportation, physical health assessments, reducing social isolation, preventive services and consultation.

#### Outreach Services

Work is carried on in Dadeville, Alexander City, Phenix City, Shawmut and Opelika at the satellite centers. In addition, outreach services are rendered in congregate meal sites, churches, and recreation centers in the four county area.

#### Home Visitation

Since many of the elderly have no transportation, can no longer drive or are not physically able to drive any longer East Alabama Mental Health offers home visitation by counselors to these needy clients.

#### Transportation

A limited amount of transportation is furnished by elderly services for those elderly clients needing Center services not offered in home visitation.

#### Telephone Assurance

Clients who are not seen on a weekly basis are kept in touch with by phone to reassure them of our interest and concern for them, their health and well-being.

#### Physical Health Assessment

Physical health assessment is constantly undergone by counselors and when appropriate and feasible carried on by a nurse and doctor.

#### Programs and Community Services

Programs on subjects related to mental health are carried out by the Center in eight congregate meal sites on a regularly scheduled basis. In addition programs are given to civic groups, clubs and other organizations upon request.

#### Preventive Services

Working with groups and organizations to identify needs and curv problems in their formulation stages rather than after they become entrenched.

Pre-retirement programs are also used to head off problems in aging. Re-motivation techniques are used with geriatric patients to prevent regression and to maintain the level of functioning of a client.

#### Reducing Social Isolation

Getting the elderly in the four county area involved in productive past-time activities is a goal of Elderly Services. The socialization centers where activities of interest to elderly people are operated with the cooperation of other social agencies (Housing Authority, R.S.V.P., ARISE).

#### Consultation

Consultation with other organizations are offered upon request. Assistance is given nursing home staffs on problems dealing with the elderly and in rare cases guidance is offered the elderly in nursing home environments.

Family consultation is also offered. In order that a family might understand some elderly member of the family more fully or than an elderly person who is charged with the responsibility of care for a teenager may bridge the gap of understanding. Consultation to families brings about aid to the elderly.

### Stage :III - Outcome

#### Outcome

Determination must be made regarding the satisfaction of goals set by the client and counselor. In addition, an evaluation must be made concerning the following:

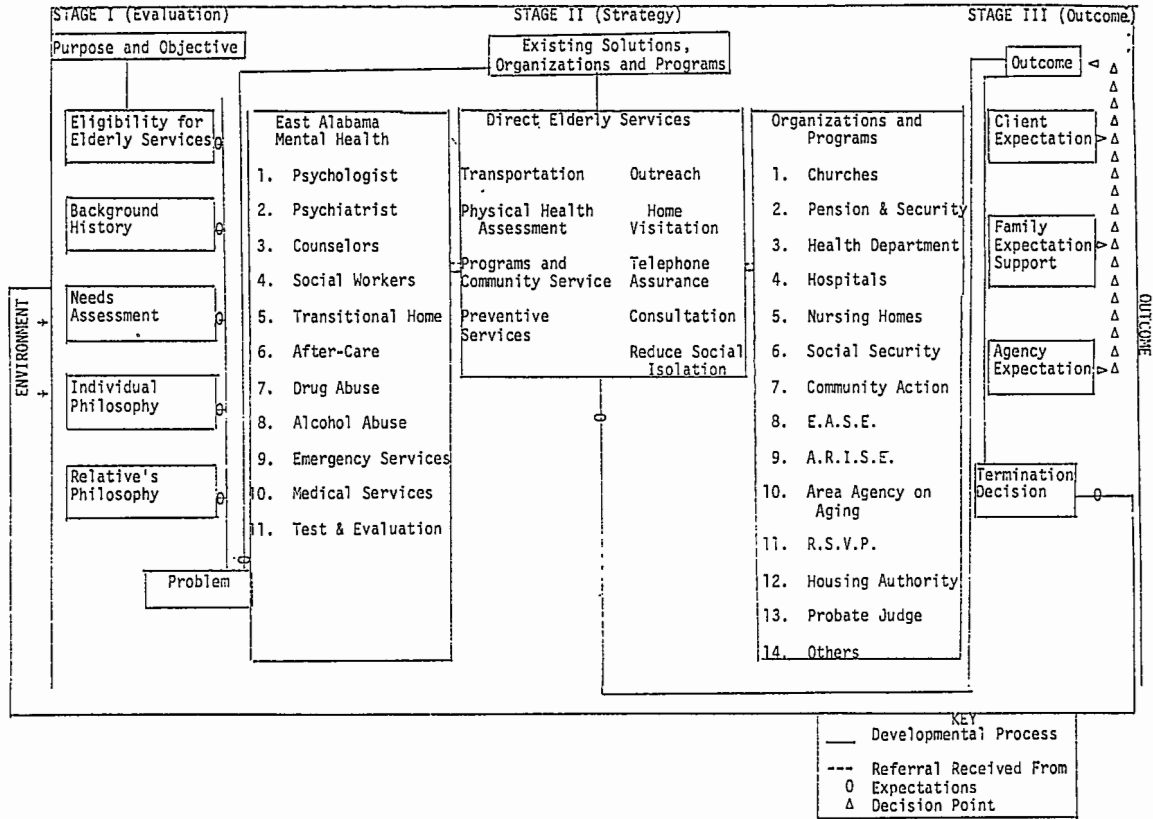
Family (support and expectations) - Was the offering by the family a positive or negative assistance to the procedure for reaching the client's goals and objectives; and were the family's expectations reached in the process of assistance.

Agency expectation - Were the expectations of the agency that referred the client met and/or were the expectations of East Alabama Mental Health met.

Termination decision - A decision to terminate services, recycle through the environment and back to the needs assessment area and pick up a new problem or reevaluate the strategy concerning the original problem must be faced at this point.



EAST ALABAMA MENTAL HEALTH  
ELDERLY SERVICE MODEL



*Exhibit No. 26*

GERONTOLOGY PROJECT, FLORIDA MENTAL HEALTH INSTITUTE  
 Rose L. Patterson Ph.D. Director  
 13301 N. 30<sup>th</sup> St. Tampa FL 33612

This project was created with State funds for the purpose of creating and evaluating assessment and treatment programs for the elderly. The project has both a residential and day treatment component. The information presented below applies to both components of the program. Our project is your project in the sense that it exists for the benefit of all the older citizens of this State and those of us who are concerned with them.

## CRITERIA FOR ADMISSION

Clients admitted to the Gerontology Project are age 55 and older, ambulatory, continent, and capable of living in an open setting. They do not have acute physical problems requiring hospital or skilled nursing care. Within the limitations of these criteria, their mental disabilities may be considerable. There is no financial criterion.

## GOALS OF THE PROJECT

The overall goal of the project is the return of the client to the community and/or the prevention of institutionalization.

## THE TREATMENT PROGRAM

The Gerontology Project has developed a number of client training procedures which are useful in teaching older clients to help themselves. We have successfully applied these procedures to both residential and day treatment clients. These training procedures are grouped in the form of modules aimed at correcting specific problems which our clients have encountered.

The total program is divided into four major areas: Social Skills, Leisure Skills, Activities of Daily Living (ADL) and Special Therapies.

### Social Skills

Social Skills training has goals of teaching clients to improve their relations with other people in their environment. Many of our clients are "social dropouts" who fail to maintain adequate contacts with other people. Since the research literature has shown that such social isolation is predictive of future institutionalization, several of our rehabilitation methods are aimed at preventing this. Teaching clients to communicate effectively constitutes a large portion of this training.

### Leisure Skills

Leisure Skills training receives considerable emphasis in our program. Although everyone has access to beneficial leisure time activities, many of our clients do not know how to participate adequately. Our program teaches such skills that people can use while alone, in small groups, and in large groups. Media used for these purposes include music, crafts, and games.

### Activities of Daily Living

Activities of Daily Living are taught at several levels. At the lowest or beginning level, clients receive instruction in proper personal grooming and hygiene. At the more advanced level, clients are taught such skills as obtaining transportation, using the telephone, and using a check book. As part of the ADL series, clients are taught about their individual medications.

### Special Therapies

In addition to the broad areas of skills training described above, our program offers several special therapies.

Self-esteem training. This is a method of teaching clients to be aware of the positive aspects of themselves and their lives. In this training, clients keep

personal files of their positive characteristics and the way these characteristics are used in their daily lives. They report and discuss the items in their files in a group.

Relaxation Training. This procedure teaches clients to be aware of muscle tensions in various parts of their bodies, and to deliberately relax these tensions. Such treatment can assist in overcoming insomnia, and other tension related problems.

Reality Orientation Classroom. This treatment is used for clients who lack pertinent personal information, such as dates, events, and locations.. A classroom procedures has been developed to help clients to overcome this deficit. This procedure as used on our project has been thoroughly evaluated and shown to be effective in teaching clients this information.

Personal Effectiveness Training. The purpose of this group is to instruct clients in "effective problem-solving communications with role playing behavioral practicing." The client is expected to volunteer to role play in a problem situation and develop more effective ways to communicate with the help of feedback from the group.

#### THE PROBLEM ORIENTED RECORD (POR)

The Gerontology Project has found the POR system to be a definite asset. The POR system provides a method of record-keeping which allows all information regarding client problems to be easily recorded and retrieved. The version of the POR used by this Project requires that there be a separate section of the record (chart) devoted to each problem. There is also an over-all problem list which provides an index to these problems. Thus, a chart for a particular client may show that she has a list of five problems. One of these problems may be

"Problem 3: Lack of personal information". There will then be a section, one may see that this client received as treatment of this problem an assignment to the Reality Orientation class; and that after four weeks, she had re-learned most of the needed information. With this form of the POR it is not necessary to search an entire chart to obtain this information.

#### PLACEMENT

Proper placement of our residential clients upon discharge from our Project is a vital issue. The information obtained from the client's problem lists and the record of progress toward the solution of these problems provides information which is directly relevant to placement. For example, one client may have problems in the area of Activities of Daily Living. After several weeks (or months) of treatment, we may find that this client cannot seem to progress beyond the level of basic self-care. Therefore, the placement setting for this person must be one which provides for financial management, meal preparation, obtaining medical care when needed, etc. Contrast the situation of this client with that of another client who progresses through the entire ADL series. We know that the latter client can manage her money, obtain emergency assistance, prepare her meals and generally take care of herself. In this case, an independent living arrangement is in order, providing that the level of attainment in the other skills areas is also suitable.

The important point here is that the entire assessment, treatment program, and record-keeping system is placement relevant. The needed information can be quickly and easily utilized when placement is planned.

*Exhibit No. 27*

Clients discharged from the Gerontology Project From its beginning (December 1975 - September 1977)

<u>Number Discharged</u>	<u>Residential Unit</u>	<u>Day Treatment Unit</u>
Males	45	36
Females	<u>60</u>	<u>41</u>
TOTAL	105	77

The Residential and Day Treatment Units have a total capacity of 32 clients each at any one time.

<u>Places Discharged to</u>	<u>Residential Unit</u>		<u>Day Treatment Unit</u>	
	M	F	M	F
Independent Living	14	17	8	27
Boarding Home	9	6	12	3
Foster Home	5	8	1	0
Nursing Home	0	1	0	0
Spouse	3	6	10	1
Other Family	0	7	0	8
Other	15	14	5	2

*Exhibit No. 28*

DATE : November 18, 1977  
TO : Eileen Bradley, Director of  
Age Discrimination Study  
U.S. Commission on Civil Rights  
FROM : Laura Wilmot  
SUBJECT : Miami Hearing Follow-up On Exhibits

On 10-26-77, Mr. Noble was contacted for the second time to submit the Staff Composition for the Division of Mental Health. To date, we have heard nothing.

## Exhibit No. 29

UNITED STATES GOVERNMENT

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
REGION IV—ATLANTA

## Memorandum

TO : Laura Wilmont  
U.S. Commission on Civil Rights

DATE: October 21, 1977

FROM : Robert B. Dick, Ph.D. *R.B.D.*  
Health Services Representative

REFER TO:

SUBJECT: Request for Information on Provision of Services by CMHC's On the Basis of Age and Information on Staff and Age Breakdowns of CMHC's

Based on data from the CMHC 1976 Biometry Inventory, provision of services from four states in our region is as follows: These data are for new additions to the Center's caseload within a period of one year.

<u>State</u>	<u>No. of Centers</u>	<u>Total Additions</u>	<u>Under 15 Additions</u>	<u>Over 65 Additions</u>	<u>Non-white Additions</u>
Alabama	14	19,351	2793 (14%)	826 (4%)	4731 (24%)
Florida	18	47,165	6448 (13%)	2640 (5%)	8985 (19%)
N.C.	16	26,102	3783 (14%)	833 (3%)	7525 (29%)
S.C.	8	<u>14,954</u>	<u>2199 (15%)</u>	<u>499 (3%)</u>	<u>3470 (23%)</u>
Total	56	107,572	15,223 (14%)	4798 (4%)	24,711 (23%)

Also enclosed is a survey of a large number of our Centers in all eight states on the makeup of the boards and staffs of the Centers.

Also enclosed as requested is a copy of a strategy position presented by Don Miles. This is an unofficial position paper and should be used to generate ideas. It is not an expression of policy.

Enclosures



5010-108





CALHOUN-CLEBURNE MENTAL HEALTH BOARD, INC.  
ANNISTON, AL

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	18	15	50	27	1167	114,088
Male	11	9	25	8	684	55,106
Female	5	6	25	19	483	58,982
White Americans	12	12	42	24	1003	95,532
Black Americans	4	3	8	3	164	18,224
American Indians	0	0	0	0	-	-
Asian Americans	0	0	0	0	-	-
Spanish Americans	0	0	0	0	-	-
Other <sup>Vacant</sup> (Specify)	2	0	-	-	-	332
Under 25	0	0	10	10	510	56,014
25-44	8	5	33	14	417	26,362
45-64	7	7	7	3	217	22,335
Over 64	1	3	-	-	23	9,377
Poverty Income	xxxxxx	xxxxxx	xxxxx	xxxxxx	521	* 29,067

\* Number of families

Community Mental Health Center  
 University Hospital of Jacksonville  
 655 West 8th Street  
 Jacksonville, Florida 32209

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	9	12	75	29	4,814	181,485
Male	8	6	23	14	2,794	85,959
Female	1	6	51	14	2,024	93,213
White Americans	8	8	42	15	2,602	128,592
Black Americans	1	4	29	10	2,168	50,644
American Indians	0	0	0	0	0	0
Asian Americans	0	0	4	0	0	0
Spanish Americans	0	0	2	0	48	1,815
Other (specify)	0	0	0	0	0	0
Under 25	0	0	15	5	530	18,149
25-44	0	6	53	17	3,373	127,040
45-64	9	4	8	4	723	27,223
Over 64	0	2	0	0	192	9,073
Poverty Income	0	1	XXXX	0	4,095	45,624

North Central Fla CATCHMENT  
 Area Profile

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	21	15	92	77	2889	200,776
Male	18	11	41	5	1522	90,951
Female	3	4	51	72	1367	95,222
White Americans	20	14	81	61	2326	155,017
Black Americans	0	1	7	16	561	45,082
American Indians	1	0	0	0	0	not available
Asian Americans	0	0	0	0	0	not available
Spanish Americans	0	0	4	0	0	not available
Other (specify)	0	0	0	0	3	not available
Under 25	0	0	8	24	1014	35,311
25-44	8	9	69	42	1215	56,308*
45-64	9	3	13	11	520	25,607*
Over 64	4	3	2	0	141	16,554*
Poverty Income	0	0	XXXXX	0	2450	47,180

\*Age breakdowns for our catchment area were not available in the Mental Health Demographic Profile System. We have used, instead, the age breakdowns specified in General Characteristics, 1970 Census.

25-49 of 1970 Census = 25-44  
 50-64 of 1970 Census = 45-64  
 65+ of 1970 Census = over 64

Serving Alachua, Bradford, Columbia, Dixie, Hamilton, Gilchrist, Lafayette, Levy, Suwannee and Union Counties

Levy County Mental Health Center, Inc.  
 1770 Cedar Street  
 Rockledge, Florida 32955

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	20	N/A	109	53	1771	230,006
Male	16		58	5	912	115,218
Female	4		51	48	859	114,788
White Americans	18		94	42	1647	208,369
Black Americans	2		10	10	124	20,689
American Indians	0		0	0		155
Asian Americans	0		0	0		470
Spanish Americans	0		5	1		
Other (specify)	0		0	0		323 *
Under 25	0		Not Available		628	115,553
25-44	9		"	"	726	70,118
45-64	9		"	"	390	50,531
Over 64	2		"	"	27	15,784
Poverty Income	0		XXXXX	"	Not Available	22,223

\* Census figures only report 4 categories. It is assumed that the population total minus the 4 categories is "Other".

Dr. James I. Walter  
 East Alabama Mental Health Center  
 Post Office Box 2426  
 Opelika, Alabama 36801

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients**	(d) (1970 census Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	32	25	68	36	2,911	176,858
Male	21	9	35	7	1,406	85,756
Female	11	16	33	29	1,505	91,102
White Americans	26	18	62	24	2,166	116,868
Black Americans	6	7	7	11	745	59,990
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0
Under 25	0	2	10	8	1,170	88,780
25-44	10	10	55	15	1,156	38,410
45-64	19	10	5	10	492	34,338
Over 64	3	3	0	1	93	15,330
Poverty Income	0	0	XXXXX	0	1,982*	22,341*

\* Families with income \$6,999 or less.

\*\*The Center's NIMI Inventory is not yet completed. These Patient data are from the raw data for fy 75-76, but will not vary greatly from the final Inventory figures.

Wiregrass Comprehensive Mental Health  
Center- P. O. Drawer 1245- 104 Prevatt  
Road, Dothan, Alabama 36301

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	24	33	56	51	1889	167238
Male	20	21	31	9	940	84339
Female	4	12	25	42	949	82899
White Americans	23	31	49	42	1484	121850
Black Americans	1	2	7	8	405	45388
American Indians			-	-	-	-
Asian Americans			-	-	-	-
Spanish Americans			-	-	-	-
Other (specify)	Canadian		-	1	-	-
Under 25			10	15	1096	82,128
25-44	11	10	32	28	523	38,312
45-64	12	18	13	8	231	30,933
Over 64	1	5	1	0	39	14,699
Poverty Income	0	2	XXXXX			42,591

Corn Valley Community  
Mental Health Cent.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a)		(b)		(c)	(d)
	Board Members Gov.	Advisory	Paid Staff Prof.	Non- Prof.	Patients	Catchment Area ***
Total	5	27	46*	22	3,572**	193,078
Male	5	19	29	4	2,001	92,481
Female		8	17	18	1,571	100,097
White Americans	5	21	42	12	3,107	175,303
Black Americans		6	3	9	464	
American Indians		-	-	-	-	
Asian Americans		-	1	1	1	
Spanish Americans		-	-	-	-	
Other (specify)	Non-White		-	-	-	22,398
Under 25		-	2	7	907	88,029
25-44		15	37	13	1313	47,002
45-64	5	10	7	2	1070	40,566
Over 64		2	-	-	282	17,481
Poverty Income			XXXXX	2	1474	43,547

\* includes 10 part time consultants  
 \*\* MHNRS OUTPUT July - Dec 1976  
 \*\*\* 1970 Census

EDGECOMBE-NASH MENTAL HEALTH CENTER  
Rocky Mount, North Carolina

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) (OPEN CHART) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	--	85	46	2,079	118,857
Male	11	--	32	6	981	56,188
Female	4	--	53	40	1,098	62,669
White Americans	11	--	72	23	1,294	69,462
Black Americans	4	--	11	23	785	49,395
American Indians	--	--	--	--	--	--
Asian Americans	--	--	2	--	--	--
Spanish Americans	--	--	--	--	--	--
Other (specify)	--	--	--	--	--	--
Under 25	0	--	12	13	759	55,455
25-44	3	--	55	23	728	28,187
45-64	8	--	18	10	488	23,826
Over 64	4	--	0	0	104	11,389
Poverty Income	0		XXXXX			



MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.  
 P.O. BOX 457  
 GUNTERSVILLE, AL. 35976

IRS IDENTIFIER #  
 6306 38946

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	CURRENT		CURRENT		FY 75-76	CURRENT*
	(a) Board Members		(b) Paid Staff		(c) Patients	(d) PROJECTION
	Gov.	Advisory	Prof.	Non-Prof.		Catchment Area
Total	10	23	26	37	586	103,000
Male	7	14	15	6	272	49,440
Female	3	9	11	31	314	53,560
White Americans	10	22	25	36	568	98,889
Black Americans	0	1	0	1	18	3,811
American Indians	0	0	0	0	0	-----
Asian Americans	0	0	0	0	0	-----
Spanish Americans	0	0	1	0	0	300
Other (specify)	0	0	0	0	0	-----
Under 25	0	3	0	5	219	46,865
25-44	3	8	17	25	223	24,720
45-64	5	7	9	6	128	21,630
Over 64	2	5	0	1	16	9,785
Poverty Income	0	2	XXXXX	0	440	20,600

\* BASED ON 1970 U.S. CENSUS

PREPARED BY: Joe Creel <sup>136</sup>

DIR./PROG. DEV. & EVAL.

DATE: 3-9-77

Muscle Shoals Mental Health Center  
 Florence, Al. 35630

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory.. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) * Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	25	15	63	22	1470	141,676
Male	19	9	23	2	697	68,394
Female	6	6	40	20	773	73,282
White Americans	23	13	58	22	1336	124,512
Non-White ** <del>Black</del> Americans	2	2	5	--	134	17,164
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25	0	1	9	7	434	64,978
25-44	5	4	44	12	657	33,748
45-64	17	10	9	3	328	29,671
Over 64	3	0	1	0	51	13,279
Poverty Income	0	2	XXXXX	0	483	6,337.5***

\* For NIMH Sample Month of February 1977

\*\* Non-White is not differentiated since Non-Whites only constitute .02% of the population

\*\*\* Based on 1970 US Census, 2nd and 4th Count

Western Mental Health Center  
1701 Avenue D, Ensley  
Birmingham, Alabama 35218

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients <sup>e</sup>	(d) Catchment Area <sup>g</sup>
	Gov.	Advisory	Prof. <sup>c</sup>	Non- Prof. <sup>d</sup>		
Total	24		18	22	488	187502
Male	13		8	2	195	88126
Female	11		10	20	293	99376
White Americans	13		15	9	249	NA
Black Americans	11		3	13	239 <sup>f</sup>	75838
American Indians	0		0	0	NA	NA
Asian Americans	0		0	0	NA	NA
Spanish Americans	0		0	0	NA	NA
Other (specify)	0		0	0	NA	NA
Under 25	0 <sup>a</sup>		0	6	176	96282
25-44	9		16	12	208	NA
45-64	13		2	4	79	NA
Over 64	1		0	0	25	NA
Poverty Income	NA <sup>b</sup>		XXXXX	NA	NA	41250 <sup>h</sup>

a = Birthdate of one board member is not available.

b = Data not available.

c = BA/BS or above.

d = Paraprofessional, secretarial/clerical, maintenance staff.

e = Additions during Fy 75-76.

f = Classified as non-white by Alabama Department of Mental Health.

g = Estimates extrapolated from Application for Initial Operations Grant, March, 1976.

EASTSIDE MENTAL HEALTH CENTER, INC.  
7612 1st Avenue North  
Birmingham, Alabama 35206

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	18	23	40	25	1217	187,228
Male	9	11	19	3	561	83,316
Female	9	12	21	22	656	103,912
White Americans	16	21	37	17	952	163,582
Black Americans	2	2	2	8	265	23,646
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	Korean	0	0	0
Under 25	0	2	5	10	477	82,193
25-44	3	3	32	10	470	46,807
45-64	13	14	2	5	223	39,318
Over 64	2	4	1	0	47	18,910
Poverty Income	0	1	XXXXX	0	*	21,906

\*Weekly income

0-96	605
97-154	200
155-192	118
193-288	122
289 & over	54
Unknown	118

## LAKE/SUMMIT COMMUNITY MENTAL HEALTH CENTER

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	14		41	66	1670	122,315
Male	11		19	18	945	59,250
Female	3		22	48	725	63,065
White Americans	12		38	47	1278	102,598
Black Americans	2		2	19	376	18,446
American Indians	0		0	0	0	114
Asian Americans	0		1	0	0	62
Spanish Americans	0		0	0	16	1,095
Other (specify)	0		0	0	0	0
Under 25	0		3	23	509	40,513
25-44	6		24	29	620	21,249
45-64	5		13	13	399	28,338
Over 64	3		1	1	142	32,215
Poverty Income	0		XXXXX		973	9,989

WEST ALABAMA MENTAL HEALTH CENTER  
P.O. Box 889  
Demopolis, Alabama 36732

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	25	**33	19	852	83,920
Male	8	10	**29	1	425	40,200
Female	7	15	6	18	427	43,700
White Americans	9	13	**28	8	254	34,075
Black Americans	6	12	5	11	598	49,845
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25	0	WB	2	6	248	42,510
25-44	2		14	9	299	15,204
45-64	10		4	3	234	15,889
Over 64	3			1	71	10,317
Poverty Income			XXXXX		683	42,306

\*\* Includes 14 MD's

Memorandum - Citrus (MHC)  
 Dec 1, 1976

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	13	8	16	19	1980	128,721
Male	9	6	12	2	911	62,178
Female	4	2	4	17	1069	66,543
White Americans	11	6	15	14	1511	110,530
Black Americans	2	1	0	5	330	15,733
American Indians	-	-	0	0	4	111
Asián Americans	-	-	0	0	11	270
Spanish Americans	-	1	1	0	124	2077
Other (specify)	-	-	0	0	-	-
Under 25	1	0	1	1	418	44,701
25-44	4	1	13	14	792	24,548
45-64	5	6	2	4	560	30,493
Over 64	3	1	0	0	210	28,979
Poverty Income	0	0	XXXXX	0	1370	23,170

Source: Florida Statistical Abstract - 1976

Cheaha Mental Health Center  
1623 Old Birmingham Highway  
P. O. Box 1248  
Sylacauga, Alabama 35150

Catchment Area M-9

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	38	6	40	44	1,166	106,909
Male	20	6	16	7	579	51,672
Female	18	0	24	37	587	55,237
White Americans	34	6	32	37	930	76,909
Black Americans	4	0	8	7	236	30,000
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0
Under 25	0	0	14	16	423	52,067
25-44	9	5	32	8	371	23,100
45-64	27	1	6	8	259	22,275
Over 64	2		0	0	113	11,267
Poverty Income			XXXXX			



Roanoke-Chowan Mental Health Service  
Ahoskie, North Carolina 27910

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	30		34	11	1674	76,600
Male	22		9	1	916	37,296
Female	8		25	10	758	39,304
White Americans	22		24	9	601	33,197
Black Americans	8		10	2	1069	43,403
American Indians	-		-	-	-	-
Asian Americans	-		-	-	-	-
Spanish Americans	-		-	-	-	-
Other (specify)	-		-	-	4	-
Under 25	2		11	2	744	37,528
25-44	11		19	7	456	15,286
45-64	12		4	1	361	16,138
Over 64	5		-	-	83	7,648
Poverty Income			XXXXX	-	Unknown *	**

\* Exact figures are not available, however is at least 50%.

\*\* Individual figure not available. Figure most commonly used is 6,000 families. There were over 4,000 public assistance recipients at the time of the 1970 census.

NORTH CENTRAL ALABAMA MENTAL HEALTH CENTER  
P.O. 637  
Decatur, Al. 35601

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	24	27	39	17	1206	198,644
Male	16	15	17	1	499	97,453
Female	8	12	22	16	659	101,191
White Americans	22	25	35	17	1080	178,565
Black Americans	2	2	4	0	78	19,978
American Indians	0	0	0	0	0	--
Asian Americans	0	0	0	0	0	--
Spanish Americans	0	0	0	0	0	--
Other (specify)	0	0	0	0	0	--
Under 25	1	3	2	6	*	*
25-44	5	12	29	7	*	*
45-64	14	9	7	4	*	*
Over 64	4	3	1	0	*	*
Poverty Income	0	3 Retired	XXXXX	0	566	40,188

\* See Attachment

Cumberland County Mental Health Center  
Fayetteville, North Carolina

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	5	7	56	31	2532	219,401
Male	5	5	26	4	1156	122,953
Female	0	2	30	27	1174	96,448
White Americans	5	6	50	25	1422	162,025
Black Americans		1	6	3	854	57,376
American Indians					32	
Asian Americans					24	
Spanish Americans				3		
Other (specify)						
Under 25			6	12	799	129,778
25-44	3	2	42	17	944	54,340
45-64	2	4	8	2	505	26,668
Over 64		1			84	8,615
Poverty Income	0	0	XXXXX	0		44,100

(b) Paid Staff - Professional:

Includes: Male - 6 with bachelor's degree  
 Female - 10 with bachelor's degree  
 White Americans - 12 with bachelor's degree  
 Black Americans - 6 with bachelor's degree  
 Under 25 - 1 with bachelor's degree  
 25-44 - 15 with bachelor's degree  
 45-64 - 2 with bachelor's degree

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Palm Beach County  
1041 45th Street  
West Palm Beach, Florida  
33407

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	30	11	136	72	11,266	
Male	23	9	63	18	5,667	
Female	7	2	73	54	5,599	
White Americans	24	9	86	39	8,802	
Black Americans	5	2	43	28	1,794	
American Indians					1	
Asian Americans					4	
Spanish Americans	1		7	5		
Other (specify)					224	
Under 25				34	3,805	
25-44	5	3	110		4,352	
45-64	22	8	62		2,183	
Over 64	3		2		391	
Poverty Income			XXXXX			

Do to the fact that the State is no longer sending us the compilation of the Demographic Profile System, we are unable to answer the last column.

Hopefully you will be able to pick this up when we submit the NIMH report of this Center.

Thank you.

CHILD & FAMILY COMP. MENTAL HEALTH CENTER, INC.  
PINELLAS COUNTY, FLA.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) 7/75-6/76 Patients estimated	(d) (Pinellas County) Catchment Area (1970 census)
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	42	30	23	3,174	522,329
Male	11	20	16	2	1,873	240,397
Female	4	22	14	21	1,301	281,932
White Americans	13	26	26	16	2,696	478,043
Black Americans	2	16	2	4	413	42,765
American Indians	-	-	-	-	-	-
Asian Americans	-	-	-	-	-	-
Spanish Americans	-	-	2	2	63	1,521
Other (specify)	-	-	-	1	32	-
Under 25	-	2	-	2	2,698	157,149
25-44	8	22	23	11	317	86,736
45-64	7	14	7	10	127	124,521
Over 64	-	4	-	-	32	153,923
Poverty Income	0	0	XXXXX	0	1,900	38,054 (Families Unrelated Ind.)

WINTER HAVEN HOSPITAL CENTER  
WINTER HAVEN, FL

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients Admissions	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	11	12	<del>30</del>	46	1,319	2
Male	9	5	15	15	570	0
Female	2	7	22	31	749	0
White Americans	11	7	32	30	1167	P P P
Black Americans		5	3	16	749	2
American Indians						↑
Asian Americans						A P P
Spanish Americans			2		3	P P
Other (specify)						P
Under 25			1	5	458	P
25-44	1	6	35	38	524	P P
45-64	10	6	1	3	<del>231</del> 231	P P
Over 64					106	0
Poverty Income	0	0	XXXX	0	508	

Northside Community Mental Health Center, Inc.  
Tampa, Florida

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Dec. 31, 1976

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	25	-	29	40	824	192,355
Male	18	-	16	10	379	49%
Female	7	-	13	30	445	51%
White Americans	24	-	26	36	786	92.9%
Black Americans	1	-	2	3	34	3.5%
American Indians	-	-	-	1	-	-
Asian Americans	-	-	1	-	2	0.2%
Spanish Americans	-	-	-	-	2	2.7%
Other (specify)	-	-	-	-	-	0.6%
Under 25	-	-	1	13	356	47.7%
25-44	12	-	22	24	376	25.8%
45-64	13	-	6	3	79	18.1%
Over 64	-	-	-	-	13	8.4%
Poverty Income	-	-	XXXXX	-	309	35.62%

Community Mental Health Center of Escambia County, Inc.  
1201 West Hernandez Street  
Pensacola, Florida 32501

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
(b) Staff composition refers to paid staff at this time.  
(c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
(d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

\*As of 2/77 \*As of 3/77 \*1975 Biometry Report

Category	(a)		(b)		(c)	(d) *
	Board Members Gov.	Advisory	Paid Staff Prof.	Non- Prof.	Admissions Only Patients	Catchment Area
Total	21	16	123	126	3,449	205,334
Male	15	13	71	32	1,554	102,256
Female	6	3	52	94	1,895	103,078
White Americans	17	11	102	77	2,645	163,014
Black Americans	4	5	20	47	804	40,362
American Indians	0	0	0	1	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	1	1	0	0
Unspecified Other (specify)	0	0	0	0	0	1,958
Under 25	0	1	11	28	1,886	105,806
25-44	11	5	84	76	908	49,418
45-64	9	10	26	21	559	36,917
Over 64	1	0	2	1	78	13,193
Unknown	0	0	0	0	18	0
Poverty Income			XXXXX		Sec Below	51,017

\*1970 Census  
Report

- (1) Since we are not sure of the definition of "Poverty Income" listed, here is the number of clients in each weekly family income category.

Under \$100 - 1,399      \$200-299 - 106  
100-149 - 1,436      300 + - 3  
150-199 - 505



In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	5	30	41	14	2,548	146,001
Male	5	12	26	0	1,223	71,652
Female	0	18	15	14	1,325	74,349
White Americans	5	28	38	14	2,396	141,459
Black Americans	0	2	2	0	136	4,051
American Indians	0	0	0	0	0	31
Asian Americans	0	0	0	0	0	22
Spanish Americans	0	0	1	0	16	438
Other (specify)	0	0	0	0	0	0
Under 25	0	1	7	4	731	64,973
25-44	2	16	25	6	1,055	39,542
45-64	3	10	9	4	467	27,704
Over 64	0	3	0	0	295	13,782
Poverty Income	NO	0	X.XXXX		0	

**NORTH-CENTRAL GEORGIA  
MENTAL HEALTH CENTER  
1404 Burlington Street  
Dalton, Georgia 30720**

CUMBERLAND RIVER COMPREHENSIVE CARE CENTER  
CORBIN, KENTUCKY

## CATCHMENT A

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	35	*31	61	44	2,510	116,011
Male	26		30	9	1,355	56,909
Female	9		31	35	1,155	59,102
White Americans	32		61	44	2,484	114,777
Black Americans	2		-0-	-0-	25	1,234
American Indians	1					
Asian Americans					1	
Spanish Americans						
Other (specify)						
Under 25	-0-				1,456	54,981
25-44	18				653	23,852
45-64	15				311	23,436
Over 64	2				90	13,742
Poverty Income			XXXXX		(80%) 2,000	

\*Governmental Advisory Council for the CRR MH-MR Board is comprised of the Elected Officials serving on the Cumberland Valley Area Development District, Inc.

75-76 Fiscal Year

CLAYTON MENTAL HEALTH CENTER  
15 SW Upper Riverdale Rd.  
Riverdale, Georgia 30274

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
(b) Staff composition refers to paid staff at this time.  
(c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
(d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients *	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	5	18	78	54	2846	98,043
Male	5	13	37	14	1217	48,525
Female		5	41	40	1629	49,518
White Americans	5	17	74	49	2769	90,530
Black Americans		1	2	5	75	4,280
American Indians					N/A	194
Asian Americans					N/A	N/A
Spanish Americans			2		N/A	N/A
Other (specify) UNKNOWN					2	3,039
Under 25					1142	51,530
25-44		10			1228	30,777
45-64	5	8			410	12,632
Over 64					66	3,104
Poverty Income **			XXXXX		645	6,667

\* Additions only for FY76

\*\* Estimated

*Burlington N.C.*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients *	(d) Catchment *Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	17	105	71	1,936	120,639
Male	11	3	42	28	953	57,949
Female	4	14	63	43	983	62,690
White Americans	13	16	97	49	1,451	93,592
Black Americans	2	1	8	22	481	27,047
American Indians					2	
Asian Americans						
Spanish Americans						
Other (specify)			(Jordanian) 1		(Unknown) 2	
Under 25	0	1	3	8	741	51,148
25-44	7	5	86	49	733	31,187
45-64	7	9	16	13	388	26,581
Over 64	1	2		1	74	11,723
Poverty Income	0	1	XXXXX		NA	13% in 1970

\*July 1, 1976 Memo RE: Revised population projections (of total persons)

from N. C. Dept. of Human Resources, Div. of MH Services (MIS)

Race only broken down by White/Non white (% of Non White who aren't Black is small)

\*Active caseload as of 12/31/76 according to State MH Report 018:  
 Race, Sex, and Age Demographic Indicators

## Bristol Township

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients F. Y. 75-76	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	33	36	25 ( )	10 (1)	1,451 Adm.	Please See Attached
Male	26	16	17 (0)	0 (0)	664	Also, the TDHI has
Female	7	20	8 (0)	10 (1)	787	additional information
White Americans	32	31	24 (0)	0 (1)	1,422	regarding the catchment area.
Black Americans	1	4	0 (0)	0 (0)	29	
American Indians	0	1	0 (0)	0 (0)	0	
Asian Americans	0	0	0 (0)	0 (0)	0	
Spanish Americans	0	0	0 (0)	0 (0)	0	
Other Jewish (specify)	0	0	1 (0)	0 (0)	0	
Under 25	0	0	5 (0)	3 (0)	675	
25-44	11	12	16 (1)	6 (1)	466	
45-64	21	24	4 (7)	1 (0)	247	
Over 64	1	0	0 (0)	0 (0)	43	
Poverty Income	0	?	XXXXX	0	370	

\* Bristol Memorial Hospital  
Nursing Staff in parentheses

Area Mental Health for Wake County  
 Jim Kirkpatrick Director  
 P.O. Box 18646  
 Raleigh 27609

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a)		Treatment MHC June 76		(c) Treatment MHC Patients incl	(d) Catchment Area
	Board Members Gov.	Advisory	Alcohol Prog. 2/28/77 Paid Staff Prof.	Non- Prof.		
Total	15		41	51	2035	272,118
Male	10		25	7	980	153,321
Female	5		36	44	1055	138,797
White Americans	12		55	38	1511	211,151
Black Americans	3		6	13	524	60,967
American Indians						
Asian Americans						Not Available
Spanish Americans						
Other (specify)						
Under 25	1				720	126,691
25-44	4				899	78,842
45-64	8				337	47,456
Over 64	3				79	19,129
Poverty Income	0		XXXXX		not available	2,27,211

RECEIVED

MAR 07 1977

STATE OF GEORGIA  
 DEPARTMENT OF HEALTH SERVICES  
 ATLANTA, GA.

NEUSE CLINIC  
New Bern, North Carolina  
Project # 04-H-000727-02-0

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff ** * Non- Prof. Prof.		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Prof.		
Total	15	.86	35	44	1,333	121,754
Male	7	53	13	7	611	61,409
Female	8	33	22	37	722	60,345
White Americans	13	67	34	31	1,009	85,228
Black Americans	2	19	2	12	318	36,526
American Indians					2	
Asian Americans					4	
Spanish Americans						
Other (specify)						
Under 25		9	1	6	429	58,337
25-44	5	38	24	34	514	31,130
45-64	8	33	9	5	334	21,920
Over 64	2	6			56	10,367
Poverty Income			XXXXX		724	32,874

\* It was not clear how to define non-professional staff. Examples: Medical Records Librarian who is a certified A. R. T. There are three black persons in key administrative positions classified as non-professional (Medical Records Librarian, Personnel Officer/MIS Coordinator and Transportation Coordinator).

\*\* Paid consultants were not included. Example: One Ph.D, Black Psychologist

COLUMBIA AREA MENTAL HEALTH CENTER  
COLUMBIA, SOUTH CAROLINA

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	15	32	57	30	2151	391,245
Male	9	14	27	8	985	200,552
Female	6	18	30	22	1166	190,693
White Americans	12	28	52	26	1474	283,134
Black Americans	3	4	1	4	663	106,453
American Indians	-	-	-	-	3	281
Asian Americans	-	-	-	-	8	707
Spanish Americans	-	-	4	-	3	included in White Amer.
Other (specify)	-	-	-	-	-	unspecified - 670
Under 25	-	2	9	3	892	205,340
25-44	8	16	35	24	839	101,661
45-64	7	10	13	3	338	59,102
Over 64	-	4	-	-	82	22,142
Poverty Income	-	-	XXXXX	-	not available at this time	77,075

100000000  
2/28/67  
BCE



NORTHEAST COMMUNITY MENTAL HEALTH CENTER  
5515 SHELBY OAKS DRIVE  
MEMPHIS, TENNESSEE 38134

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	19		50	33	1,568	167,899
Male	16		22	3	709	78,913
Female	3		28	30	859	88,986
White Americans	16		45	26	1,232	114,020
Black Americans	3		3	7	336	53,879
American Indians	0		1	0	0	
Asian Americans	0		0	0	0	
Spanish Americans	0		1	0	0	
Other (specify)	0		0	0	0	
Under 25	0		6	8	850	79,883
25-44	5		42	23	531	39,847
45-64	13		2	2	151	37,913
Over 64	1		0	0	36	13,925
Poverty Income	0		XXXXX	0	717	11%

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	35		38	46	1136	983.00
Male	26		15	7	614	473.00
Female	9		23	39	522	510.00
White Americans	32		33	43	1082	942.00
Black Americans	2		3	2	54	41.00
American Indians					0	
Asian Americans	1		3		0	
Spanish Americans					0	
Other (specify)					0	
Under 25	2		12	8	536	461.25
25-44	18		24	30	361	195.50
45-64	13		5	5	173	211.00
Over 64	2		0	0	66	115.25
Poverty Income			XXXXX		294	

N. Ky. Comprehensive Care Center  
 430 Garrard Street  
 Covington, Kentucky 41011  
 Catchment A

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

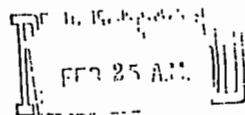
- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) * Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Clinical XXX.	Non-CI. RXX.		
Total	26		33	28	2,326	192,378
Male	17		13	8	1,376	92,725
Female	9		20	20	950	99,653
White Americans	26		33	28	2,252	187,701
Black Americans					74	4,497
American Indians						73
Asian Americans						74
Spanish Americans						0
Other (specify)						33
Under 25	0		2	4	1,243	89,431
25-44	10		23	17	756	44,872
45-64	15		8	7	275	38,389
Over 64	1				52	19,686
Poverty Income	None		XXXXX	0	173	10.4%

\* Regional Board governs  
 Both Catchment Areas - A & B

CATCHMENT AREA A

Region I Mental Health Center  
 P. O. Box 1046  
 Clarksdale, Mississippi 38614



In each column in the table below, indicate the number of persons according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System..

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	4	48	16	7	1482	87,527
Male	3	21	7	1	815	41,896
Female	1	27	9	6	667	45,631
White Americans	4	20	13	4	590	31,801
Black Americans		28	2	3	892	54,899
American Indians						
Asian Americans						536
Spanish Americans			1			191
Other (specify)						
Under 25		10	3	3	799	52,514
25-44	2	17	10	2	354	11,382
45-64	2	15	3	2	221	14,004
Over 64		6			108	9,627
Poverty Income	-0-	8	XXXXX	-0-		41,400

(47.3)

Weekly Income	†
Under \$100	535
\$100 - \$149	194
\$150 - \$199	116
\$200 - \$299	70
\$300 - up	80
Unknown	487
	1482

COLUMBIA AREA MENTAL HEALTH CENTER  
P.O. Box 1119  
Columbia, Tennessee 38401

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	18	106			1309	126,252
Male	17	70	13	4	553	61,266
Female	1	36	8	13	756	64,986
White Americans	18	98	21	17		
Black Americans	0	8	0	0		11,411
American Indians	0	0	0	0	0	
Asian Americans	0	0	0	0	0	
Spanish Americans	0	0	0	0	0	
Other (specify)	0	0	0	0	0	
Under 25	0	0	1	3		34% <sup>under</sup> <sub>20</sub>
25-44	7	55	17	9		} 55% <sup>20-</sup> <sub>44</sub>
45-64	9	42	3	3		
Over 64	2	8		2		11% <sup>over</sup> <sub>65</sub>
Poverty Income	0	6	XXXXX			

RIVER REGION MENTAL, MENTAL  
 MENTAL, REHABILITATION BOARD  
 LOUISVILLE, KENTUCKY 40201

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) * Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	29		385	651	26,739	829,907
Male	15		209	175	13,899	398,684
Female	14		176	476	12,840	431,223
White Americans	25		331	424	21,018	719,636
Black Americans	4		31	224	5,721	110,271
American Indians			0	0	-----	-----
Asian Americans			0	0	-----	-----
Spanish Americans			0	0	-----	-----
Other (specify)		Oriental	25	1	-----	-----
Under 25			26	156	10,598	379,433
25-44			282	300	10,919	207,394
45-64			77	195	4,286	165,401
Over 64			0	0	936	77,679
Poverty Income	0		XXXXX			132,785

\* COMPUTERIZED DATA AS OF MARCH 1, 1977

## Quince C.M.H.C.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	19	5	12	8	724	78,400
Male	16	4	7	2	309	38,075
Female	3	1	5	6	415	40,325
White Americans	18	5	11	6	600	65,680
Black Americans	* 1	0	1	2	115	12,640
American Indians	0	0	0	0		
Asian Americans	0	0	0	0		
Spanish Americans	0	0	0	0		
Other (specify)	0	0	0	0	9	80
Under 25	0	0	2	3	101	10,192
25-44	5	4	10	4	238	25,188
45-64	12	1	1	<del>1</del>	385	43,120
Over 64	2	0	0	0		
Poverty Income	DK	DK	XXXXX	N/A	543	22,736

\* 2 recently asked to resign from the Board because they are not attending the meetings. They will be replaced.

## Western Kentucky Regional Mental Health-Mental Retardation Board, Inc.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area	
	Gov.	Advisory	Prof.	Non- Prof.			
Total	32	48	59	36	2038	179,800	1972
Male	21	31	34	1	1032	86,800	
Female	11	17	25	35	1006	93,800	
White Americans	32	47	57	34	1829	168,075	
Black Americans	-0-	1	2	2	209	11,725 (non-wh)	
American Indians							
Asian Americans							
Spanish Americans							
Other (specify)							
Under 25	-0-	-0-	2	3	923	72,440	1970
25-44	17	24	44	29	729	38,155	
45-64	15	18	13	4	300	40,071	
Over 64	-0-	6	-0-	-0-	86	24,300	
Poverty Income			XXXXX		857	36,553	



Region VI Mental Health-Mental Retardation Center  
 P. O. Box 1505  
 Greenwood, Mississippi 38930

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	8	32	37	9	1568 <sup>***</sup>	178,618
Male	5	20	18	1	741	85,882
Female	3	12	19	8	827	92,736
White Americans	8	18	33	7	*** 872	78,125
Black Americans	0	14	4	2	*** 696	100,493
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	2	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	1 <sup>*1</sup>	0	0	0
Under 25	0	0	4	4	766	90,964
25-44	1	11	29	5	468	32,510
45-64	7	15	4	0	267	34,689
Over 64	0	6	0	0	** 56	20,455
Poverty Income	0	0	XXXXX	0	876	88,934

\* Other (specify) - East Indian

\*\* Does not include 11 of unknown age

\*\*\* Does not include 691 Special Education Screenings  
 (265 = Black Males) (191 = White Males)  
 (160 = Black Females) (75 = White Females)

MENTAL HEALTH CLINIC OF NORTHWEST GEORGIA  
FORT OGLETHORPE, GA.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

R  
502

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	5	21	23	12	725	110,000
Male	5	12	11	0	403	52,765
Female		9	12	12	322	56,198
White Americans	5	19	21	12	680	104,506
Black Americans		1	1		44	4,811
American Indians						
Asian Americans						
Spanish Americans					1	
Other <sup>TURKISH</sup> (specify)		1	1			
Under 25		1	1	3	176	50,383
25-44	1	9	17	8	281	25,441
45-64	4	9	5	1	210	21,730
Over 64		2			58	8,820
Poverty Income		1	XXXXX		181	30,058

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	11	33	24	20	2,134	239,722
Male	5	23	9	6	896	109,907
Female	6	10	15	14	1,238	123,075
White Americans	11	27	18	10	1,445	142,890
Black Americans		6	6	10	689	96,501
American Indians						some*
Asian Americans						some*
Spanish Americans						0.3%
Other (specify)						some*
Under 25		N/A	9	9	716	N/A
25-44	2	N/A	14	7	844	N/A
45-64	6	N/A	1	4	406	N/A
Over 64	3	N/A	0	0	168	19,980
Poverty Income			XXXXX		1,171	27.3%

\* Figures unavailable.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	13	26	10	7	489	72,285
Male	5	13	4	0	229	33,974
Female	8	13	6	7	260	37,688
White Americans	6	16	7	3	256	39,264
Black Americans	7	10	3	4	233	33,031
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0
Under 25	0	0	1	3	110	26,943
25-44	3	14	9	4	203	} 37,415
45-64	4	6	0	0	135	
Over 64	1	6	0	0	30	7,930
Poverty Income *			XXXXX			

\* Current Data Unavailable at This Time.

COMPREHENSIVE MENTAL HEALTH CENTER  
P. O. BOX 5087  
SAVANNAH, GEORGIA 31403

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total		30	53	45		194,400
Male		17	25	7		93,312
Female		13	28	38		101,088
White Americans		22	38	25		129,896
Black Americans		8	14	20		64,504
American Indians		0 or *	0	0		*
Asian Americans		0	0	0		*
Spanish Americans		0	1	0		*
Other (specify)		0				*
Under 25		1	4	10		95,256
25-44		15	41	23		44,712
45-64		13	8	12		38,880
Over 64		1				15,552
Poverty Income			XXXXX			33,133

\*Unknown

(c) The information will be forwarded as soon as it has been collected and compiled for our NIMH inventory. We expect this to be completed within a few days.

## Helen Ross McNabb Center

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	22		41	25	**	201,785
Male	11		18	6		99,483
Female	11		23	19		102,302
White Americans	18		37	22		179,588
Black Americans	4		1	3		22,197
American Indians	0		0	0		0
Asian Americans	0		0	0		0
Spanish Americans	0		1	0		0
Other (specify)	0		2*	0		0
Under 25	0		5	5		91,347
25-44	13		28	12		44,445
45-64	6		7	8		43,234
Over 64	3		1	0		22,151
Poverty Income			XXXXX			8,546

\* Greek-American  
Assyrian-American

\*\* Information available from the Tennessee Department of Mental Health/Mental Retardation.

GULF COAST MENTAL HEALTH CENTER  
4514 Old Pass Road  
Gulfport, Mississippi 39501

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	4	35	51	27	2,004	187,872
Male	3	21	25	7	850	96,889
Female	1	14	26	20	1,154	90,983
White Americans	4	31	46	23	1,694	154,863
Black Americans		4	5	4	310	32,168
American Indians						165
Asian Americans						401
Spanish Americans			1			- *
Other (specify)						275
Under 25					901	98,283
25-44	1	12			791	43,211
45-64	3	21			269	32,299
Over 64		2			43	14,079
Poverty Income			XXXXX		458**	8,626

\*Figure not available in 1970 Census; included in "other"

\*\*Number in active caseload.

Orange-Person-Chatham Mental Health Center  
 204 Henderson Street  
 Chapel Hill, N.C. 27514  
 (Area Office)

Presite-32

38. In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients FY 75-76	(d) Catchment Area
	Gov.	Advisory	Prof	Non- Prof		
Total	15		69	47	1,369	125,674
Male	12		27	9	595	62,863
Female	3		42	38	774	62,811
White Americans	13		63	36	1,080	85,060
Black Americans	2		5	11	280	28,115
American Indians	0		0	0	4	
Asian Americans	0		1	0		
Spanish Americans	0		0	0		
Other (specify)	0		0	0	5	
Under 25			0	14	560	61,602
25-44			60	28	586	26,971
45-64			8	4	177	19,779
Over 64			1	1	46	8,803
Poverty Income*			XXXXX			



SMOKY MOUNTAIN MENTAL HEALTH CENTER  
P.O. Box 2784  
Cullowhee, North Carolina 28723

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
(b) Staff composition refers to paid staff at this time.  
(c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
(d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) *** Paid Staff		(c) FY 76 Patients (additions)	(d) 1976 estimate Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	15		77	47	2317*	125,850
Male	12		40	4	1193	61,185
Female	3		37	51	1124	64,665
White Americans	14		76	26	2045	118,457
Black Americans					31	
American Indians	1		1	20	239	
Asian Americans						7,393
Spanish Americans						
Maltese Other (specify)				1	2	
Under 25			3	7	1435	50,860
25-44	4		63	35	556	32,372
45-64	9		10	5	264	26,826
Over 64	2		1		62	15,792
Poverty Income	0		XXXXX	0	132**	30,707

\* Includes 193 excluded additions reported in the attached letter of 1/11/77 and 47 FY-76 additions recorded late due to technical difficulties in records maintenance.

\*\* Number clients with income less than \$5,000 estimated from actual count recorded between July 1, 1976 - December 31, 1976.

\*\*\* Includes Title I Project Staff

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	7	39	24	14	1630	213,484
Male	5	22	14		783	107,474
Female	2	17	10	14	847	111,012
White Americans	7	33	21	13	1243	155,543
Black Americans	0	6	3	1	387	57,641
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25	0	0	0	3	597	87,528
25-44	1	25	33	10	664	12,197
45-64	6	14	1	1	296	40,562
Over 64					73	21,349
Poverty Income	0	0	XXXXX	0	762	13,235

PINE BELT REGIONAL MENTAL HEALTH  
AND RETARDATION COMPLEX  
P.O. BOX 1030, 1406 W. PINE STREET  
HATTIESBURG, MISS. 39401

CENTRAL GEORGIA COMPREHENSIVE COMMUNITY MENTAL HEALTH  
AND MENTAL REHABILITATION CENTER  
904 Orange Terrace  
Macon, Georgia 31201

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total		(100%) 20	(100%) 28	(100%) 45	(100%) 1771	(100%) 175,000
Male		(45%) 9	(57%) 16	(24%) 11	(56%) 992	(47%) 83,511
Female		(55%) 11	(43%) 12	(76%) 34	(44%) 779	(53%) 91,489
White Americans		(80%) 16	(86%) 24	(82%) 37	(60%) 1,062	(56%) 98,000
Black Americans		(20%) 4	(14%) 4	(18%) 7	(40%) 709	(44%) 77,000
American Indians		-	-	-	-	-
Asian Americans		-	-	-	-	-
Spanish Americans		-	-	1	-	-
Other (specify)		-	-	-	-	-
Under 25			0	(20%) 9	(34%) 602	(48%) 83,642
25-44		(60%) 12	(79%) 22	(69%) 31	(40%) 708	(23%) 40,854
45-64		(40%) 8	(21%) 6	(11%) 5	(14%) 248	(21%) 35,957
Over 64			0	0	(12%) 212	(8%) 14,547
Poverty Income			XXXXX	XXXXXX	(74%) 1,310	(29%) 12,546

Mr. Charles C. Ray, Director  
 Southwest Mississippi Mental Health-Mental Retardation Commission  
 P. O. Box 592  
 McComb, Mississippi 39648  
 phone: 601-684-2174

Category	(a) Board Members		(b) Paid Staff		(c)	(d)
	Gov.	Advisory	Prof.	Non Prof.	Patients	Catchment Area
Total	10**	64	30	9	1655*	171,138
Male	8	37	15	0	45%	unknown
Female	1	27	15	9	55%	unknown
White Americans	10	42	25	3	53%	53%
Black Americans	0	21	5	6	47%	47%
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	1 Indian	0	0	0	0
Under 25	0	unknown	3	1	45%	38.4%
25-44	4	unknown	24	8	34%	50.3%
45-64	4	unknown	3	0	18%	
Over 64	1	unknown	0	0	03%	11.3%
Poverty Income	0	unknown		0	62%	

\*Served in 1976

\*\*1 vacancy

SANTEE-WATEREE MENTAL HEALTH CENTER  
P. O. Box 1946  
Sumter, S. C. 29150

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	14	15	37	22	1429	158,079
Male	10	7	21	1	665	77,278
Female	4	8	16	21	764	80,801
White Americans	13	8	29	11	898	86,495
Black Americans	1	7	7	10	531	70,966
American Indians					N	N
Asian Americans					N	N
Spanish Americans				1	N	N
Other (specify)			1 (ARAB)		N	**618
Under 25		A	8	5	663	85,448
25-44	4	A	24	13	502	34,650
45-64	10	A	5	4	208	26,933
Over 64		A	0	0	56	11,048
Poverty Income	N	N	XXXXX	0	913	*10,295

\*No. of families--represents 28.2% of total families.

\*\*Actual figures for other than black and white are not identifiable.

N--Data not available.

A--To process members we used H.S.A. Nomination Form which utilized different age groupings. Responses were as follows: 22-35 -- 9

36-64 -- 6

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area *
	Gov.	Advisory	Prof.	Non-Prof.		
Total	18	7			938	91,060
Male	11	4	12	4	465	44,651
Female	7	3	13	10	473	46,409
White Americans	13	5	20	9	610	59,929
Black Americans	5	2	5	5	328	31,131
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25	0	0			759	43,311
25-44	8	3			322	24,906
45-64	6	3			135	15,865
Over 64	4	1			22	6,978
Poverty Income			XXXXX			

\* projected by State  
in 1977

Wayne County Mental -07192  
 Health Center  
 301 N. Herman Street ]  
 Drawer DD  
 Goldsboro, N. C. 27530

Asheville NC

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	14				1,353	187,731
Male	6		31	1	634	90,188
Female	8		26	17	719	97,543
White Americans	14		53	17	1,178	172,424
Black Americans	0		3	1	173	13,291
American Indians	0				0	N.A.
Asian Americans	0				0	N.A.
Spanish Americans	0				0	583
Other (specify)	0		(Argentine) 1		?	N.A.
Under 25				3	461	79,068
25-44	2		52	10	512	44,579
45-64	12		5	5	305	42,403
Over 64					75	22,435
Poverty Income	0		XXXXX		N.A.	37,312

16.48% of active cases are Medicaid clients and  
4.6% of active cases are non-paying clients.

Percentage population below Poverty Line, 1970

19.933%

Spartanburg Area Mental Health Center  
149 E. Wood Street  
Spartanburg SC 29303

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Additional Patients Per. End 6/30/76	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	15	n/a	41	21	1633	239,745
Male	9	n/a	15	4	698	117,476
Female	6	n/a	26	17	965	122,269
White Americans	6	n/a	36	15	1362	184,604
Black Americans	3	n/a	5	6	301	55,141
American Indians	0	n/a	0	0	uk	uk
Asian Americans	1	n/a	0	0	uk	uk
Spanish Americans	0	n/a	0	0	uk	uk
Other (specify)	0	n/a	0	0	uk	uk
Under 25	0	n/a	11	5	609	108,486
25-44	9	n/a	22	9	713	58,747
45-64	4	n/a	6	6	283	50,031
Over 64	2	n/a	2	0	58	22,481
Poverty Income	0	n/a	XXXXX	0	uk	35,002



JOHNSON COUNTY MENTAL HEALTH CENTER  
 P.O. BOX 411  
 SMITHFIELD, NORTH CAROLINA 27577

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15		17	25	787	61,737
Male	10		10	6	417	29,795
Female	5		7	19	370	31,942
White Americans	11		15	16	633	48,615
Black Americans	4		1	9		13,071
American Indians						
Asian Americans			1			
Spanish Americans						
Other (specify)					154*	51**
Under 25			2	4	214	28,220
25-44	6		13	13	331	14,595
45-64	9		2	8	175	13,567
Over 64					67	5,355
Poverty Income			XXXXX			15,311

\*Black Americans & All Non-White

\*\*Non-White, Non-Black & Foreign-born population

THE ABOVE LISTED STAFF DOES NOT INCLUDE INPATIENT STAFF.

(c) PATIENT STATISTICS=ADMISSIONS IN 1976, ONLY. CENTER CASELOAD 12/31/76 WAS 1,203.  
 CATCHMENT AREA STATISTICS FROM 1970 CENSUS.

*Mecklenburg County Mental Health Services*  
 Director: Charles Edwards, M.D.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	15	83	62	2,272	200,000
Male	11	6	33	14	63%	48%
Female	4	9	50	48	37%	52%
White Americans	12	11	76	38	73%	75%
Black Americans	3	4	7	24	27%	24%
American Indians	-	-	-	-	-	}
Asian Americans	-	-	-	-	-	
Spanish Americans	-	-	-	-	-	
Other (specify)	-	-	-	-	-	
Under 25	0	0	2	4	Not available	48%
25-44	8	10	75	41	" "	27%
45-64	7	4	6	16	" "	18%
Over 64	0	1	0	1	3%	7%
Poverty Income	-0-	-0-	XXXXX	-0-	Not available	18.8%

of population  
 has yearly in-  
 come below  
 \$5,000.00

Route 8, Box 289-A  
Greenville, N.C. 27834

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff *** *-- Prof. Non- Prof.		(c) Patients	(d) Catchment Area
	Gov.	**Advisory	Prof.	Prof.		
Total	* 15	32	28	27	1,160	73,870
Male	12	22	12	6	492	35,304
Female	3	10	16	21	668	38,566
White Americans	12	26	25	18	776	48,172
Black Americans	2	6	3	9	375	25,698
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	0	0	9	0
Under 25	0	4	1	2	380	39,956
25-44	12	8	25	23	498	16,056
45-64	2	16	2	2	230	13,652
Over 64	1	4	0	0	52	5,236
Poverty Income	Not immediately accessible		***			

\* To be expanded to 25 members by April 4, 1977 to represent demographic variables

\*\*Four Advisory Boards

\*-- Prof. -- Bachelor's level or above.

Non-Prof. -- Less than Bachelor's level.

\*\*\* Includes Mental Retardation Staff

GREENVILLE COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER  
701 Grove Road  
GREENVILLE, SOUTH CAROLINA 29605

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	16	6	136	46	4,302	240,546
Male	13	5	47	7	1,632	115,144
Female	3	1	89	39	2,670	125,402
White Americans	16	6	115	30	3,808	200,273
Black Americans	0	0	20	16	490	39,829
American Indians	0	0	1	0	2	134
Asian Americans	0	0	0	0	2	310
Spanish Americans	0	0	0	0	-	793
Other (specify)	0	0	0	0	-	-
Under 25	0	0	28	7	1,367	112,211
25-44	5	3	90	35	2,050	61,844
45-64	11	3	17	4	724	48,502
Over 64	0	0	1	0	161	17,989
Poverty Income	0	0	XXXXX	0	547	7,347

Total families=  
62,638

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	17	15	25	39	1349	189,433
Male	13	6	14	8	563	90,379
Female	4	9	11	31	786	99,054
White Americans	10	4	22	20	546	70,782
Black Americans	7	11	2	19	803	118,087
American Indians	0	0	0	0	0	282 <sup>v</sup>
Asian Americans	0	0	1	0	0	107 <sup>x</sup>
Spanish Americans	0	0	0	0	0	175 <sup>v</sup>
Other (specify)	0	0	0	0	0	0
Under 25	0	1	4	20	521	99,571
25-44	10	12	16	13	578	46,272
45-64	5	2	5	6	178	31,326
Over 64	2	0	0	0	72	12,264
Poverty Income	1	5	XXXXX		900	48,116

RECEIVED

FEB 25 1977

WHITEHALL: SOUTHWEST  
 MENTAL: 2. RECEIVED

Professionals = M.A./M.S., Ph.D., RN + M.D. only  
 + estimated

Meeting: 7/1/1977

*Florence S.C.*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	12		28	12		
Male	7		11	3		
Female	5		17	9		
White Americans	12		26	10		
Black Americans			2	2		
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25	0		2	0		
25-44	10		23	5		
45-64	1		5	4		
Over 64	1		0	0		
Poverty Income	n		XXXXX			

## Whitehaven - Southwest Mental Health Center

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

Memphis  
TN

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

2-25-77

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	17	15	25	39	1349	133,567
Male	13	6	14	8	566	87,235
Female	4	9	11	31	723	96,325
White Americans	10	4	22	20	546	67,564
Black Americans	7	11	2	19	803	115,499
American Indians	0	0	0	0	0	274*
Asian Americans	0	0	1	0	0	91*
Spanish Americans	0	0	0	0	0	180*
Other (specify)	0	0	0	0	0	
Under 25	0	1	4	20	521	
25-44	10	12	16	13		
45-64	5	2	5	6		3117
Over 64	2	0	0	0		
Poverty Income	1	5	XXXXX		900	48,064

\* Current estimate for 1977

Manatee County CMHC Inc.  
BRADENTON, FL

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	21		47	16	2359	123506
Male	14		19	4	1226	59282
Female	7		28	12	1133	64224
White Americans	18		41	12	2628	168469
Black Americans	3		4	2	272	14820
American Indians						
Asian Americans						
Spanish Americans			2	2	54	217
Other (specify)						
Under 25	--		9	3	1201	23466
25-44	1		31	9	778	31113
45-64	10		5	4	878	30816
Over 64	4		2		401	38031
Poverty Income	—		XXXXX		1722	31551



*CHARLESTON AREA MENTAL HEALTH CENTER  
CHARLESTON, SC*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	10	0	47	16	1994	335,000
Male	6	0	19	5	757	}
Female	4	0	28	11	1237	
White Americans	6	0	43	12	1506	}
Black Americans	4	0	4	4	488	
American Indians	0	0	0	0	0	
Asian Americans	0	0	0	0	0	
Spanish Americans	0	0	0	0	0	
Other (specify)	0	0	0	0	0	
Under 25	0	0	2	4	891	
25-44	6	0	41	17	819	
45-64	4	0	4	0	225	
Over 64	0	0	0	0	42	
Poverty Income	0	0	XXXX	0	NK	

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c)1	(d)2
	Gov.	Advisory	Prof.	Non-Prof.	Patients	Catchment Area
Total	20		86	54	2743	194,883
Male	13		27	17	1431	93,836
Female	7		59	37	1312	101,047
White Americans	14		65	29	1958	127,842
Black Americans	6		17	24	782	66,454
American Indians	0		0	0	1	105
Asian Americans	0		1	0	1	
Spanish Americans	0		3	1	1	
Other (specify)	0		0	0	0	482 (UNK)
Under 25	1		16	16	620	99,874
25-44	8		47	24	1223	43,571
45-64	9		22	12	745	35,043
Over 64	2		1	2	155	16,395
Poverty Income	2		XXXXX		1452	UNKNOWN

1 - Active Client 1/31/77

2 - 1970 Census

*Northwest Florida Mental Health Center*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	69	73	44	5,271	178,668
Male	10	47	30	11	2,677	86,118
Female	5	22	43	33	2,594	92,550
White Americans	12	55	70	38	4,312	146,508
Black Americans	2	13	2	5	950	31,714
American Indians	0	0	0	0	0	0
Asian Americans	1	1	1	0	9	357
Spanish Americans	0	0	0	1	0	89
Other (specify)	0	0	0	0	0	0
Under 25	0	0	8	6	2,438	80,401
25-44	11	25	48	26	1,621	41,094
45-64	4	40	14	11	876	35,734
Over 64	0	4	3	1	313	21,439
Poverty Income	0	3	XXXXX	15	2,493	48,240

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	30	10			5052	317,308
Male	26	8	45	7	2470	151,815
Female	4	2	47	60	2582	165,493
White Americans	24	6	77	43	3019	214,070
Black Americans	6	4	15	23	2,024	102,383
American Indians			-	-	4	UNK
Asian Americans			-	-	2	UNK
Spanish Americans			-	1	3	UNK
Other (specify)					-0-	UNK
Under 25			-0-	6	2241	156,838
25-44	21	6	78	51	2020	73,429
45-64	9	4	12	10	681	62,203
Over 64			2	0	110	24,838
Poverty Income			XXXXX		4,021	74,283

*Region 7 - Regional Mental Health Complex  
P.O. Box 1567, Starkville, MS*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	6		37	14	1338	155,400
Male	3		13	0	618	75,307
Female	3		23	14	720	79,957
White Americans	6		27	7	830	98,000
Black Americans			9	7	507	57,000
American Indians					0	
Asian Americans					1	
Spanish Americans			1		0	
Other (specify)					0	
Under 25			7	7	613	
25-44	2		28	6	441	
45-64	2		2	1	197	
Over 64	1		—	—	87	
Poverty Income			XXXXX		864	
<i>d. catchment area</i>						
<i>Under 18</i>						61,102
<i>19-44</i>						51,510
<i>45-65</i>						27,537
<i>over-65</i>						15,115

University of Alabama in Birmingham Comprehensive  
Community Mental Health Center, Birmingham, Alabama

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total		17	58	38	3,525	1,375
Male		8	32	4	1,808	705
Female		9	26	34	1,717	670
White Americans		7	50	31	2,249	877
Black Americans		10	6	6	1,276	498
American Indians		--	--	--		
Asian Americans		--	--	--		
Spanish Americans		--	--	--		
Other (specify)	Indian	--	2	1		
	Canadian					
	English					
Under 25		--	4	17	1,475	575
25-44		10	40	17	1,494	583
45-64		5	14	4	441	172
Over 64		2	--	--	115	45
Poverty Income		--	XXXXX			

Upper Kentucky River Regional MH/MR Board, Inc.  
 Lincoln Hotel Building - Memorial Drive - P. O. Box 800  
 Region 12 - Hazard, Kentucky 41701  
 (606) 436-5761

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	1	22	22	69	1301	106,700
Male	1	15	18	15	770	52,820
Female	0	7	7	51	531	58,880
White Americans	1	22	22	66	1292	105,248
Black Americans	0	0	0	3	9	1,306
American Indians	0	0	0	0	0	0
Asian Americans	0	0	0	0	0	0
Spanish Americans	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0
Under 25	0	0	0	19	646	53,001
25-44	1	7	11	36	488	21,632
45-64	0	9	10	14	139	20,836
Over 64	0	6	1	0	28	11,231
Poverty Income	0	1	XXXXX	0	?	51,323

HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER, INC.  
 5707 North 22nd Street  
 Tampa, Florida 33610  
 Phone #237-3914

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) (Additions) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	25	29	110	70	4,403	168,470
Male	16	15	46	5	2,445	80,358
Female	8	14	64	65	1,958	88,112
White Americans	18	24	79	59	3,630	122,200
Black Americans	4	3	10	6	773	46,270
American Indians	0	0	0	0		
Asian Americans	0	0	8	0		
Spanish Americans	2	2	13	5		
Other (specify)	0	0	0	0		
Under 25	0	1	18	18	1,829	74,946
25-44	10	13	69	23	1,577	36,885
45-64	9	13	27	14	771	36,555
Over 64	5	2	1	0	226	20,069
Poverty Income	0	0	XXXX	3	1,740	8,095 families out of 43,199 under \$100.00 /wk/ (18.8%)



Comprehend, Inc.  
District Eight, Mental Health-Mental Retardation Board  
Maysville, KY.

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	18		24	53	533	50,384
Male	8		13	15	297	24,754
Female	10		11	38	236	25,630
White Americans	16		24	50	511	48,337
Black Americans	2		0	3	22	1,974
American Indians	0		0	0	0	
Asian Americans	0		0	0	0	
Spanish Americans	0		0	0	0	
Other (specify)	0		0	0	0	(NOTE 73 Specified)
Under 25	0		2	14	204	22,012
25-44	10		21	28	158	10,792
45-64	6		1	11	112	11,098
Over 64	2		0	0	59	6,482
Poverty Income	100%		XXXXX	0	99%	23.5%

NORTH CENTRAL COMPREHENSIVE CARE CENTER, INC.  
Elizabethtown, Kentucky

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	22	9	32	70	3,354	190,400
Male	15	6	17	17	1,690	104,650
Female	7	3	15	53	1,664	85,750
White Americans	19	9	31	65	3,120	175,950
Black Americans	3	0	1	5	234	14,450
American Indians					INA	
Asian Americans					INA	
Spanish Americans					INA	
Other (specify)						
Under 25				19	1,677	103,324
25-44	12	4	23	33	1,006	45,157
45-64	7	5	9	17	470	27,454
Over 64	3			1	201	14,465
Poverty Income			XXXXX		*872	74,600

INA - Information Not Available (Can be retrieved from Department for Human Resources data system)

\* Families with less than \$100 weekly income

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	42	55	72	37	5641	196,000
Male	24	18	34	4	2623	91,530
Female	18	37	38	33	3018	104,550
White Americans	31	19	60	24	3695	159,218
Black Americans	11	36	11	13	1946	36,244
American Indians	-	-	1	-		
Asian Americans	-	-	-	-		230
Spanish Americans	-	-	-	-		388
Other (specify)	-	-	-	-		
Under 25	-	5	-	18	3667	88,637
25-44	27	27	63	15	1128	49,858
45-64	14	20	8	4	621	45,987
Over 64	1	3	1	-	226	15,598
Poverty Income	-	23	XXXXX	-	2030	29,727

INDIAN RIVERS COMMUNITY MENTAL HEALTH CENTER  
P.O. BOX 2190  
TUSCALOOSA, AL 35401

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
(b) Staff composition refers to paid staff at this time.  
(c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
(d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	14	41	38	28	983	m-8
Male	9	30	22	6	445	m-8
Female	5	11	16	22	538	m-8
White Americans	13	33	34	23	707	m-8
Black Americans	1	8	4	5	276	m-8
American Indians						
Asian Americans						
Spanish Americans						
Other (specify)						
Under 25		4	3	7	401	m-8
25-44	5	17	33	16	356	m-8
45-64	7	16	2	4	160	m-8
Over 64	2	4		1	66	m-8
Poverty Income			XXXXX		677	m-8

## SANDHILLS MENTAL HEALTH CENTER, INC.

*Pinehurst, NC*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	15		39	31	1,901	145,397
Male	11		25	6	1,053	70,245
Female	4		14	25	848	75,152
White Americans	13		37	27	1,399	96,601
Black Americans	1		2	4	473	46,550
American Indians	1				27	2,165
Asian Americans						33
Spanish Americans						
Other (specify)					2	46
Under 25			2	11	636	69,263
25-44	7		30	14	798	31,339
45-64	8		7	6	360	30,355
Over 64					87	14,368
Poverty Income			XXXXX			

March 10, 1977

NEW RIVER MENTAL HEALTH CENTER  
210 West King St.  
Boone, N.C. 28607

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a)		(b)		(c) * Patients	(d) + Catchment Area
	Board Members Gov.	Advisory	Paid Staff Prof.	Non- Prof.		
Total	15		62	40	1,899	113,288
Male	12		39	11	866	55,353
Female	3		23	29	1,033	57,935
White Americans	14		59	36	1,828	109,878
Black Americans	1			4	62	3,287
American Indians					0	33
Asian Americans			1		0	34
Spanish Americans					0	Unknown
Other (specify)			1		9	56
Under 25	1		6	10	436	52,825
25-44	9		47	27	778	26,832
45-64	4		7	3	538	22,526
Over 64	1		2	0	147	11,105
Poverty Income			XXXXX			

\* Active caseload as of June 30, 1976

+ Based on N.C. Vital Statistics, N.C. State Board of Health 1970.

HUMAN RESOURCES CENTER OF VOLUSIA COUNTY, INC, FOR MENTAL HEALTH (CMHC)  
1220 Willis Avenue, Daytona Beach, Florida 32014

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	15	29	86	43	2,032	212,417
Male	8	17	24	13	869	98,986
Female	7	12	62	30	1,163	113,431
White Americans	13	29	71	31	1,450	151,029
Black Americans	2	0	10	9	248	29,950
American Indians	0	0	0	0	331	31,225
Asian Americans	0	0	3	0		
Spanish Americans	0	0	2	2		
Other (specify)			0	1	3	213
Under 25	0	0	12	17	732	75,408
25-44	6	9	50	12	896	41,421
45-64	8	11	24	14	320	46,732
Over 64	1	9	0	0	84	48,856
Poverty Income	0	0	XXXXX	8	655	90,745

Project Enlightenment  
04-H-001182-01-0

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) ** Paid Staff		(c) ***** Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.	(unduplicated count)	
Total	15		21	3	4,352	278,118
Male	10	7	5*		2,070	133,321
Female	5	11	16	3	2,282	138,797
White Americans	12	14	18	3	3,461	211,151
Black Americans	3	4	3*		870	60,967
American Indians						} not available
Asian Americans					16	
Spanish Americans					5	
Other (specify)						
Under 25	--	***	2		1,097	126,681
25-44	4	11	19	3	2,441	78,842
45-64	8	7	2*		814	47,456
Over 64	3	****			****	19,129
Poverty Income	***	1	XXXXX		197	c.27,211 estimate of census

\* One of these is a consultant who works with Project on a regular basis (1 day/week)

\*\* These figures represent total Project staff, regardless of funding source

\*\*\* Represented by advocates of this population

\*\*\*\* Not applicable to this Project (prevention and early intervention)

\*\*\*\*\* Categories are best available estimates since nature of services does not provide age information



Mountain Comprehensive Care Center  
 18 South Front Ave.  
 Prestonsburg, KY 41653

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a)		(b)		(c)	(d)
	Board Members Gov.	Advisory	Paid Staff Prof.	Non- Prof.	Patients	Catchment Area
Total	25		75	63	1,263	134,307
Male	16		47	13	613	65,793
Female	9		28	50	650	67,566
White Americans	25		71	63	1,241	133,599
Black Americans			1	0	22	573
American Indians			0	0	N/A	N/A
Asian Americans			2	0	N/A	N/A
Spanish Americans			1	0	N/A	N/A
Other (specify)			0	0	0	135
Under 25	0		10	16	596	64,853
25-44	13		58	39	295	29,309
45-64	10		7	8	248	26,898
Over 64	2		0	0	124	13,247
Poverty Income			XXXXX		1,010	75,212

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	24		19	7	484	88,075
Male	20		9	1	185	42,984
Female	4		10	6	299	45,091
White Americans	23		18	7	479	84,552
Black Americans	1		1	0	4	3,523
American Indians	0		0	0	0	0
Asian Americans	0		0	0	1	0
Spanish Americans	0		0	0	0	0
Other (specify)	0		0	0	0	0
Under 25	0		3	4	165	39,010
25-44	14		14	2	204	22,474
45-64	9		2	1	101	18,431
Over 64	1		0	0	15	8,160
Poverty Income *			XXXXX		306	See Below

\* Poverty Income Computed By Family Income

Total Number of Families	23,737
Total Number of Families Below Poverty	4,976
Total Number of Families Below \$5,000	9,925

1970 Census

WEEMS COMMUNITY MENTAL HEALTH CENTER  
P.O. Box 4055, West Station  
Meridian, Ms. 39301

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients *	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	9	197	48	18	1,943	200,163
Male	7	107	28	1	901	94,242
Female	2	90	20	17	1,042	102,134
White Americans	8	130	38	14	1,454	132,627
Black Americans	1	63	8	4	Not Available	63,423
American Indians	0	4			Not Available	4,113
Asian Americans	0	0			Not Available	
Spanish Americans	0	0	2		Not Available	Not available
Other (specify)					Non-White 509	
Under 25	0	8	3	3	706	103,432
25-44	3	98	37	8	762	30,779
45-64	4	69	8	7	592	41,754
Over 64	2	23			75	24,198
Poverty Income	0		XXXXX		624	

(65+)

\* refers to additions only for the period 1-1-76 through 12-31-76

NORTHEAST GEORGIA CMHC  
 BOX 6067  
 797 COBB ST.  
 ATHENS, GA. 30601

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	11	28	47	49	3571	214100
Male		17	21	3	1100	98954
Female		11	26	46	1271	115154
White Americans		20	16	43	1780	154253
Black Americans		8	1	5	591	17847
American Indians		-0-	-0-	-0-	-0-	-0-
Asian Americans		-0-	-0-	1	-0-	-0-
Spanish Americans		-0-	-0-	-0-	-0-	-0-
Other (specify)		-0-	-0-	-0-	-0-	-0-
Under 25		01	3	17	815 *	88793
25-44		11	36	38	475 *	55415
45-64		11	8	2	436 *	37875
Over 64		03	0	0	101 *	2023
Poverty Income		11 + 11/11/11	XXXXX	0	1119	36500

\* Patients from Biometric Inventory 1946 - +26  
 - Patients age unknown

*Pennington Ind. Hlth Center  
135 North Drive  
Hopkinsville, Ky. 40540*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	31		35	62	2683	188,100
Male	19		15	11	1441	95,554
Female	12		20	51	1242	92,357
White Americans	27		33	54	2288	164,399
Black Americans	4		1	8	392	23,701
American Indians	—					<1%
Asian Americans	—		1		3	<1%
Spanish Americans	—					<1%
Other (specify)	—					—
Under 25	1		0	13	1392	85,021
25-44	11		32	45	690	40,253
45-64	17		3	11	383	39,125
Over 64	2		0	0	209 UNKNOWN 9	22,948
Poverty Income			XXXXX		1581	47,777

*(Below \$7,000)*

*\* Ky. Bureau of Census & Ky. Dept. of Commerce, 1975.*

Oak Ridge Regional Mental Health Center  
240 W. Tyrone Road  
Oak Ridge, TN 37830

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients See Footnote 1	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	9		44	45	1815	153,607
Male	7		19	14	810	74,613
Female	2		25	31	1005	78,994
White Americans	8		41	43	1782	148,909
Black Americans	1			2	N.A.	4301
American Indians			1		N.A.	N.A.
Asian Americans			1		N.A.	N.A.
Spanish Americans			1		N.A.	N.A.
All Other (XXXXXX)					33	397
Under 25			1	15	707	69,081
25-44	1		31	24	693	36,188
45-64	7		11	5	326	34,313
Over 64	1		1	1	89	14,025
Poverty Income	0		XXXXX	0	See Footnote 2	See Footnote 2

Footnotes:

(1) Information obtained from SDMH and consistent with inventory of comprehensive Community Mental Health Centers.

(2) Information available upon request. Information will correspond to parameters to be provided.

CMHC  
Savannah, GA

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at ~~this~~ time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total		30	53	45	2156	194,400
Male		17	25	7	1122	93,312
Female		13	28	38	1034	101,088
White Americans		22	38	25	1265	129,896
Black Americans		8	14	20	891	64,504
American Indians		0 or *	0	0	*	*
Asian Americans		0	0	0	*	*
Spanish Americans		0	1	0	*	*
Other (specify)		0			*	*
(2) Under 25		1	4	10	706	95,256
25-44		15	41	23	776	44,712
45-64		13	8	12	348	38,880
Over 64		1			55	15,552
Poverty Income			XXXXX		1097	33,133

\*Unknown

- (1) Admissions 1976  
 (2) 486 unknown

*Georgia State Catchment Area 31*

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	5	30	10	14	870	121,664
Male	5	17	6	5	465	60,277
Female	0	13	4	9	405	60,727
White Americans	5	17	10	13	700	86,462
Black Americans	0	13	0	1	170	34,511
American Indians	-	-	-	-	-	0
Asian Americans	-	-	-	-	-	0
Spanish Americans	-	-	-	-	-	0
Other (specify)	-	-	-	-	-	0
Under 25	0	0	2	5	207	57,203
25-44	0	20	7	8	358	28,143
45-64	5	9	1	1	267	24,300
Over 64	0	1	0	0	38	11,358
Poverty Income	0	0	XXXXX		664	43%

*Completed by: A Re - Assoc. Planner*



In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

FY '76

Category	(a)		(b)		(c)	(d)
	Board Members Gov.	Advisory	Paid Staff Prof.	Non- Prof.	Patients	Catchment Area
Total	6	30	51	14	1975	177,000
Male	5	9	21		1027	85,000
Female	1	21	30	14	948	92,000
White Americans	6	26	44	13	1496	132,000
Black Americans		4	5	1	479	45,000
American Indians						
Asian Americans			1			
Spanish Americans			1			
Other (specify)						
Under 25		2		3	765	79,500
25-44		20	46	9	811	50,500
45-64	5	8	5	2	335	27,600
Over 64	1				64	19,400
Poverty Income			XXXXX			

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.
- (b) Staff composition refers to paid staff at this time.
- (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.
- (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total		39		73		194,478
Male		32		23	515	95,501
Female		7		50	791	98,977
White Americans		39		70		191,060
Black Americans		0		2		3,418
American Indians		0		0		
Asian Americans		0		0		
Spanish Americans		0		0		
Other (specify)		0		1		
Under 25		0		6		79,317
25-44		8		40		44,248
45-64		28		23		47,773
Over 64		3		11		23,140
Poverty Income			XXXXX			

NEW RIVER MENTAL HEALTH CENTER  
210 West King St.  
Boone, N.C. 28607

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) * Patients	(d) * Catchment Area
	Gov.	Advisory	Prof.	Non- Prof.		
Total	15		61	41	1,899	113,288
Male	12		36	11	866	55,353
Female	3		26	29	1,033	57,935
White Americans	14			96	1,828	108,684
Black Americans	1			4	62	-----
American Indians					0	-----
Asian Americans			1		0	-----
Spanish Americans					0	-----
Other (specify)	Burmese		1		9	4,604
Under 25	1		6	10	436	52,825
25-44	9		47	27	778	26,832
45-64	4		7	3	538	22,526
Over 64	1		2	0	147	11,105
Poverty Income			XXXXX			

\* Active caseload as of June 30, 1976

\* Based on N.C. Vital Statistics, N.C. State Board of Health 1970.

Costal Empire M.H.C.  
Beaufort, SC

In each column in the table below, indicate the number of persons, according to the sex, race, age and income categories provided:

- (a) Board composition refers to current membership.  
 (b) Staff composition refers to paid staff at this time.  
 (c) Patient data should be consistent with the Biometry Inventory. Please check, revise, and add data, if necessary.  
 (d) Catchment area population should be consistent with the Mental Health Demographic Profile System.

Category	(a) Board Members		(b) Paid Staff		(c) Patients	(d) Catchment Area
	Gov.	Advisory	Prof.	Non-Prof.		
Total	14	3	26	12	1043	116,213
Male	8	1	15	1	427	50,404
Female	6	2	11	11	616	54,807
White Americans	9	—	23	9	668	65,516
Black Americans	4	3	3	3	375	59,156
American Indians	—	—	—	—	—	} 541
Asian Americans	—	—	—	—	—	
Spanish Americans	—	—	—	—	—	
Other (specify)	—	—	—	—	—	
Under 25	—	—	1	3	372	65,437
25-44	—	2	17	7	425	21,590
45-64	11	1	8	2	225	20,918
Over 64	3	—	—	—	11	8,268
Poverty Income	0	2	XXXXX	—	730	48,000

LIVE AT OR  
BELOW POVERTY  
LEVEL.

*Exhibit No. 30*

COMPOSITION OF THE GERONTOLOGY PROJECT STAFF  
 FLORIDA MENTAL HEALTH INSTITUTE  
 Roger L. Patterson, Ph.D.  
 Project Director

	White	Black	Spanish American
Males	13	2	1
Females	24	4	0

---

Age	Number
20-30	32
31-40	10
41-50	2
51-60	0
61-65	1

Total Number of Staff 44

W. Douglas Skelton, M.D., Commissioner  
 Donald G. Miles, Ed.D.; Superintendent



## Georgia Mental Health Institute

1256 BRIARCLIFF ROAD, ATLANTA, GEORGIA 30306 (404) 894-5911

June 15, 1977

Mr. Robert Carrick  
 Region IV  
 Atlanta Regional Health, Education, and  
 Welfare  
 Room 811  
 Public Health Service  
 50 7th Ave.  
 Atlanta, Georgia 30323

Dear Bob:

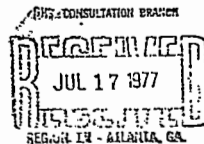
Enclosed please find the strategy position paper on community mental health center needs as related to services for the aging. I hope that this will be useful to the work of your office and of assistance to the centers in our Region.

Sincerely yours,

Donald G. Miles, Ed.D.  
 Superintendent

DGM:lj

Attachment



RELEVANT MENTAL HEALTH SERVICES FOR THE AGING--  
A STRATEGY POSITION STATEMENT

Donald G. Miles, Ed.D.

As a result of statistical analysis of caseloads in community mental health centers, it has been determined that the elderly are under-represented in the programs of community mental health centers in most areas of the country. Although P.L. 94-63 attempted to address the lack of responsiveness to this age group, progress remains problematical. Some observers have noted that even where the elderly are being more readily received for case service by community mental health centers, the service programs themselves have not been designed specifically for the needs of this age group. What appears to be needed in addition to a mandate to work with the elderly, is a model of a relevant service delivery system for the elderly. This paper attempts to address the beginning stages of such a formulation.

In our country, there are only fragmentary efforts at the establishment of a geriatric medical specialty, and there is no psychiatric specialty for the elderly. While the population in our country over the age of 65 increases in both absolute numbers and as a percentage of the total population, we are not yet facing the enormous economic and service problems which this pattern will create before it levels off some ten to twenty years from now. It would seem to be not only a matter of additional funding, but of adequate training of health and social service providers to work more effectively with this age group. In addition to psychiatry, none of the other major mental health disciplines have made any significant movement toward establishing a recognized specialization in mental health geriatrics.

It would therefore seem that the problem facing us in the delivery of mental health services to the elderly is that of model building, perhaps basing parts of our system on the work of various European countries which have experienced the aging-in of their population some twenty years earlier than the United States will experience. Then, an appropriate range of services might be fit to the model. In the development of this paper, many of the observations and approaches are adapted from the material contained in the forthcoming book, Creative Patterns of Mental Health Services for The Elderly, to be published soon by the Joint Information Service.

While several European countries arbitrarily define "the elderly" as an arbitrary cut-off age somewhere in the mid-sixties, most appear to be in agreement that mental health problems peculiar to the aging process, and requiring different treatment than for other age groups solely because of old age, generally arise in the mid-seventies. This is not to deny the powerful impact of such events at earlier ages as loss of a spouse or retirement. Nevertheless, it appears that the symptomatology and the treatment for life crises during the sixties and early seventies are no different than for younger groups. It is only well into the seventies that the complex interaction of biochemical, organic, nutritional, environmental, and emotional factors create symptom complexes requiring significantly different treatment approaches. Few community mental health centers today are prepared to make such distinctions or to offer the specific range of services for those whose disorders are truly related to the process of aging.

#### A PROPOSED SERVICE MODEL

Figure 1 below illustrates a service matrix showing the inter-dependence between the types of services provided and the environment in which they occur, imbedded within a case management function.



Figure 1

C A S E M A N A G E M E N T				
	Service Environments			
		Natural		
Protective	Supportive	Devised	Augmented	Regular
	P R E V E N T I O N			
	S T A B I L I Z A T I O N			
	S U S T E N A N C E			
	G R O W T H			

Protective service environments are those in which a person enters into a 24-hour a day facility operated by the mental health system. An inpatient unit would be one example of this type of environment.

The supportive service environment is one which is operated by the mental health center but is less than total care. This would include day programs and other non-residential services.

The natural service environment is further sub-divided into three types. The natural environment itself is that which occurs "naturally" outside the auspice of the mental health center. At the "regular" level, exists only the natural social support systems and other regularly occurring neighborhood and community agencies, facilities, and services. At the "augmented" level, are services provided in the natural environment which have been augmented by the mental health center. An example would be consultation to a nursing home. At the "devised" level are services in the natural environment which have

been artificially created by mental health center staff. An example would be the grouping of two or more older persons to rent an apartment and to live together, arranged by mental health center staff.

Prevention services are those in the primary prevention category, those which would hope to reduce the incidence and prevalence of mental disorder.

Stabilization services are those which are intended to restore a level of equilibrium sufficient that further services become feasible.

Growth services are those intended to teach new social and instrumental skills with the intent of improving role performance to maximal levels.

Sustenance services are those which would maintain and support a level of adjustment once achieved. Persons with chronic disorders, especially the elderly, require sustenance services.

The case management function is that which coordinates, unifies, advocates, links, plans, and monitors on behalf of individual clients. It is anticipated that every elderly client should have a case manager because of the complex interplay of the disorder and the need for services from varieties of mental health and other providers.

#### SPECIFIC SERVICES FOR THE ELDERLY

There is increasing sentiment that mentally ill people of any age have the right to be served in the least intensive manner and setting that their condition permits, including service in their own homes. This right is affirmed in certain recent pieces of Federal legislation and in rulings of Federal courts. For this to become a reality will require certain new facilities and resources and expansion of others. For the elderly mentally ill, there will be required a range of services, available in adequate amounts, that is almost certainly not available at this time in any community

in the United States. Following the above referenced service matrix, it would appear that the following list of services will be needed to implement meaningful programs.

#### Service in Protective Environments

Stabilization services in such protective environments as psychiatric hospitals are generally now available. However, many psychiatric hospitals have inadequate staffing and competence in geriatric medicine. Certain linkages with other community resources would appear to be an important case management function. At the sustenance level, non-transitional living arrangements would need to be provided as an alternative to long-term hospitalization or nursing homes. Such facilities would include communal and congregate housing, half-way houses, and board and care facilities. Growth services would include physical therapy, activities therapies, reality therapies, and sheltered work, all offered within the 24-hour, protective environment.

#### Services in Supportive Environment

Because of transportation and physical health problems, services to the elderly in supportive environments are often limited by severe "no show" problems. Such programs as therapeutic day programs may require that the mental health center operate its own transportation system. Nutrition programs, legal aid, and adult education programs are also often effective in the supportive environment. Social day programs are also often effective as a sustenance service supporting the aforementioned growth services. Stabilization services would include emergency and crisis intervention services both at hospital emergency rooms and at community mental health centers.

### Services in the Natural Environment

Services in the natural environment are limited only by the imagination of the provider. This is the particular arena of the case manager, coordinating and connecting families, friends, agencies, and other helping networks. Many elderly people can be stabilized through the immediate convening of natural support groups and an interested family physician. Over-use of supportive and protective service environments can best be prevented by strong establishment of mobile, outreach programs undertaken by case managers in the natural environment. Sustainance services in the natural environment would involve such things as the formation of adequate family and other support groups to frequently visit, support, and check on the elderly person. Linking with church groups and other activities of possible interest and support to the elderly person would be augmented or devised. Growth services might include such things as assistance to the elderly person in enrolling in crafts programs, travel clubs, nutrition lectures, and regrouped peer support systems. Many times the elderly can be organized as volunteers in programs, thus enhancing self-concept and life purpose.

### PROGRAM MONITORING AND EVALUATION

If the foregoing range of services is to be developed, mental health centers, state agencies, and regional HEW offices will have to develop more precise monitoring and evaluation systems. Simple head counts of the numbers of persons over age 65 enrolled each month are reflective of almost nothing concerning adequate services to the elderly. Monitoring systems based on comprehensive service model, such as the one proposed herein, will tend to assure meaningful program development objectives for centers and aid to appropriate service programs for the elderly. There is much to be done, but also much available, albeit untapped, information on the subject.

*Exhibit No. 32*

STATE OF FLORIDA



DEPARTMENT OF

**Health & Rehabilitative Services****District Six**

13301 NORTH 30th STREET

Reubin O'D Askew, Governor

**Florida Mental Health Institute  
TAMPA, FLORIDA 33612**M E M O R A N D U M

TO: Laura Wilmot  
U.S. Commission on Civil Rights

October 26, 1977

FROM: Roger Patterson, Director Gerontology Project  
Florida Mental Health Institute

SUBJECT: Supplementary Material For My Testimony

During my testimony I asserted that it was my opinion that mental health staffs working with elderly populations are usually less qualified than staffs working with younger people. Within the State of Florida, as far as I can ascertain, there are myself and one other Ph.D. Clinical Psychologist running programs for the elderly. (There could be one or two more, but I doubt it.) The vast majority of the workers in this area have bachelors and masters degrees, or no degree at all. A responsible source whom I do not have permission to cite told me that there are no specialists in psychiatric work with older people and perhaps no geriatric specialists at all in any of the medical schools of Florida; yet Florida has a relatively huge retirement population.

The usual situation when a person younger than 55 goes to a mental health center is that she/he will be offered a therapist. This therapist will either be a Clinical Social Worker, a Psychologist, or a Counselor who either has a Ph.D. himself or is directly supervised by a Ph.D. or M.D. The older person will frequently be offered no therapy at all, but instead will be referred to "Day Care" or various socialization groups which don't deal with interpersonal problems at all. Why does a 35 year-old person deserve professional attention while a 65 year-old person does not?

I might suggest that the opinion statements I offered could be verified. All mental health centers keep age data as to which clients are seen by particular programs. Many mental health center's under federal pressure have been bemoaning the fact that older clients aren't reached by them. Maybe one of the reasons for this lack of utilization by older clients might be the quality of service they receive.

*Roger J. Patterson*

## Exhibit No. 33



MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED  
AT DOUGLAS GARDENS

151 Northeast 52nd Street, Miami, Florida 33137 Phone (305) 751-8626



**OFFICERS**  
Chairman of the Board-  
Honorary President  
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President  
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Founder  
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Recording Secretary  
Lawrence Silverman  
Associate Recording Secretary  
Mrs. Gladys Uziel  
Auxiliary Presidents  
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Hollywood Auxiliary  
Mrs. Rena Ratner  
Junior Auxiliary  
Mrs. Sophie Desky  
North Miami Beach Auxiliary  
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Executive Director  
Marc Lichtman  
Associate Director  
Dr. Jeffrey R. Solomon  
Director of Community Services  
Dr. Charles Beber  
Medical Director  
**BENEFICIARY AGENCY**  
Greater Miami Jewish Federation  
United Way of Dade County  
Jewish Federation of South Broward  
**LICENSED**  
Skilled Care Nursing Home—  
State of Florida  
Hospital (Specialty Geriatric)—  
State of Florida  
Adult Congregate  
Living Facility  
**ACCREDITATION—**  
**CERTIFICATION**  
Extended Care Facility—Medicare  
Hospital (Specialty Geriatric)—  
Medicare  
Joint Comm. on Accred. of Hospitals  
**TEACHING AFFILIATIONS**  
Florida International University  
Miami Dade Community College  
Lindsey Hopkins  
Barry College  
University of Miami  
Yeshiva University  
\*Deceased

August 23, 1977

Honorable Arthur S. Fleming  
Chairman  
Age Discrimination Study  
United States Commission on Civil Rights  
Washington, D. C. 20425

Dear Mr. Chairman:

Pursuant to your request at the Miami hearing of the Commission on August 23rd, 1977, I am hereby submitting some of my thoughts regarding direct and indirect federal efforts which ultimately discriminate against the elderly.

First, as indicated at the hearing, it is most difficult to design programs to meet what we know are comprehensive needs of the elderly within categorical definitions. An example of this is the limitations that Title XX places on anything other than social services including such important components to an elderly service program as outreach and emergency medical equipment.

Implicit in a variety of federal programs and statutes is a benign neglect toward the need to prioritize the aged in a variety of areas. For example, within universities, gerontology does not receive nearly the attention that is required. This is especially critical in the areas of graduate medicine, psychology, social work, and other human service education. In order to elicit the positive attitudes toward aging which would result in effective programming, the necessary education must serve as pre-requisite in the retention of qualified, committed personnel. Despite extensive grant and aid to universities from the federal government, we in the field see little in the way of this kind of mandate identifying gerontological education as a priority. Where it does exist, it is attached to specialized funding rather than a clear commitment on the part of either the universities or enabling regulations affecting federal funds.

SEP 7 1977

"The Home For Beginning Again"

Hon. Arthur S. Flemming  
 August 23, 1977  
 Page 2.

Another area which is of major concern in our daily activities is that of the vast amount of drug misuse observed in our elderly. I am enclosing a paper I recently delivered at a Regional conference on this subject. Here, the Food and Drug Administration could well take a more active role in mandating geriatric dosages as part of the research protocol involved in the development and continued approval of prescribed medications.

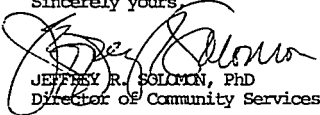
The area of primary and secondary education is one which also concerns the gerontology practitioner. As the demography of aging continues to change, we require a society that is more understanding and receptive to the needs of the elderly. Therefore, the Elementary and Secondary Education Act, through regulations and/or amendment should prioritize educating the young about the old. In Dade County, we have successfully worked with the Board of Education toward development of a pilot project which includes in the social studies sequence an extensive amount of didactic and experiential material on aging and the aged.

Finally, Titles XVIII and XIX of the Social Security Act should become more responsive to what we know about the elderly. Included herein is coverage for allied health items such as dentistry, eye glasses, hearing aids, etc. The recognition of mental health as a major need of the elderly should be made through revised guidelines of Medicare aimed at greatly increasing the eligibility for psychiatric and other mental health services delivered by qualified professional personnel.

I would like to thank the Commission for the opportunity to testify before it and to provide this additional documentation.

With best personal wishes, I remain

Sincerely yours,



JEFFREY R. SOLOMON, PhD  
 Director of Community Services

JRS/tm  
 Enclosures

MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED

THE CHEMICAL TIMEBOMB: DRUG  
MISUSE IN THE ELDERLY

Jeffrey R. Solomon, PhD  
Director of Community Services  
Miami Jewish Home & Hospital  
for the Aged.  
Miami, Florida.

May, 1977



THE CHEMICAL TIMEBOMB: DRUG MISUSE IN THE ELDERLY

American society is witnessing a period of time where combinations of phenomena are resulting in serious new problems. The Toflerian need to design new solutions to unthought-of problems can best be witnessed in the field of gerontology. One hundred years ago there were 1.2 million elderly persons. Today there are 25 million. Life expectancy has gone from 49 years in 1900 to 73 today. During the same period, the proportion of elderly has gone from 4% to 11%. The young-old of the active retirement communities have little in common with the old-old who are often infirm. This is the generation that has lived through technological revolution; through the discovery of the airplane, psychotherapy, the atom bomb, space travel. Every day 4000 more Americans join the 65+ generation. 3000 older persons die. In 25 years, the proportion of elderly 85 and over will more than double. This is the generation that went to work instead of school. 20% are functionally illiterate, having had less than five years of school.

At the same time, it is in the past century that we have made miraculous discoveries in the medical field, especially those marvelous therapeutic medications which have made such an enormous impact on these demographic life expectancy factors. However, this paper attempts to comment on the interface between these medications and the demographic results of longer life and the larger proportion of elderly in our society. It also seeks to look at some of the

philosophical changes that have taken place in our elderly through their lifespans; changes that range from the days of wearing garlic around their necks to today's full acceptance of the American credo, "Better living through chemistry."

In describing the problem, Dr. Wendell R. Lipscomb commented about the iatrogenic "spaced-out" grandma syndrome:

This syndrome is a collection of signs and symptoms, one might expect in the youthful hippie drug experimenter. But I have increasingly been called on to consult about the ancient chemical hippies who owe their spaced-out status to the good intention of their family doctors. What has happened is that a woman, usually in her 70's, has been overtreated for multiple conditions - arthritis, hypertension, periodic headaches, occasional sleeplessness, and mood swings. Each complaint is dealt with on a pragmatic basis of one symptom, one drug. Somehow, the total effect of the therapeutic cocktail is never considered. 1.

In reviewing the literature as well as the experiences of the many community service programs of Miami Jewish Home and Hospital for the Aged, one concludes that it is unfair to pin the blame of drug abuse in the elderly on iatrogenesis: a physician induced ailment. This writer's observations lead to the conclusion that the etiology of the problem stems from a synergistic interface between three poorly informed components of the gerontological health care system: the physician, pharmacist, and patient.

Measuring the severity of the drug misuse problem in the elderly is most difficult. We have just completed research attempting to look at the medication patterns of all persons seen in the Douglas Gardens Outpatient Mental Health Center. In this, we discovered

that the median number of prescribed drugs being taken by a person walking into the clinic for his first appointment was 2.4. 88.5% of this total population were taking prescribed medications of some kind. Perhaps the most frightening revelations were that 22.6% of the 65+ population and 33.3% of the 75+ population were concurrently on four or more medications. 20% of the 75+ population were on six or more medications. These findings were not dissimilar to those of a study by The Cathedral Foundation in Jacksonville, Florida in April, 1976. This study went on to point out that 80% felt their doctors "always" or "sometimes" prescribed the medicine they requested. 73% had trouble with new bottle caps. 40% could not either see or read the directions. 72% of those using medication got them from several doctors and did not discuss the fact they had been receiving prescriptions from another physician. 2.

Anecdotal data tells us a very sad story. The record holder is an 81 year old woman who was taking a total of 28 medications when she applied for service. In South Miami Beach, one observes what this author describes as the "chemical dresser" syndrome. This is an old piece of furniture usually about 42 inches high, the top of which is covered with a variety of pill and liquid medicine bottles in numbers which could easily service half of the Marine Corps. Many of these bottles are empty. Many are better than 10 years old. Yet, they sit in a special place of pride along with family pictures and other memorabilia relating to the life of the elderly person.

The result, in many of the overmedication cases we see, is acute organic brain syndrome; a sometimes reversible process if the toxicity is quickly treated. Often, our physicians treat by eliminating the medications or significantly reducing the dosage. The cure had become more pathological than the disease. A classic paper providing basic source data on elderly persons who were treated for non-fatal but acute drug reactions in a hospital emergency room is one published in the Journal of Gerontology by Drs. David Petersen and Charles Thomas.

They collected data from all 1,128 persons treated for acute drug reaction at Jackson Memorial Hospital in Miami during the year 1972. Looking at the group 50 and over, they discovered that 5.4% of all admissions were among this group. However, the drug emergencies in this group were significantly different. All elderly admissions involved the use of a legal as opposed to an illicit drug. Of these, 80.9% involved the misuse of a psychotropic drug. 10.6% were related to an overdose of a non-narcotic analgesic. The most frequently diagnosed drugs were - Valium, Tuinal, Phenobarbitol and Darvon. 3.

In a British study which looked at five years worth of admissions to three general hospitals, 46% of self-poisoning admissions were accidental as opposed to intentional. It is interesting to note that in those admissions over the age of 75, the accidental self-poisoning rate had actually gone down to 36%. (This may well be due to some of the differences between the young-old and the old-old, including the more intensive care received by the older - old). There were no significant differences between the number

of drugs taken in accidental overdoses and in true suicide attempts. Sedatives and hypnotics comprised the largest group. Of the 291 accidental deaths during this period, 33 emanated from self-poisoning. 4.

Of course, the degree of severity of the drug problem should not be based upon the known statistics from these or other studies, but rather, from the unknown since severe illness and death in the elderly is so much an expectation that objective, detailed investigation is the exception rather than the rule. We have no idea of how many cases of chronic organic brain syndrome wasting away in nursing homes were originally precipitated by acute toxic drug reactions. Nor do we know how many hip fractures emanated from falls unnecessarily caused by a drug induced vertigo or visual misperception. We have no way of knowing how many unautopsied deaths of an elderly person in his/her sleep were in fact caused by an acute drug reaction. Just as gerontological suicide is undercounted, the dimensions of drug-related illness and death is grossly underestimated.

Looking at the three interactive agents that have caused the drug misuse problem, let us first begin with the physician. Medical training all but ignores the elderly. Too often, the medical ego ubiquitously seeking cures cannot tolerate the chronic degenerative processes that are seen in many elderly persons. No medical school in this nation has developed a geriatric specialty to this date. One should note that with an increased governmental interest in the elderly, a number are

beginning to develop such programs in order to be eligible for postulated funding. Often, the elderly person is a burden in a physician's practice. The combination of Medicare and other third party paperwork along with the additional time it may take to properly treat an elder results in many physicians discouraging that aspect of their caseload.

What are some of the specific problems created by the physician in the area of gerontological drug abuse? First, often the physician does not take the time to appropriately titrate medication. He/she provides a dose that would be fine for the imaginary 28-year old, 70 kilo male that pharmaceutical companies use as their role model. Second, the physician often does not appreciate the common interactions which exist among medications. This is especially serious in the elderly who suffer from a multiplicity of problems and are often receiving a variety of drugs related to each of these diseases. Common drug interactions that have been observed include those between Dilantin and MAO inhibiting antidepressants, antihypertensives like Reserpine and Digitalis, as well as Phenobarbital and Digitalis. <sup>5</sup>. The physician does not realize that drug therapy in the elderly has special hazards because of the anatomic, physiologic and biochemical changes that accompany aging. <sup>6,7</sup>. Physicians generally do not take the time to monitor medications once they have been prescribed. Often adjusting the dosage will make the difference between therapeutic failure and success with a given medication.

Too many physicians treating the elderly are quick to want to satisfy their customer. Numerous physicians have shared with this author their own frustration with an elderly person who comes in the office and is extremely disappointed if no prescription is written. Some have admitted writing a "mild" prescription simply to meet the predetermined expectation of the patient. Many of these physicians don't wish to spend the time educating their patients toward the realities of the aging process and the limitations of medications toward treating some of the chronic illnesses from which they suffer.

The pharmacist is the second aspect of this "Bermuda triangle." Many of us remember the days when the pharmacist represented the neighborhood physician-extender. Generally, the pharmacist was intimately involved with each and every customer, trying to be helpful, knowing the neighborhood physicians as well as the products that were sold. The pharmacist was also intimately involved in the preparation of the medication. Today, much of the professionalism in retail pharmacy has been lost. Yet, the potential for this professionalism exists. For example, a standard technique that is adopted in a variety of locations is that of the patient profile. The pharmacist maintains a master record for the patient indicating the dates, dosages, and dispositions of every prescription written. The pharmacist can serve as a quality control check on the physician. Clinical pharmacy demands this kind of work. When done properly, the pharmacist can call the physician and appropriately question a given prescription in light of knowledge the pharmacist maintains

about other medications previously prescribed either by that or another physician, including contraindications, side effects and peculiarities of the life style of that given patient. In our inpatient facility, we are in the process of utilizing a computer system which serves to question our physicians in cases of inappropriate medication. If a prescription ordered does not fit the profile of that patient and previously ordered medications, the computer will reject the physician's order indicating to the physician the reason why and requiring the physician to rethink that particular prescription. In the retail pharmacy, this can be done on a simple 3 by 5 card by a concerned pharmacist.

The pharmacist also reaps the benefit from the massive utilization of over the counter medications that are oftentimes useless, and occasionally dangerous to the elderly person who seeks relief from discomfort by doing what his/her television says to do. Whether curing headaches, arthritis, or constipation, the uninformed consumer may well create a complicating drug reaction based on responding to a televised suggestion. My favorite story is that of the 76-year old woman who took Exlax every morning and Kaopectate every evening.

The pharmacist and his supplier, the pharmaceutical companies, can do a great deal more in the area of packaging medications for the elderly. Clever birth control pill packaging has helped many women achieve the therapeutic benefits for which the pill was designed. It seems incomprehensible that the same packaging and marketing efforts cannot be made for commonly prescribed medications



for the elderly. Many elderly and their families have developed adaptations because of sensory and memory deficits ranging from commercially obtainable daily pill boxes to the clever adaptation of fishing tackle or tool boxes using colors, numbers and large painted letters to assist an elderly grandfather with appropriate utilization of medication. Yet, the public interest of most pharmaceutical companies is not what we might wish it would be. A recent New York magazine, in an article "Warning: Your Prescription May Be Dangerous To Your Health," described the poor research that the G.D. Searle Company has utilized in the development of new drugs.

In 1972, for example, the FDA conducted a special survey of 155 clinical investigations. It found that 74% failed to comply with one or more requirements of the law and regulations; 35% failed to properly obtain patient consent; 50% failed to keep accurate records of the amounts of drugs received from the sponsor and distributed to the test subjects; 28% failed to adhere to the study protocol (and this would invalidate study data); 23% failed to maintain records which accurately reflect the condition of the patient before, during, and after the study, the nature of the laboratory work done, and other therapy administered during the course of the study; 22% did not retain case records as required; and 12% failed to supervise the study properly. 8.

If many of these pharmaceutical manufacturers made as great an effort in marketing placebos on the doctor-to-doctor basis as they do in marketing drugs, the concerns about drug misuse in the elderly might well be unfounded. One should note that some companies are in fact looking at packaging alternatives on an experimental basis in order to better serve the public. However, the industry as a whole has not been profoundly responsive to the overall problem.

Let us look at the third component and perhaps the most significant: the patient. Who is the drug abused geriatric patient? First, organic brain changes often make this person forgetful. "Did I take that pill an hour ago? Well, I better take one now." One must remember that organic brain changes can create a level of forgetfulness that totally eradicates all new learning input. We have often seen patients who one half hour after eating, are complaining about not having eaten simply because they have forgotten.

We see a philosophy among many of our elderly that is based on some logical assumptions such as, "if one pill will get me better, two pills will get me better faster." Lack of understanding about the by-products of medication ingestion is a serious problem. This also manifests itself in the popular pill swapping game that is observed throughout areas where the elderly congregate. "Oh, your doctor gave you a blue pill to help your stomach. My doctor didn't give me anything for my stomach. I'll give you my green arthritis pill if you give me your blue stomach pill." Needless to say, these are potentially dangerous swaps. As indicated previously, the philosophy that underlies this entire aspect of the problem is that of "better living through chemistry:" a belief that pills can cure often incurable degenerative problems of the elderly.

Medicare as an insurance program has helped the elderly in many ways. However, inexpensive physician care has led to a doctor shopping epidemic. Often, when a physician does not prescribe a pill or enough pills, the elderly patient takes off the next day

to another physician who might serve as a more adroit supplier. Accidentally or purposefully, the patient often neglects to tell the physician what medications he or she is on. Sometimes, even the well intentioned elderly person forgets what they take for the occasional ache or pain in their back or the medication they take on a second day without a bowel movement. In the Douglas Gardens Outpatient Mental Health Center, we insist that the patients bring in all of their medications to avoid this pitfall. Also, many elderly are afraid that they would insult their physician if they told him about the other doctor or two they are seeing. So they fail to mention other physicians involved in their care, or prescriptions written by these other physicians.

Finally, we know that the elderly suffer a variety of sensory deficits. The two that impact most greatly upon this problem are decreased vision and hearing. Young people often have a hard time reading the instructions on pill bottles. For the elderly, this is an impossible act. Likewise bottle and pill color discrimination is a difficult task due to the decrement in visual acuity and color perception. Listening to the doctors' or pharmacists' directions can be a futile effort on the part of the hearing-impaired elderly person. Yet, as with other minorities, the elderly suffer from the psychological "native" syndrome in a land of colonials. They are frightened to speak up about their deficits, their questions, their concerns, and their needs. Then, they come home with a prescription offering the instructions, "Take as directed."

Before looking for some potential solutions, let us look at those 5% of the elderly that are in nursing homes. Even through a small percentage, these represent a major area of concern. "In 1973, there were about 21,800 nursing homes in the United States, containing almost 1.3 million beds and providing care to about 1.2 million residents. 77% of all nursing homes were proprietary. 17% were nonprofit homes; while about 6% were government sponsored ... During fiscal year 1975, nursing home expenditures in the United States reached 9.0 billion dollars or 7.6% of the total expenditures for health services and supplies." 9.

Dr. Sidney Cohen, former director of the NIMH Division of Narcotic Addiction and Drug Abuse, and clinical professor of psychiatry at UCLA Neuropsychiatric Institute, recently wrote:

Oversedation of many nursing home members is part of a general picture of overmedication. In part, this results from piling on drug orders without a periodic review of the chart to eliminate the unnecessary but long forgotten items. Furthermore, eccentricity, non-conformity, even irascibility are not indications for sedation. Our problem is that we have pills easily capable of making the crotchety complaint-free, the demanding dulled, and the surly sedated. Why should the staff put up with any disrupting influences whatsoever? One answer is that we don't want to chemically obliterate all personality features, however obstreperous. Another answer is that these drugs have side effects that require other drugs that have side effects. Since the source of geriatric sedative abuse is, almost invariably, the physicians order of prescription, more enlightened prescribing practices could do a good deal to solve the problem. 10.

In a study of 91 nursing homes by Raymond Glasscote of the Joint Information Service, one conclusion read:

It is easy to conclude that primary care physicians widely prescribe small doses of major tranquilizers in a routine and 'precautionary' way, since older patients with neurological damage are likely to be restless, irritable and uncomfortable. Whether nearly so large a percentage of patients do need even a small routine dose of a major tranquilizer certainly might be questioned. 11.

The issue of potential pharmaceutical kickbacks in nursing homes as an incentive in overmedication is beyond the scope of this paper. However, the interested reader is directed to the recently published report of the Subcommittee On Oversight and Investigations of the U. S. House of Representatives Committee on Interstate & Foreign Commerce on this subject.

For the institutional elderly, greater supervision by regulatory agencies could well eliminate much of the problem. In institutions, one need not worry about many of the community elderly drug abuse concerns since medications are handled by the nursing staff, carefully recorded, and administrations are generally supervised with professional care.

With regard to solutions in the community, one must look at all three components of this triad for potential solution. Education is the key for the pharmacists, physicians and patients. Hospitals magazine carried an article on this subject in its April 16th issue this year. They emphasized that health education designed to meet the consumer's need for health care information in simple, direct terms was a viable means for coping with this problem. 12.

Unfortunately, our communities have not adequately responded to this need. Yet, the combined resources of the health and mental health systems, colleges and universities, the public schools, and indigenous senior citizens organizations could well together provide adequate input to make a significant in-road on the problem of drug abuse and the elderly. Broad-based community education can be obtained from a variety of sources. At Douglas Gardens, we have developed an educational program which has several components. Two television commercials highlighting this community health education issue are presently being utilized in public access time on the three network affiliates. These are quite specific in describing problem of drug misuse among the elderly and telling the elderly not to swap drugs, to bring their medications to their physicians, to review old drugs with their physicians, and other such warnings aimed at advising the public that drug misuse is not simply a problem of the young.

Second, the Douglas Gardens Outpatient Mental Health Center has instituted a program of drug education at several levels. Among these are small groups (up to 5 people) with a staff psychiatrist to review the group's medication patterns in specific individual terms. Second, multi-session groups of up to 15 persons coming from day centers and other community service programs have been developed to provide drug education as well as a point of entry for the mental health system. Finally, large group education programs are being facilitated in retirement settings in order to provide the basics of education surrounding drug misuse as highlighted herein.

Drug abuse in the elderly is a much easier problem to solve than illicit drug use in the young. We are talking about legally sanctioned, controlled systems that require first, a significant amount of public attention; second, efforts at education, and finally, where indicated, governmental regulatory controls. The informed 82-Year old will not hit the streets looking for a supplier for black market Valium. This is one opportunity for those concerned with the public health to unbureaucratically find solutions to a problem without creating new problems as a result of these solutions.

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10. I bid, Psychiatric News, April, 1976.
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12. Janet Plant, "Educating The Elderly In Safe Medication Use," Hospitals, 51, April 16, 1977.



*Exhibit No. 34*

NEIL CHONIN  
President  
SUE ROSE SAMUELS  
1st Vice President  
EUFALA FRAZIER  
2nd Vice President  
DARRELL DAVIE  
Secretary  
JOSEPH SEGOR  
Treasurer  
PETER M. SIEGEL  
Executive Director

**LEGAL SERVICES OF GREATER MIAMI, INC.**

NORTHSIDE SHOPPING CENTER  
N.W. 27th AVE. & 79th STREET  
P.O. BOX 47000 N  
MIAMI, FLORIDA 33147  
October 20, 1977



TELEPHONE  
(305) 638-6666

Ms. Laura Wilmot  
United States Commission  
on Civil Rights  
1718 "P" Street, N.W., Suite 409  
Washington, D.C. 20036

Dear Ms. Wilmot:

In accordance with your request, this letter and its attachments will serve as the history of the efforts by Legal Services of Greater Miami to obtain Title III, Older Americans Act, funding to expand its services to the elderly in Dade County.

The Areawide Agency on Aging, which encompasses Dade and Monroe Counties, is administered by the United Way of Dade County. On May 5, 1977, we submitted our Concept Paper, which is required of all new agencies seeking Title III funding, to the Areawide Agency for consideration for funding during the fiscal year commencing October 1, 1977. A copy of that concept paper is enclosed. At the same time, letters of support for that proposal were submitted by, among others, Frances Kramer, Director, Elderly Services Division, Department of Human Resources, Dade County. The Elderly Services Division presently provides nearly \$82,000 to assist us in our efforts to serve the elderly. A letter of support was also submitted by Max Serchuk, President of the Dade County Council for Senior Citizens, Inc., the major senior citizens organization in Dade County. Copies of these letters are also attached.

Without contacting the undersigned, Areawide Agency staff prepared an Advisory Council Concept Paper Review Form for submission to the Advisory Council at its meeting of June 8, 1977. That review form, the only information provided to the Advisory Council about new programs, was delivered to Advisory Council members no earlier than the day before the meeting. The recommendation of the staff reviewer was to fund the proposal. However, sometime immediately before distribution to the Advisory Council members, that recommendation was whited out. I am enclosing an original of the review, which although not submitted to

THE PURPOSE OF THIS PROGRAM IS TO PROVIDE LEGAL ASSISTANCE TO PERSONS  
WHO ARE WITHOUT ADEQUATE MEANS TO EMPLOY OTHER COUNSEL

MS. LAURA WILMOT  
OCTOBER 20, 1977  
PAGE TWO

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us, was obtained from one of the Advisory Council members. Of concern was the completely erroneous assessment of average unit of service cost. However, because we were not contacted with respect to the proposal there was no opportunity to demonstrate the Areawide Agency's mathematical miscalculation.

We were not invited to attend the Advisory Council meeting but did so anyway. At the meeting, the Advisory Council never reached the question of funding new programs, whether recommended by staff or not, since its time was totally taken up with consideration of refunding of existing programs. Nevertheless, on June 10, 1977, we received an unsigned letter from the Director of the Areawide Agency informing us that the Advisory Council had decided not to fund our program. A copy of that letter is also enclosed. We immediately delivered a letter to the Chairman of the Advisory Council expressing our dismay at the actions of the Executive Director of the Areawide Agency and requesting that the Advisory Council consider our application on its merits. A copy of that letter is enclosed.

At about the same time, the then Managing Attorney of our Senior Citizens Law Center mailed a letter expressing his dismay to one of the Executive Committee members of the Advisory Council, Mr. Leonard Batz, who is the President of Senior Centers, Inc., a recipient of Title III monies. That letter was prompted by Mr. Batz expressed opposition to our proposal, opposition which was based on the fact that Legal Services of Greater Miami was presently involved in representing an ex-employee of Senior Centers, Inc. on a discrimination complaint. It was responded to by a Mr. Alvin E. Guilford, Senior Manager, Planning and Allocations Division of United Way. A copy of Mr. Guilford's letter is also included. Guilford's letter is substantially incorrect. For example, in paragraph two (2), he notes that "when the concept paper idea was developed, it was staff's intent to indicate whether or not proposals were fundable with respect to basic Title III guidelines. It was not staff's duty at that juncture to recommend or deny any application. Recognizing that an error was made prior to submission, the statement of recommendation with respect to Legal Services was appropriately deleted." In fact, recommendations to fund or not to fund (not whether proposals were fundable) were made

MS. LAURA WILMOT  
OCTOBER 20, 1977  
PAGE THREE

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with respect to almost all the applications, both continuing programs and new proposals. In no case other than the application of Legal Services of Greater Miami was that recommendation deleted. Mr. Guilford then goes on, in his third paragraph, to express his opinion that the staff analysis of unit cost was correct. The figures will speak for themselves. The staff analysis, if indeed it was staff analysis and not later added justification, divided the total federal budget by one month's service to arrive at its figure. Obviously, the true cost is only one-twelfth of the stated figure. I responded to Mr. Guilford by letter of June 27, 1977. A copy of that is also enclosed.

In the meantime, on June 20, 1977, Legal Services of Greater Miami was afforded a conference with the Executive Committee of the Advisory Council to the Areawide Agency on Aging. At that time we had the opportunity to fully discuss our Concept Paper. However, since the staff recommendations had, by this time, fully exhausted the supply of available funds, this amounted to little more than going through the motions. Of course, we were not funded, although the Areawide Agency on Aging never saw fit to so advise us.

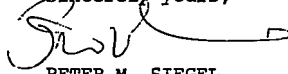
A couple of comments are in order. Although the Areawide Agency did not provide funds to assist Legal Services of Greater Miami in meeting the legal needs of the elderly, it would seem fair to assume that those programs they do fund with the exception of monies retained by the United Way for administration and for information and referral, do serve and benefit the elderly. Thus, it becomes a question of priorities, and a question of local priorities overriding expressed national priorities. In this regard, both the composition of the Advisory Council (especially its active members) and the method the Areawide Agency uses to make its needs assessment must be seriously questioned. As apparently required by Federal Regulations, a substantial portion of the membership of the Advisory Council consists of individuals associated with existing Title III programs. Indeed, they constitute the active membership on this Areawide Agency's Advisory Council. The inherent conflict of interest in such an arrangement needs no elaboration. The needs assessment utilizes two elements, first, what these already funded agency executives tell the Areawide Agency the community needs, and second, some sort of compilation of the services requested by individuals who call the information and referral service operated by the United Way.

MS. LAURA WILMOT  
OCTOBER 20, 1977  
PAGE FOUR

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If you have any further questions concerning the  
history of our efforts, please feel free to call.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'P. M. Siegel', written in a cursive style.

PETER M. SIEGEL  
Executive Director

FMS:dp

Attachments

NIK CHININ  
 President  
 SUF ROSE SAMIHLIS  
 1st Vice President  
 EUFALA FRAZIER  
 2nd Vice President  
 DARRELL DAVIE  
 Secretary  
 JOSEPH SFGOR  
 Treasurer  
 PETER M. SIEGEL  
 Executive Director

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 MIAMI, FLORIDA 33147



TELEPHONE  
 (305) 638-6666

Areawide Agency on Aging  
 Application for Federal Funds

### CONCEPT PAPER

#### I. GENERAL ADMINISTRATIVE INFORMATION

##### A. Type of Application:

New     Continuation     Expansion

##### B. Type of Funds Requested:

Title VII     Title III     Other (Fill-in)

##### C. Project Title: SENIOR CITIZENS LEGAL SERVICES

##### D. Implementing Agency:

Agency Name LEGAL SERVICES OF GREATER MIAMI, INC.

Address P.O. BOX 47000N, MIAMI, Florida 33147

Telephone 305-638-6666

Contact Person PETER M. SIEGEL, EXECUTIVE DIRECTOR

##### E. Type of Organization:

Public     Private     Other

##### F. Project Information (if different from D)

Address 1393 Southwest First Street, Miami, Florida 33135

Telephone 305-579-5757

Project Director LEONARD HELFAND

##### G. Proposed Project Period:

Beginning  $\frac{10}{(mo)}$  /  $\frac{1}{(day)}$  /  $\frac{77}{(yr)}$  Through  $\frac{9}{(mo)}$  /  $\frac{30}{(day)}$  /  $\frac{1}{(yr)}$

##### H. Amount of Total Project Budget: \$ 68,947

Federal Share Requested: \$ 62,052    90%

Local Cash Match: \$ 6,895    10%

##### I. Estimate of Future Federal Support to be Requested for This Project:

\$ 65,465    First additional year

\$ 69,066    Second additional year

J. Number of unduplicated Clients to be Served per Month in Each Service Category\*:

- |    |                       |     |
|----|-----------------------|-----|
| 1. | Legal Services - 50   | 6.  |
| 2. | Legal Education - 300 | 7.  |
| 3. |                       | 8.  |
| 4. |                       | 9.  |
| 5. |                       | 10. |

(\*Service Categories are found in Federal Regulations)

K. Date submitted to Areawide Agency on Aging:

<u>May</u>	<u>5</u>	<u>1977</u>
Month	Day	Year

II. PROGRAM NARRATIVE

A. Project Summary: This application seeks funds to allow Legal Services of Greater Miami to provide access to legal services for the elderly poor residing in the greater Miami area. Currently, because of Dade County funding, LSGMI is able to provide services to the elderly poor of Miami Beach, but not to the even more numerous, often members of minority groups, elderly poor in the greater Miami area. Through the use of a staff attorney, and two paralegals, and with the backup resources of the Senior Citizens Law Center, this proposal seeks to extend legal services to the elderly to the many Black and Spanish speaking poor in Miami.

B. Statement of Needs/Problems: Perhaps more than any other group, the elderly rely upon complex public and private institutions for their daily subsistence. Their legal problems frequently relate to the policies and actions of governmental agencies and private corporations, both of which often present undecipherable bureaucratic mazes which even younger persons find difficult to manage. Many of those elderly people now classified as "poor" were, at one time, a part of the mainstream of middle America, and became poor only when forced to live on fixed incomes at age 65. Worse, the income of these newly-poor elderly people is constantly reduced by inflation.

Superimposed upon the lives of the low-income elderly is a vast array of complex statutory, regulatory, and decisional law. Their shelter may be provided or secured under federal and state public and subsidized housing laws. Relocation assistance may be necessary when they are forced to move. Their health is often dependent upon Medicare, Medicaid, and laws regulating nursing homes.

Their nutrition is often secured by the Food Stamp Program and nutrition programs established by other federal laws. The source of their income may be Social Security, Supplemental Security Income, or private pensions. The dignity of personal freedom and control of property is subject to the vagaries of the law of guardianship, conservatorship, and involuntary commitment. There are often problems with wills, the probate of estates of spouses and near relatives and the fear of over-reaching by others. And, of course, the elderly have legal problems that are non-age related, such as consumer difficulties, eviction actions, etc. Without legal assistance the needs created by our legalistic society most often go unmet.

Thus, the elderly are, on the one hand, confronted with a vast complex of crucial legal issues, bureaucracies, and forms with which to deal; and on the other hand, they have no real place to turn for adequate and effective assistance. Unlike younger people, who have been forced from birth to live under governmental programs and large bureaucracies, today's elderly have not learned to "work the system." Because the elderly have no place to turn for assistance, and because they are not adept at working the system, the elderly as a distinct group in our population are the least able to deal with issues of a legal nature. And, as for legal assistance, the elderly are the least served.

Dade County has one of the largest concentrations of elderly in the Country. Approximately 19% of the Country's population is over age 60, and nearly a third of these are poor.\* Legal Services, however, is limited to the fortunate few, essentially non-minority, living on Miami Beach, where Legal Services of Greater Miami operates its Senior Citizens Law Center.

DADE COUNTY LOW INCOME ELDERLY

	TOTAL	BLACK	SPANISH
AGE 60 OR MORE	73,299	7,669	11,591
AGE 65 OR MORE	53,290	4,852	7,475

\*All demographic information is derived from the 1970 census and the "Profile of the Elderly," Dade County, 1974.

## ACCESS TO AND USE OF LEGAL SERVICES

Existing Legal Services Offices	Number of poor elderly in office Service Area	Number of poor, elderly Black	Number of poor, elderly Spanish	Minority percentage in Service Area	Number served Fiscal 1976	Percentage Served
Law Center North	26,343	4,259	1,088	20.3%	115	.4
Law Center Downtown	21,919	2,108	9,591	53.4%	232	1.0
Law Center South	6,531	1,250	312	23.9%	36	.5
Senior Citizens Law Center	18,506	52	600	3.5%	1651	8.9
TOTAL	73,299	7,669	11,591	26.3%	2034	2.7

This proposal seeks to expand the Senior Citizens Law Center to begin to serve concentrations of poor people living in Miami. The above charts indicate that there are thousands of elderly poor in Dade County who are not served by Legal Services of Greater Miami, except for the Miami Beach Senior Citizens Office, which successfully directs its efforts at the elderly. Since there is no reason to assume that the elderly, and particularly the low income elderly, have less than their share of legal problems,\* these figures dramatically indicate that barriers exist which prohibit effective utilization of available legal representation for low-income elderly in Dade County.

The need for increased legal services for elderly people has been strongly recognized at a national level. The White House Conference on Aging recommended such increased services. Groups within the Conference dealing with the problem saw a need for a:

"full range of legal services including advocacy, administrative reform, litigation and legislation. It was further recommended... that there be a joining of public and private resources in the effort to supply adequate legal services to older people."  
Post-White Conference on Aging Reports. 1973, p.78.

The response of Congress is reflected in the Older Americans Act amendments of 1975 which highlight the need for increased legal

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\*It has been estimated, by the American Bar Association, and others, that 23% of the poor need the services of a lawyer each year. See, Annual Report, Legal Services Corporation, p.8, (Washington, D.C. 1976).



services for elderly people. The first part of those amendments identifies a small group of "National Priority Services" that are to receive special emphasis for funding purposes toward the goal of assisting older persons in leading independent lives and avoiding unnecessary institutionalization. The four priority services are: transportation, in-home care, legal and other counseling services, and residential repair and renovation programs.

Indeed, one can do no better in demonstrating the recognized need for legal services for the elderly than to note recent statement of understanding between the Administration and the Legal Services Corporation. A copy is attached.

and Objectives: This proposal encompasses two broad goals. They are, 1) To expand the understanding of persons of their legal rights and responsibilities, 2) To provide individual legal assistance, in the form of legal representation, negotiation on behalf of the client, drafting of legal documents, administrative and legislative representation and public education. To fulfill these goals the program will meet the following specific objectives:

- (a) Develop and implement a plan and materials to sensitize and train outreach workers from area agencies aiding low-income elderly people to spot legal issues and act as basic legal referral sources for elderly people. Attempt to reach all agencies primarily serving the elderly poor and a substantial number of other agencies.
- (b) Provide direct education to low income elderly through a community discussion and lecture series and by the preparation and distribution of printed materials on legal rights and responsibilities, to reach at least 300 people per month.
- (c) Provide direct client legal assistance, in areas such as evictions, suits against stores for wrongful repossession of goods sold, suits for recovery of payment made on unfair consumer contracts, suits against State or Federal Agencies regarding eligibility for governmental benefits such as food stamps, public assistance, public housing, social security, medicaid, and personal legal matters, including legal representation when infirmity or death occurs, contesting an involuntary commitment to a mental institution of an elderly person who is not dangerous and could live more appropriately at home or in a nursing home, and a myriad of other civil, non-fee-generating civil legal assistance matters, for 50 elderly individuals per month.

D. Methodology: Serving the legal needs of the elderly requires the development of effective methods to reach them, to educate them, to help them develop confidence in the legal system, and a great deal of understanding and patience on behalf of the providers. Outreach will be a priority of the program, such that those senior citizens "off the main highway" of total participation in society will receive concerted attention from the outreach effort. The two Paralegals will primarily seek out those in need by regularly scheduled visits to places where the elderly are likely to be found, such as hot meal sites and the like. Indeed, as time permits, they will even attempt some door-to-door activity. The staff attorney will provide the individual representation of clients. The project will be significantly augmented by existing resources of LSGMI. The project supervisor, Leonard Helfand, has directed the Senior Citizens Law Center for many years and he and his staff have vast experience in providing high quality legal assistance to the elderly. The Community Education unit of LSGMI will be utilized to help in the efforts to educate senior citizens. Finally, the specialized units of LSGMI (i.e., housing, public benefits, etc.) will be available to assist and train the elderly staff.

### III. BUDGET INFORMATION

#### A. Budget Summary

Complete the summary using the categories appropriate to your budget. This should reflect your total budget, not just the Federal funds being requested.

<u>COST CATEGORY</u>	<u>TOTAL PROJECT COST</u>
Salaries	50,084
Fringe Benefits	6,010
Building Space	5,000
Communications & Utilities	1,428
Printing & Supplies	975
Contract & Consultant Services	650
Travel	700
Equipment	2,500
Raw Food	-
Other Operating Expenses*	1,600
<u>Total Expenses</u>	<u>\$68,947</u>

\*Other operating expenses include:

a. Insurance, including malpractice, liability, theft, etc. . . . .	\$ 350.00
b. Law Books & Periodicals . . . . .	300.00
c. Court costs for clients . . . . .	500.00
d. Printing (Legal Education Materials). . . . .	550.00
TOTAL	\$1,600.00

## B. Personnel

List the working title of all personnel to be paid out of this project budget. Do not include fringe benefits.

<u>Position Title</u>	<u>Salary Per Month at 100%</u>	<u>Annual Salary</u>	<u>Percentage of Time Administrative/Social Service</u>
Staff Attorney	1,250	15,000	ALL SERVICE
Paralegal	794	9,528	ALL SERVICE
Paralegal	794	9,528	ALL SERVICE
Secretary	751	9,008	ALL SERVICE
Receptionist	585	7,020	ALL SERVICE
<b>Total Personnel Costs</b>		<b>50,084</b>	

## C. Equipment

Complete if the total amount of equipment anticipated for the project exceeds \$2,000.00.

<u>Description of Equipment</u>	<u>Number Of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
IBM Executive Typewriter	2	720	1440
Lanier Dictation Units	2	340	680
Miscellaneous used desks, chairs, etc.	-	-	380
<b>Total Equipment Costs</b>			<b>2500</b>

## STATEMENT OF UNDERSTANDING

between

THE ADMINISTRATION ON AGING

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

and

THE LEGAL SERVICES CORPORATION

The need for legal services among persons who are elderly is becoming increasingly apparent. While older persons have the same legal problems as any other age group -- housing and consumer matters, for example -- they also have unique problems associated with their age, such as discrimination in employment, pensions, nursing homes and home health care, and an increasing reliance on public benefits. In addition, the relative lack of mobility of many older persons often causes difficulty in gaining access to legal services, even when they are available.

Congress has assigned responsibility for providing older persons access to legal assistance to both the Legal Services Corporation and the Administration on Aging. The Legal Services Corporation Act of 1974 authorizes the Corporation to provide financial support for legal assistance in noncriminal proceedings or matters to persons financially unable to afford such assistance. This group includes a substantial number of elderly people. The 1975 amendments to the Older Americans Act designated legal services as one of four priority services to be provided older persons through funds available to state and area aging agencies under Title III of that Act.

Because local legal services programs, in their efforts to deliver services to the elderly, confront particular problems of outreach, education, and transportation, and because the aging network is particularly suited to alleviating such problems, cooperation at the local level can lead to expanded services to the elderly. In many communities, where lack of funding limits local legal services programs to the general practice of law, the availability of resources under the Older Americans Act can make possible specialized services for the elderly. The participation of local legal services program personnel in the activities of the aging network, including education of older persons about their legal problems and training and technical assistance to network personnel working with older persons, can increase access to legal services for the elderly.

The purpose of this agreement is to promote such cooperative working relationships between the Administration on Aging and the Legal Services Corporation, and more importantly to encourage those relationships between LSC funded legal services programs and AoA funded projects and agencies at the state and local level, to maximize the capacity of both to provide access to legal services for the elderly, and to use their combined influence to encourage greater participation in such efforts by the private bar and by law schools. To realize that goal, the Administration on Aging and the Legal Services Corporation are committed to the following objectives:

1. To expand the awareness by legal personnel of the legal concerns and problems facing older persons;
2. To expand the understanding by older persons of their legal rights;
3. To increase the number of legal personnel trained to serve and working on behalf of the elderly of the nation; and

4. To improve the access of older persons to existing legal services and to increase the number of communities in which such services are available.

OBJECTIVE ONE: To expand the awareness by legal personnel of the legal concerns and problems facing older persons today.

In order to promote the achievement of this objective, the Administration on Aging will: (1) prepare a report on the social and legal problems facing older persons for distribution to law schools, legal organizations, legal services programs and legal journals; (2) encourage the inclusion of the legal concerns for older persons issue in national, regional and State legal conferences; (3) sponsor the drafting of suggested curricula materials relating to older persons for use in legal training programs; (4) encourage State and Area Agencies on Aging to be in contact with state and local bar associations and with legal services programs to discuss the legal problems of older persons and to explore ways in which the bar associations, legal services programs, and the National Network on Aging can cooperate to expand legal services to the elderly; (5) make available to law schools, legal organizations and legal services programs materials developed by legal services model project grantees; (6) sponsor the conduct of national and regional workshops on legal-social issues and the elderly; and (7) other activities which are appropriate to the achievement of this objective.

The Legal Services Corporation will: (1) make available the National Clearinghouse for Legal Services for the dissemination of materials prepared by the Administration on Aging and its grantees; (2) provide technical assistance to the Administration on Aging in the preparation of materials and in the conduct of workshops and conferences on the legal needs of the elderly; (3) encourage participation in such workshops and conferences by legal services program personnel; (4) directly or through the programs it funds, develop materials on substantive areas of the law affecting the elderly poor, and make such materials available to any program providing legal services to the elderly poor; (5) encourage local legal services programs to take steps to include among client members of their boards of directors older persons or representatives of the network on aging; and (6) other activities appropriate to the achievement of this objective.

OBJECTIVE TWO: To expand the understanding by older persons of their legal rights.

In order to promote the achievement of this objective, the Administration on Aging will: (1) develop, and encourage to be developed at the State and local level, a public education program designed to expand the awareness by older persons of their legal rights; (2) encourage national organizations on aging to disseminate information concerning the legal rights of older persons; (3) encourage State and Area Agencies on Aging to finance education programs on the legal rights of older persons with the resources

available under Title III and Title VII of the Older Americans Act; and (4) other activities which are appropriate to the achievement of this objective.

The Legal Services Corporation will: (1) encourage legal services programs to publicize the availability of legal services, through posters, pamphlets, newsletters, and other means, in senior citizens centers, nutrition sites, and areas where the elderly live; (2) encourage legal services programs to make regular visits to nutrition sites, senior citizens centers, elderly housing projects, and other places where older persons congregate, to explain their legal rights and remedies; (3) work with the Administration on Aging in the development of community education materials directly related to the legal problems of the elderly; (4) to the extent that resources are available, encourage legal services programs to provide information and technical assistance, where appropriate, to local aging agencies and programs serving the elderly; (5) disseminate the Legal Services Corporation newsletter to state and area aging agencies; (6) make available the services of the National Clearinghouse for Legal Services to state and area aging agencies; and (7) other activities appropriate to the achievement of this objective.

OBJECTIVE THREE: To increase the number of legal personnel trained to serve and working on behalf of the elderly of the nation.

In order to promote the achievement of this objective, the Administration on Aging will: (1) develop suggested curricula materials on legal services



to the elderly for use in legal training programs; (2) obtain base line data on the number of legal and paralegal personnel trained and working on behalf of the elderly; (3) identify legal services as a priority for the use of Title IV-A training funds; (4) expand the number of community service advisers, paralegals, and attorneys trained to serve the elderly; (5) continue and improve technical assistance to programs which are training legal personnel on legal problems of the elderly; and (6) other activities which are appropriate to the achievement of this objective.

The Legal Services Corporation will: (1) provide training to legal services program attorneys and paralegals on substantive areas of the law that affect the elderly; (2) utilize materials prepared by the Administration on Aging model projects and training grantees, as appropriate, for training of legal services program personnel; (3) encourage participation by legal services program personnel in state and local training programs funded under the Older Americans Act; (4) explore with the Administration on Aging the possibility of joint training activities at a regional level; (5) work with the law school clinics funded by the Administration on Aging to assure that students trained in serving the elderly are aware of employment possibilities in legal services programs and encourage local legal services programs to recruit personnel with such clinical experience; and (6) other activities appropriate to the achievement of this objective.

OBJECTIVE FOUR: To improve the access of older persons to existing legal services and to increase the number of communities in which such services are available.

In order to promote the achievement of this objective, the Administration on Aging will: (1) develop model program materials on legal services to the elderly; (2) expand the availability of technical assistance on problems of older persons to legal services programs at the State and local levels; (3) encourage State and Area Agencies on Aging to utilize Older Americans Act resources to stimulate the expansion of legal services for the elderly, awarding funds to existing legal services programs whenever possible; (4) encourage State and Area Aging Agencies to utilize existing outreach and transportation capabilities and resources available under Title III and Title VII of the Older Americans Act to enable older persons with legal problems to utilize legal services programs; (5) make available Title IV-A funds to train, and encourage State and Area Agencies on Aging to train social service, outreach, I&R and nutrition project personnel to identify and refer older persons experiencing legal problems; (6) disseminate to State and Area Agencies on Aging, legal services programs, bar associations and law schools materials which identify sources of funds for developing legal services to the elderly; (7) issue policies and guidelines for operation of legal services to the aging to the National Network on Aging; (8) inventory State and Area Aging Agencies to determine the extent to which they are funding legal services activities and the nature

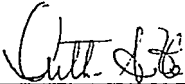
of those activities; and (9) other activities which are appropriate to the achievement of this objective.

The Legal Services Corporation will: (1) establish a Project Reporting System that will yield data for each legal services program funded by the Corporation on the number of elderly clients served and the nature of the services provided; (2) inventory legal services programs funded by the Corporation to determine the extent to which they are working with the aging network, and to identify any specialized activities for older persons within existing legal services programs; (3) if the Project Reporting System and the inventory suggest that a program is seriously underserving the elderly poor, investigate the cause and assure that affirmative steps are taken as necessary to correct the imbalance; (4) work with the legal services development specialist program of the Administration on Aging at both the national and the state level to expand legal services accessible to older persons; (5) as part of the delivery system study, provide funds to test alternative models for delivering legal services to the elderly poor, particularly in rural areas; (6) subject to available funding, increase the capacity of existing legal services programs to serve all eligible clients, including those who are elderly; (7) subject to available funding, create new legal services programs in areas where none now exist to serve eligible clients, including those who are elderly; (8) encourage the development of local agreements between legal services programs and area aging agencies; and (9) other activities appropriate to the achievement of this objective.

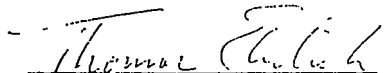
In implementing each of the objectives listed above, the Administration on Aging and the Legal Services Corporation will consider joint activities, wherever feasible, to avoid duplication of efforts and to maximize the effective use of the resources of each organization.

The Commissioner on Aging and the President of the Legal Services Corporation will designate each a staff person to ensure that this agreement is properly implemented. One year following the signing of this agreement, the Administration on Aging and the Legal Services Corporation will prepare a report summarizing the specific progress made and obstacles confronted in implementing this agreement. The report will be disseminated to the aging network, Administration on Aging grantees, recipients of Legal Services Corporation funds, and other interested individuals and organizations, including appropriate Members of Congress and Congressional Committees.

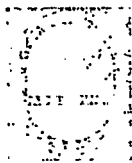
Signed in Washington, D.C., on January 18, 1977



Arthur S. Flemming  
Commissioner  
Administration on Aging  
U. S. Department of Health,  
Education and Welfare



Thomas Ehrlich  
President  
Legal Services Corporation  
Washington, D.C.



FREEDOM OF INFORMATION ACT

ELDERLY SERVICES DIVISION  
140 West Flagler Street  
16th Floor  
Miami, Florida 33130  
TEL: 579-5335

DEPARTMENT OF HUMAN RESOURCES

May 20, 1977

Mr. Howard Abbey  
Executive Director  
Area-Wide Agency on Aging  
for Dade and Monroe Counties  
955 S.W. 2nd Avenue  
Miami, Florida 33130

*Howard*  
Dear Mr. Abbey:

It has come to my attention that Legal Services of Greater Miami, Inc. has submitted an application for Title III funding to provide legal services to elderly poor in the Greater Miami area.

In reviewing their application and its request for 1 staff attorney and 2 paralegals, it would appear that the objective in Section I.1 of serving 50 unduplicated clients a month, is conservative. Since direct services is a priority, I feel that an adjustment, raising that number to 100, would give their proposal greater merit.

We all recognize that the elderly poor are often so isolated that they are not aware of available services. The Legal Services' proposed training of existing social service outreach workers, in addition to the group education effort, would be an asset to the current legal services efforts.

Sincerely,

Frances Kramer, Director  
Elderly Services Division

FK:mdb  
cc: Peter Sigel

# DADE COUNTY COUNCIL for SENIOR CITIZENS, Inc.

(A Non-Profit Organization)

1370 WASHINGTON AVENUE • ROOM 307 • MIAMI BEACH, FLORIDA 33139

Phones 531-2012

531-3630

dent  
MAX SERCHUK  
8024 Tatem Waterway Drive  
Miami Beach, Florida 33141

June 3, 1977

1 Vice-President  
ESTHER WILLIAMS  
1258 Marsella Drive  
Miami Beach, Florida 33141

Mr. Howard Abbey

1d Vice-President  
ROSE LUKOFF  
2731 S.W. 29th Avenue  
Miami, Florida 33133

Areawide Agency on Aging  
955 S.W. 2nd Avenue  
Miami, Florida

1ary  
SOPHIA B. SHAPIRO  
735-85th Street  
Miami Beach, Florida 33141

Dear Mr. Abbey,

1111er  
LEON APRIL  
1591 N.E. Miami Gardens Drive  
N. Miami Beach, Florida 33162

I am writing to urge that the proposed project for Legal Services for Senior Citizens in Miami to supplement the Miami Beach office be approved.

1 of Directors  
HARRY BUSH  
SAM GERMANSKY  
GOLDINE GILMAN  
DAVID ISRAEL  
AL ROSENBERG  
MAX SHLAFROCK  
VELMA SCHUKRAFT  
MAE WOOD

We are in full support of this program as it currently functions for the benefit of the elderly on Miami Beach and feel that these much needed services be made more available to additional elderly poor including the Spanish and Black elderly.

108  
LEONIE ROBBINS  
AUGUSTA SILVERLATT  
WILLIAM TATELBAUM  
NINA WYRDB

We particularly like the emphasis on outreach and legal education which can greatly assist the elderly in coping with their environment and maintaining their independence.

Thank you for your attention to this very important and worthwhile proposal.

Very truly yours

*Max Serchuk*  
MAX SERCHUK, President

c.c. William R. Sutton, Chairman

AREA AGENCY ON AGING  
FOR DADE AND MONROE COUNTIES

ADVISORY COUNCIL CONCEPT PAPER REVIEW FORM

AGENCY: Legal Services of Greater Miami EXECUTIVE: Peter M. Siegel  
 OLDER AMERICAN'S ACT TITLE: III  
 STAFF REVIEWER: Vanessa Cambridge DATE OF REVIEW: 5/24/77 PANEL #:  
 TOTAL BUDGET: \$68,947  
 FEDERAL FUNDS REQUESTED: \$62,052 90%  
 LOCAL MATCH: \$6,895 10% SOURCE:

PROGRAM DESCRIPTION:

A legal service agency providing legal services and education to 50 and 300 unduplicated persons, respectively 60 years of age and over.

BUDGET DESCRIPTION:

Salaries	50,084	Average unit of service cost 177.29. This amount is higher than the range of legal aid unit of service cost in the State of Florida.
Fringe Benefits	6,010	
Building Space	5,000	
Comm. and Utilities	1,428	
Contract & Consultant	650	
Travel	700	
Equipment	2,500	
Other (insurance, court costs, etc.)	1,600	
Printing & Supplies	975	
Total	<u>68,947</u>	

STAFF RECOMMENDATIONS: The Area Agency needs assessment does not rank legal aid as a high priority. However, it is a Federal priority service category. According to professionals in elderly social services, the program for the requested allocation should be able to serve more clients. In Dade County there is an identifiable elderly legal aid network with great potential if linked in a coordinated effort.

ADVISORY COUNCIL RECOMMENDATIONS:

*Actual source cost = 600 clients @ \$114.91 (Total program) or \$103,426 on federal funds salary.*



Areawide Agency on Aging  
for Dade and Monroe Counties

Post Office Box 010790, Miami, Florida 33101 • 305/854-8311

June 10, 1977

Mr. Peter M. Siegel  
Legal Services of Greater Miami  
P. O. Box 47000  
North Miami, Florida 33147

Dear Mr. Siegel:

We regret to inform you that your request for Title III funding has not been approved.

By vote of our Advisory Council on June 8, decisions regarding funding allocations were made based on certain criteria. Since the amount of funding was limited, the decision not to fund your particular program does not reflect on the merit of your concept. It is rather an indication that other priorities received a higher overall ranking.

Our funding cycle runs from October 1, 1977 through September 30, 1978. We would be happy to consider your future proposals next fiscal year.

Sincerely,

Howard Abbey  
Director

HA/bfh



## LEGAL SERVICES OF GREATER MIAMI, INC.



TELEPHONE  
(305) 638-6666

NEIL CHORIN  
President  
SUE ROSE SAMUELS  
1st Vice President  
EUFALA FRAZIER  
2nd Vice President  
DARRELL DAVIE  
Secretary  
JOSEPH SEGOR  
Treasurer  
PETER M. SIEGEL  
Acting Executive Director

NORTHSIDE SHOPPING CENTER  
N.W. 27th AVE. & 79th STREET  
P.O. BOX 47000 N  
MIAMI, FLORIDA 33147

June 13, 1977

Mr. William R. Sutton  
Chairman, Advisory Council  
Areawide Agency on Aging  
c/o Dade County Welfare Department  
1425 N. W. 10th Avenue  
Miami, Florida

RE: Application of Legal Services of Greater Miami for  
Title III Funding

Dear Mr. Sutton:

Enclosed is an unsigned copy of a letter I received from Mr. Howard Abbey indicating that the Advisory Council, on June 8, had decided not to approve our application for funding.

I was present for the entire meeting on June 8, and do not recall the Advisory Council ever reaching, let alone making decisions, concerning our application. Nor for that matter did the Advisory Council make any final decisions concerning either the new applications which staff recommended for funding, which staff made no recommendation upon, or staff recommended not be funded. Frankly, I find the whole process somewhat strange. First our application is recommended for funding by staff. That recommendation is consistent with national priorities for Title III funds and consistent with staff's recommendation to fund a Title III Legal Services Project in Monroe County. Next, someone, at the last moment, overrules the staff recommendation and eliminates the recommendation. At the same time, apparently in order to justify the reversal of the recommendation, a totally inaccurate unit cost is indicated. Finally, although the Advisory Council has made no decision concerning our proposal, we receive a letter from Mr. Abbey, indicating that the Council has decided not to fund our proposal.

After noting the way staff recommendation can be overruled, after observing the Advisory Council meeting on June 8, and after

THE PURPOSE OF THIS PROGRAM IS TO PROVIDE LEGAL ASSISTANCE TO PERSONS  
WHO ARE WITHOUT ADEQUATE MEANS TO EMPLOY OTHER COUNSEL

Mr. William R. Sutton  
June 13, 1977  
Page Two

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receiving Mr. Abbey's letter of June 10, it seems fair to request that the Advisory Council or its Executive Committee consider our application, and probably the other applications, on their individual merits. The Advisory Council might want to ask staff the justification for making a recommendation of approval and who caused its reversal. Representatives of our agency would be glad to appear to answer any questions you or the other members of the Council might have. We at Legal Services of Greater Miami have only one question; who makes the decision, Howard Abbey or the Advisory Council?

Thank you for your attention to this matter.

Sincerely yours,



PETER M. SIEGEL  
Executive Director

PMS:dp

Enclosure



## United Way

955 SOUTHWEST SECOND AVENUE / MIAMI, FLORIDA 33130/305-854-8311

June 22, 1977

Mr. Leonard Helfand, Managing Attorney  
 Legal Services Senior Citizens Center  
 833 6 Street  
 Miami Beach, Florida 33139

Dear Leonard:

I was shown your letter of June 9, 1977 to Mr. Leonard Batz, President of Senior Centers, Inc. Please note the correct spelling of his surname.

Although your letter was apparently drafted to Mr. Batz on a personal basis, there were several statements in the letter that reflect upon the staff of the Area Agency on Aging that should not go unchallenged. Your statement that the Area Agency staff ignores answers to questions relative to the Legal Services application is incorrect to say the least. The question as to why a staff recommendation was deleted from the master copy should be answered in light of staff's responsibility in communicating to the Advisory Council. When the concept paper idea was developed, it was staff's intent to indicate whether or not proposals were fundable with respect to basic Title III guidelines. It was not staff's duty at that juncture to recommend or deny any application. Recognizing that an error was made prior to submission, the statement of recommendation with respect to legal services was appropriately deleted.

Your concern with respect to the staff's interpretation of summary program service data can be answered specifically by Mr. Abbey. I heard his explanation to the Executive Committee of the Area Agency and perhaps he should produce that explanation in writing and forward you a copy. His response would indicate that his staff analysis was correct and differs substantially from your interpretation of his analysis as outlined in your letter.

*The leadership of the United Way of Dade County for 1977 include:* Chairman of the Board: DON SHOLTSAKER • President: MULLY S. RUBEN • Vice President and Campaign Chairman: STEWART P. THOMAS • Vice President, Agency Operations: LOUIS FISCHER • Vice President, Planning Division: MARSHALL S. HARRIS • Secretary: MRS. THOMAS C. WASKRUT • Treasurer: I. AUTREY • Public Information Committee: RICHARD F. WOLFSON, WILSON GRIFFITH • Executive Director: VITO C. BIGNLIO

June 27, 1977

Alvin E. Guilford,  
Senior Manager  
Planning and Allocations Division  
United Way  
955 Southwest Second Avenue  
Miami, Florida 33130

Dear Mr. Guilford:

Leonard Helfand has shown me your letter of June 22, 1977, replying to his letter of June 9, 1977, to Mr. Leonard Batz, President of Senior Centers, Inc. Since we seem to be playing "ring around the rosie" I decided to take the liberty of responding to it.

Frankly, I find your defense of the Areawide Agency Staff less than convincing. Mr. Helfand and I attended the full meeting of the Advisory Council on June 8. At that time various members of the council raised a myriad of questions concerning many of the proposals, not just the proposal from Legal Services of Greater Miami, Inc. Mr. Abbey failed to answer almost all of those questions. Indeed, it was his failure to have available information which the Advisory Council considered relevant which resulted in the necessity of the Executive Committee Meeting on June 20 to review most of the proposals again. Disdain might be the best way to characterize his responses. But your attempt to gloss over the deletion of the staff recommendation for funding is the most fascinating of all. It simply does not hold water. The English language is reasonably precise. A recommendation to fund, or not to fund, is quite different from indicating that a proposal is "fundable." In almost all cases staff recommendations involved not only the question of fundability but also the questions of whether staff recommended actual funding to the Advisory Council.

To indicate that Mr. Abbey's analysis of program service data is accurate is to mislead no one. The Concept Paper

Alvin E. Guilford  
June 27, 1977  
Page Two

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calls for projecting service caseloads on a monthly basis. Yet, in order to arrive at a service unit cost, the monthly figures were not multiplied by twelve. I would indeed like to hear Mr. Abbey's explanation.

It is also interesting that although Mr. Abbey could send a letter dated June 10, 1977, indicating that the Advisory Council on June 8 had decided not to fund our proposal, when in fact the Advisory Council had not even considered the proposal, it has not yet been possible for Mr. Abbey to send us a letter informing us of the decision of the Executive Committee, which met on June 20.

You can be assured that Legal Services of Greater Miami, Inc., on behalf of the many low-income and minority elderly, will begin to subject the Areawide Agency to the public scrutiny it demands.

Sincerely yours,

PETER M. SIEGEL  
Executive Director

PMS:dp

cc: Leonard Helfand, Esquire  
Mr. William R. Sutton  
Mr. Max Rothman

Recipients of AFDC/SSI

Persons receiving cash assistance under the Aid to families with Dependent Children and Supplemental Security Income programs were the target groups most frequently specified as being eligible for receipt of services or assistance in the programs the Commission studied.

Under the medicaid program, eligible persons must recipients of Aid to Families with Dependent Children or Supplemental Security Income or, in States that choose to have a medically needy program, meet the income requirements of the State (§ 1902 (a) (10)).

The Title XV Social Services program (P.L. 93-647) also focusses receipt of services on persons eligible for or receiving Aid to Families with Dependent Children or Supplemental Security Income. Although the Title XX program allows States to establish the income levels they will set for receipt of services, the legislation also makes persons who are recipients of AFDC or SSI and their dependents, eligible for services on the basis of their receipt of cash assistance "Section 2002 (a) (5) and (6)", (P.L. 93-647) and contains a provision that at least 50 % of the federal funds made available to the States for Title XX Services must be spent for services for persons who are eligible for or receiving AFDC, SSI, or Medicaid. (Section 2002 (a) (4)). The Title XX program also requires that each State provide in its plan for at least three services to SSI recipients (Section 20004 (2) (B)). (P.L. 93-647)

Mr. Helfand

-2-


June 22, 1977

You also inquired of Mr. Batz, as to why Legal Services was not notified to attend the "Public Hearing" to defend their proposal. The meeting during which the concept papers were reviewed did not constitute a public hearing in the sense of the annual required public hearing that was recently completed. The meeting in question was the regularly scheduled Advisory Council meeting which is open to any person who wishes to attend. However, the system was not designed to submit open invitations to applicants to discuss their proposals. Recognizing this, Legal Services was not excluded.

Finally, your concerns as to why Legal Services in Monroe County was considered as fundable can be simply answered by stating that it is our assessment that the program in Monroe County now operates with only one attorney. There was some feeling that to add an additional attorney to specialize in legal services to the elderly in the entire Monroe County area including the Lower, Middle and Upper Keys would be appropriate. This assessment is based upon the fact that resources in that County are limited and that the legal service agency does not have the advantages of supplemental funding as outlined by the Director of Legal Services of Dade County during his presentation to the Executive Committee on June 20. I am sure you recognize that no voluntary body makes funding decisions on the basis of equity county by county. To assume that a favorable response to a Monroe County proposal necessarily justifies the same response in Dade County is ludicrous to say the least.

Again, this letter is not designed to respond on behalf of Leonard Batz either as an individual or as a representative of the Advisory Council of the Area Agency on Aging. We do go on record, however, of maintaining the option to respond to critical statements of staff whenever the need arises. This letter should be considered in light of that philosophy.

Very truly yours,

  
Alvin E. Guilford  
Senior Manager  
Planning and Allocations Division

AEG/jtn

DATE : November 14, 1977

TO : Eileen Bradley, Director of  
Age Discrimination Study  
U.S. Commission on Civil Rights

FROM : Sally Kornegay

SUBJECT : Miami Florida Hearing, Exhibit follow-up telephone  
conversation with Frank Nicholson.

Frank Nicholson, Regional Director, Office on Aging, called today. He had been in contact with Bentley Lipscomb of the Florida State Aging concerning the Legal Services grant application to the area Agency on Aging in Miami. The state has not submitted a statement yet, but he had encouraged them to do so this week.

Mr. Nicholson pointed out that the area agency had approved a grant for legal services in Monroe County where there was no other source of the service. The grant for Dade County had been turned down. The state agency has not specified the grounds for the rejection yet. Mr. Nicholson pointed out that regulations prohibited area agencies from using Title III funds for services which have some other source of funding.



UNITED STATES COMMISSION ON CIVIL RIGHTS

AGE DISCRIMINATION STUDY  
1730 K STREET, N.W., SUITE 214  
WASHINGTON, D.C. 20425  
TELEPHONE (202) 634-7138

DATE: December 6, 1977

REPLY TO  
ATTN OF: L. W.

SUBJECT: Miami Hearing Follow-up on Exhibits

TO: Eileen Bradley

Mr. Siegal submitted exhibit 34 and did not include any recommendations with his submission.

*Exhibit No. 36*

TESTIMONY OF DR. PETER MASIKO, JR., PRESIDENT  
MIAMI-DADE COMMUNITY COLLEGE  
TO THE  
U. S. CIVIL RIGHTS COMMISSION PUBLIC HEARING  
Miami, Florida  
August 23, 1977

I am Peter Masiko, Jr., President of Miami-Dade Community College. Miami-Dade Community College is a publicly-supported two-year college which serves the populous metropolitan Dade County community. I have been the chief executive officer of the institution since 1962.

Miami-Dade is one of 28 community colleges in the Florida system of community colleges, with central administrative headquarters in Tallahassee. The College operates under the policies established by a local District Board of Trustees.

The College is comprised of four campuses, six special centers, and provides educational programs in over 300 locations throughout the Greater Miami area. This includes such places as hospitals, correctional institutions, recreational centers, condominiums, community schools, migrant camps, Indian reservations, Cuban community centers, industrial plants, etc. I have a map which graphically displays the outreach efforts of the College and this map is included as an appendix to this presentation.

I am particularly proud of the prestigious national reputation that the College has gained. This has occurred over the years because of the ability of the faculty to design a great variety of educational programs that have been able to meet the needs of the citizens in Miami. The multiplicity of educational programs, courses, seminars, conferences, and other specialized activities contribute to ranking this college as one of the nation's largest, and I must say in all modesty, one of the most successful. The College offers 38 university-parallel transfer programs in an Associate in Arts Degree area; 54 two-year terminal occupational programs; and 34 less-than-two-year certificate programs. Thirty-eight thousand (38,000) students are enrolled in credit programs and 16,000 in non-credit continuing education programs, for a total enrollment of 54,000 individuals partaking of the educational

opportunities available at Miami-Dade.

As I understand it, it is part of the United States Commission on Civil Rights' responsibility to determine where unreasonable age discrimination exists. At our particular college, I believe the evidence is overwhelming to demonstrate not only that age discrimination does not exist, but that the College has made, over the years, a conscientious and dedicated effort to make certain that age discrimination is not a factor in any relationship that exists between students and the College.

The College has 12 specific goals which were approved many years ago. These goals are taken seriously and, while I do not have time to focus on all of them, I would like to relate one that is particularly important to the topic at hand. The goal is: "To recruit actively students from all segments of the community and to minimize barriers to admission." I believe the College has an exemplary record in fulfilling that goal, particularly as it relates to the elderly. First of all, you should understand the admissions policy of the College. The doors of the institution are literally open to anyone who desires to take advantage of the educational opportunities provided. It is, in simple terms, an "open door" admissions policy. Students are welcome at Miami-Dade regardless of race, creed, color, age, or previous academic experience.

Dade County, in Florida, with Miami as its county seat, has one of the nation's largest concentrations of older people. More than 225,000 residents of the county are 65 years of age or older -- about 15% of the total population. While it would be impossible to list all of the various programs and activities that have served the elderly, I would at least like to highlight some of the specific programs that have been designed to further the life expectations, hopes, and ambitions of our senior citizens.

A. Project Elderly: Two years ago, Miami-Dade received a grant for \$100,000 from the Edna McConnell Clark Foundation to explore ways of meeting the educational needs of the older people in metropolitan Miami. The program, called "Project Elderly", had two specific objectives:

1. To survey the Miami job market and determine the kinds of jobs that might be available to older people; and
2. To design a model training program that would prepare older workers to assume the available jobs.

The job market survey yielded two significant findings:

1. Most of the employment opportunities available to older people in the area were in sales, bookkeeping, and clerical work; and
2. An overwhelming majority of the older people interviewed said they were more interested in courses that would enrich their retirement years than in courses designed to prepare them for jobs.

As a result of these findings, Miami-Dade set up a job development and placement program for older people interested in employment, but decided not to develop a model training program. Instead, it established a special program of credit and non-credit courses to meet the need for self-enrichment. A final report from "Project Elderly" is included in the appendix to this report.

- B. The Foster Grandparent Program: Eighteen (18) adults ranging in age from 65 to 83 attended the South Campus of Miami-Dade during the 1974-1975 and 1975-1976 school years. They were registered in the Division of Learning Support Services in the basic skills of reading, writing, and math. These adults were functionally illiterate when they registered at Miami-Dade Community College. After two years of individualized instruction, each of these adults has advanced at different levels of proficiency in the basic skills area. Each of these individuals was employed in the Kendall Children's Home and were working with young people who were confined to that facility. We have been most successful in providing special instruction to these adults in order to improve their skills in understanding child growth and in the development of human relations skills. In addition to the special emphasis on reading and writing, craft classes were provided so that these individuals could become more effective in their work with children at the home.

C. Outreach Programs for the Elderly: Current opportunities afforded to the elderly citizens of our service areas are many. The New World Center Campus, located in the heart of downtown Miami, through its Community Services Division, offers the following services to the elderly:

1. cultural activities
2. educational experiences
3. job referral
4. recreational activities
5. physical fitness activities
6. mental health activities

An average of 75 credit courses averaging 25 students each are offered during our regular terms (Fall, Winter, Spring and Summer). Over a college-year period, we provide classes for approximately 5,000 senior citizens. Ninety-eight percent (98%) of these classes are conducted in areas where the elderly live or congregate -- places such as senior citizen centers, hot meal facilities, activities centers, etc.

During the college year 1976-1977, we provided musical concerts and other forms of entertainment to approximately 2,500 senior citizens. Utilizing the recreation rooms, showmobiles and portable stages, we presented community chorus groups, dance bands, rock groups, string orchestras, etc., to our elderly students.

This campus will maintain an office manned by two full-time employees and 11 part-time employees who will work primarily with the development and maintenance of the services to the elderly persons in our community.

These persons are provided through grants from the Comprehensive Employment Training Act and funds provided by this college. One of the full-time persons will coordinate all credit courses, providing recruitment, admission, registration and advisement services. The other full-time person will coordinate

all non-classroom activities that are being provided for the elderly. Each of the part-time employees will be elderly persons who are associated in some way with the existing program for the elderly.

- D. Center for the Continuing Education of Women: The Center for the Continuing Education of Women, an eleven-year-old program of Miami-Dade Community College's Division of Community Services, offers instructional programs, counseling, information and referral services designed for, and open to all adults in Greater Miami.

Nearly 40% of CCEW students are over 55 years of age. They attend the program's non-credit, daytime classes, which are held in off-campus locations such as North Miami Beach, Miami Shores, Coral Gables, Coconut Grove, Brickell Avenue in Downtown Miami, and other suburban residential areas with large concentrations of senior citizens. CCEW classes held on the New World Center Campus are accessible by public transportation to Miami Beach residents.

Non-credit fees are minimal -- \$5.00 to \$18.00 -- allowing older citizens a wide variety of college-level experience in academic, enrichment, and practical subject areas during daytime hours. New state funding procedures will allow CCEW to offer more \$5.00 courses this fall -- a boon to those living on fixed incomes.

Large segments of Dade County's elderly live in condominiums in outlying areas, and CCEW, as well as continuing education departments on all campuses, meets requests for special classes which are held in meeting rooms in these developments.

CCEW also offers Saturday workshops on campus which assist many senior citizens. Subject areas include money management, estate planning and investments, and living alone (for widowed and divorced).

In addition to instructional opportunities, CCEW has ongoing counseling and referral services geared to special needs of mature women and men. Increasing

numbers of displaced homemakers, widows, and other citizens seek our help in meeting psychological, legal, and job training needs through M-DCC and community resources. Information on community needs and resources, as well as liaison with community leaders in business, the volunteer community, education, and communications media is sought and maintained through an elected Community Advisory Council and committees made up of over 100 persons. While the emphasis has been on working with and encouraging older women to return to education, the Center for the Continuing Education of Women has become a vital force for working with adults, both men and women, in assisting them to a more meaningful life. A brochure on the CCEW is appended to this report.

- E. Medical Services: The Medical Center Campus, in its overall educational programs, provides opportunities to many elderly persons as part of their ongoing operation. In addition to this, there are clinical facilities made available to the elderly. In the dental hygiene program, students provide dental service to patients in the dental clinic located at the Medical Center Campus. Again, the patients represent all age groups, but with many falling into the elderly category. In addition to this service, students visit homes of the aged with portable dental carts and provide care for the elderly. The visual care clinic, located at the Medical Center Campus, is available to provide services to all age groups and many of the services provided are provided to the elderly. These patients are examined by a licensed professional with the students filling the role of support personnel.
- F. Stroke Rehabilitation Program: Two years ago, the South Campus started a program for adults who had suffered a stroke. These people were not only physically paralyzed, but also had a tremendous memory loss. The program started with three men and one woman. Ironically, all had been right-handed, and had to be taught to write with their left hands. Because their memory skills were so impaired, they had to start at the pre-first grade level in both reading and math. That first year all four stayed with the program -- second year one

woman and one man were in the program. Since they also had speech impairments, the speech therapist worked with them also.

Today, only the woman is still with us -- she has made a tremendous comeback. The woman remaining in the program can now put sentences together, can write with her left hand and is on a reading and math program. While success is small in terms of numbers, the program is still available to stroke victims who desire to participate.

- G. Financial Aid: Several years ago, the College provided a full waiver of registration fees to any individual over 65 years of age. Because of financial strains on the College, this policy was amended to waive fees for those students who meet the federal criteria at the poverty level. Thus, any student who is in dire financial need can come to Miami-Dade free of cost. Hundreds of senior citizens over the last couple of years have taken advantage of the low-income fee waiver and have enrolled in a great variety of classes which have been offered. In addition to this program that the College has established, the elderly are eligible for all federal programs.
- H. Mature Student Centers: Three out of our four campuses have a facility known as the Mature Student Center. The purpose of this center is to further assist the older student. Located on campus away from heavily trafficked areas, the center offers drop-in services to those in the community who wish to discuss opportunities for creative living through education, volunteering, or employment. The mature student centers also provide a place for which students of like age can meet and can also acquire the assistance of the professional staff of the College.
- I. North Campus Programs: The North Campus of Miami-Dade has a strong commitment towards programs for the elderly. They have offered courses such as Psychology of the Aging; Health, Diet and Nutrition for the Elderly; and Companion Aide to the Elderly. Close to 400 senior citizens participated in these courses.
- The campus has also worked with the American Red Cross training approximately



100 persons as companion aides to the elderly sick. Members of the College staff have also worked with administrators of convalescent and health care facilities in helping them better meet the needs of their residents. A program is currently in the planning stages specifically designed for crime prevention for the elderly.

In conclusion, let me say while I believe the College has made a substantial contribution to the betterment of the lives of many of our senior citizens in Dade County, we by no means intend to stop here. We will continue to find ways in which we can utilize the experience and talents of our elderly citizens (as we have already done in a number of selected areas throughout the College); we will continue to explore ways in which we can provide the right types of learning experiences and educational activities for the elderly; and we will continue to design special programs and activities that will increase the levels of skills of our senior citizens so that they will become even more effective participating members of our society.

I wish to thank the Commission for the opportunity to relate some of the activities that are taking place in our College and, within the resources that are available to the institution, I can assure you that we will continue to work with and in behalf of the elderly so that existing areas of discrimination that might exist in the larger community can be eliminated.

JTK

The following items are also included in this exhibit, and are on file at the U.S. Commission on Civil Rights:

Pamphlets from Miami-Dade Community College detailing courses offered by its Center for Continuing Education of Women and its Allied Health extension courses

Map of Dade County showing locations of off-campus centers offering courses

# PROJECT ELDERLY



FINAL REPORT  
FROM  
PROJECT ELDERLY  
DOWNTOWN CAMPUS  
MIAMI-DADE COMMUNITY COLLEGE

Beginning a new program and giving it meaning and the purpose it deserves can be overwhelming if it were not for the people and groups involved in the program. At its midway point, Project Elderly: Miami Plan, owes thanks to: the College Administration, Senior Centers of Dade County, Inc., and their members, Northside Neighborhood Family Center, and South Shore Community Center. All of these with their interest and enthusiastic support have helped encourage us and keep our enthusiasm high.

RALPH JOHNSON  
PROJECT DIRECTOR

JOSEPH BUTCHNESS  
PROGRAM COORDINATOR

KENNETH HEISE  
RESEARCH COORDINATOR

SYBIL TODD  
SECRETARY



**Downtown Campus Administration:**

William M. Stokes, vice president  
Clint Cooper, Administrative assistant to the vice president  
Bennie Moore, director of Community Services

**District Board of Trustees:**

Mitchell Wolfson, chairman;  
William D. Pawley, Jack Kassewitz,  
Garth Reeves, Dr. Maria Hernandez.  
Dr. Peter Masiko, Jr., M-DCC president

## ACKNOWLEDGMENTS

Without a staff committed to the cause of the aged, we could not have developed a program with the scope and degree of services. We would like to take this opportunity to thank all the staff members for their loyalty and willingness to work.

We would also like to extend a special note of thanks to the members of our Advisory Committee for their concerned support. They were: Mrs. Theodore Gibson, Mr. Luis Lauredo, Mr. Morris Luck, Dr. Jean Jones Perdue, The Rt. Rev. David E. Richards, Mrs. Hilda Ross, Dr. Jack Skigen and Mrs. Fran Kramer.

Finally, a very special note of appreciation for the individuals from the Edna McConnell Clark Foundation whose interest and financial assistance made Project Elderly a reality.

Under a one-year grant from the Edna McConnell Clark Foundation in the amount of \$100,000, Miami-Dade Community College established Project Elderly, a program to serve the older people of Dade County. The main purpose of the grant was to research the job market in Metropolitan Miami to determine the kinds of jobs that might be available to the older worker and to design a model training program to help older workers to assume the available jobs. As the project got under way, we attempted to limit ourselves to the research, but the pressures of community needs and the desire of the staff to serve these needs intruded. Thus, we went beyond the original intention of a research program.

An Advisory Committee was selected early in the project to be representative of community agencies concerned with older persons. Meetings were held periodically to report present status and to explore other avenues of assistance that could be included in the project.

This report includes a discussion of project activities and recommendations as related to the purposes set forth in the proposal. For a thorough discussion of the early activities of the project, see the Interim Report to the Edna McConnell Clark Foundation, November 11, 1975. This report will be outlined in terms of the purposes of the project.

Identify demand for jobs that may be done by the elderly and employ elderly persons as research assistants

An interview survey form was developed to determine types of jobs available and attitudes toward hiring of older persons. Since a major business activity in Dade County is tourism and somewhat seasonal, the survey was conducted in two phases to accommodate these changes. A detailed analysis of data is included in the Interim Report as well as copies of all survey instruments.

Additionally, a survey was developed and mailed to members of the Greater Miami Chamber of Commerce. The purposes of this survey were:

- To introduce Project Elderly to the Greater Miami Chamber of Commerce.
- To determine the extent of employment of elderly (60+).
- To determine if Chamber members were receptive to employing the elderly.
- To determine interest in Project Elderly and receptivity to a more intensive questionnaire.

Eight research assistants, age 55 and over, from varied ethnic and economic backgrounds, were hired on a part-time basis to conduct the interview survey relative to the job market for older people. These research assistants were recruited by means of advertising in The Miami Herald, the largest daily newspaper in Miami. Two part-time persons were also recruited and employed to provide office support for the field workers.

A one-week course covering interview techniques and use of the survey instrument was provided for the eight field research assistants prior to the implementation of the survey. During the initial phases of the survey, the researchers were required to report to the Project Elderly office weekly to discuss survey procedures.

The first part of the job survey was conducted during the summer months of 1975. In total, 1,600 individuals in five areas were interviewed by eight part-time research assistants: criminal justice, health, business, education, and religion, the majority of respondents being in business areas.

The analyses of data revealed that the job market opportunities for older persons fell into the following categories:

Clerical	29%	Managerial	11%
Sales	27%	Service	1%
Professional	19%	Manufacturing	1%

Job counseling and job placement were considered to be a significant factor in an employment program for older persons. The business respondents reflected positive attitudes toward older persons as employees. Survey responses relative to a training model will be discussed in a later section of this report.

The second phase of the survey was conducted from October, 1975 to January, 1976. Four new research assistants were hired to replace those researchers who were no longer available. They too were given training in the use of the survey instruments. In addition to this training, all research assistants received additional training in methods to determine the immediate availability of jobs for older workers within their neighborhoods.

The new research assistants were assigned to census tracts where there was a high concentration of older people. Those researchers who participated in the first survey were assigned to contact the businesses in the first survey to determine the effect of the "winter season" on employment opportunities. Another objective for the second phase of the survey was to identify available jobs within the areas covered by the survey. It was felt that older persons would need jobs that were easily accessible, in their own neighborhoods, to ease the transportation problems often encountered by older persons without private cars.

As expected, there were no significant differences in the attitude about older workers in the two surveys as determined by chi-square analyses. In both the older worker was viewed positively.



In general, the results indicated that the retired older worker would be: more punctual, careful about details, in need of less supervision, apt to stay on the job longer, regular in attendance, less subject to boredom, in little need of training, and more serious about work than the middle-aged or younger worker.

Three types of jobs were identified by the survey as available to the older worker: salesperson, bookkeeper and clerk. There seemed to be little consideration given to the older worker for professional and managerial jobs.

#### Assist in problems of placement and employment

In view of the favorable attitudes of businesses toward the employment of older persons and a reflection of the intent of Phase II of the proposal, it was felt that a job placement and development program should be an integral service of Project Elderly.

To coordinate the job development and job placement service, a retired personnel manager was employed near the completion of the second survey, in December, 1975. He developed forms and procedures for processing job orders, applications and counseling and conducted interviews with prospective workers and with prospective employers. This part of the program was conducted in close cooperation with Project Renew--sponsored by the Manpower Planning Council for the over 55 worker, with Florida State Employment Service, with the Surrogate Parent Program (University of Miami), Florida Grandparents (United Way), Share-A-Home (United Way) and with the Child Abuse Program (Dade County Protective Services.

By the end of June, 1976, Project Elderly served the following:

Job applicants total		202
Referrals	"	80*
Placements	"	17
Active Orders	"	40

\*No data are available on placement through referrals to other agencies.

Project Elderly received approval from the Edna McConnel Clark Foundation to extend the time limit of the project with no additional funds to September 1, 1976. The demand for employment services continued to grow. At the present time the personnel manager has been rehired on a part-time basis to maintain the job development and placement services. Information on services available to older persons takes time to be disseminated, especially in a large urban area.

One finding of this project was that one of the most important keys to a successful employment program is favorable publicity. The Project received positive publicity from the following sources: The Miami Herald, The Miami Shores Chamber of Commerce Newspaper, The North Dade Journal, The North Campus Newsletter, and The Miami-Dade Community College Melting Pot. Through the Information Services Office of the College, arrangements were made for appearances on "Community College Review," sponsored by the College through the courtesy of Channel 7 television station. An appearance was also arranged on "Perspectives," another television program.

To disseminate information about Project Elderly, the staff designed and produced a newsletter and a series of brochures and posters. The

newsletter was sent as a general mailing to participants in the survey and other persons interested in Project Elderly. Posters were placed in public areas of high concentrations of elderly persons. Brochures were distributed by research assistants to businesses, by the staff at speaking engagements, by mail to interested persons and all Miami-Dade students over age 55.

Individuals who were placed in paid jobs through Project Elderly expressed their appreciation to the staff in comments similar to the following:

"Your kindness and continued help will never be forgotten--  
I landed the job at Jordan Marsh and love it!"

Ms. Toby Rich  
Normandy Isle, Miami Beach

"Hard to believe that you people won't quit until you find a suitable job for me. Am very happy to report that I got the job at the insurance company that you referred me to."

Newton D. Roberts  
Miami

"Am greatly enthused over receiving the job with Protective Services Child Abuse Program. Thank you."

Max Mansfield  
Miami Beach

"You have referred me to quite a few job openings and I am surprised at how your organization never gives up. I have now been hired by the Better Business Bureau which was a job you referred me to. Thank you very much."

Max Ettleman  
North Miami

"I can't believe all the things you have done to find me suitable employment. Am happy to report that I was hired for the Project Renew job that you referred me to."

Myra Dreyfuss  
Miami Beach

"Had answered endless newspaper ads and employment service appointments for interviews with no luck. You referred me to quite a few job openings and although I did not make a connection, you never gave up. The last referral worked out fine and I ended up with a full-time permanent job."

Edward A. Riley  
Miami

"Am very happy to have been hired on the job you referred me to--it's part-time and it suits me just fine.!"

Lillian Fein  
Miami Beach

Since other community agencies have large volunteer programs and expressed a desire to provide their own volunteer training, Project Elderly did not establish a volunteer program.

Project Elderly found that it could serve most effectively by acting as a clearing house for those who were interested in volunteering. Referrals were made to the following programs and agencies:

1. The Retired Senior Volunteer Program, United Way
2. Senior School Volunteer Program, Dade County Public Schools
3. "Listen to Children," Dade County Mental Health Association
4. "After School House," City of South Miami
5. Uhuru Alcoholic Treatment Program
6. Operation Re-Entry, City of Miami Beach
7. Comprehensive Health Care Program, University of Miami Medical School
8. "New Moms" Program, Dade County Mental Health Association
9. Miami-Dade Community College Tutorial Program

Project Elderly developed and coordinated a volunteer speakers' bureau to give talks on various topics at senior centers, retirement centers, condominiums, and activities centers. The following is a list of some of the topics:

Yoga	Interior design
Leisure crafts	Literature
Health	Art history
Creative awareness	
Spanish culture	

For the success of this venture we are particularly indebted to:

David Rubin	Juana Garcia
Elsie Kronenfeld	Sherle Middleman
Ackey Harris	Dennis Weyman
Sha Katz	Sylvia Mehler
Pauline Kramer	Bea Johnson

Arrangements were made for representatives from various agencies to appear at senior centers and to describe the activities of the agency.

Agencies that cooperated were:

American Cancer Society  
 Miami Police Department  
 Alcoholics Anonymous  
 Heart Association  
 Mental Health Association  
 Third Century, U.S.A.  
 Legal Services  
 Federal Bureau of Investigation

Approximately 900 persons participated in these activities.

As a part of Project Elderly services, speakers were provided for clubs and community organizations on the subject of aging. Lectures were given at the following locations:

Trinity Episcopal Cathedral  
 Northside Neighborhood Center  
 Senior Centers of Dade County, various locations for monthly meetings of senior center directors

Skylake Synagogue  
 Americana Hotel, meeting of wives of Kiwanians  
 Metropolitan Senior Center  
 Trinity Presbyterian Church  
 Moorings Condominium  
 The Sutton House Woman's Club, Miami  
 Career Development Staff, South Campus, Miami-Dade  
 Miami Jewish Home & Hospital for the Aged  
 James E. Scott Senior Center  
 First Methodist Church of Miami  
 Retired Teachers of Dade County, various locations for meetings  
 Lutheran Medical Center  
 Jack Orr Plaza  
 Marriott Hotel, conference on "Social Attitudes Toward Aging"  
 Sonesta Beach Hotel  
 Retired Painters' Association, Miami Beach  
 Coconut Grove Mental Health for Senior Citizens  
 Key Biscayne, St. Christopher's Retirement Club  
 Workmen's Circle, Normandy Isle  
 Temple Israel, Community Mental Health Day  
 YWCA, National Organization of Women - "Myths on Aging"  
 Medical Center Campus, New Dimensions in Gerontology class  
 Dade County Adult Day Care Center

Approximately 1700 to 2000 persons attended these lectures. In general, the emphasis of these talks was a positive approach to aging. This attitude was well received by the participants.

The staff of Project Elderly has served on the Gerontology Committee of the Dade County Mental Health Association and has cooperated in developing programs that concern older people. Two staff members received awards for outstanding service in the area of gerontology.

Develop curriculum to train elderly for paid and volunteer roles

Based on the results of personal contacts at senior centers and job interviews, it was decided not to develop a model training program. The consensus of opinion of older persons was that:

1. They deserved a rest.
2. They desired self-enrichment courses.

3. Those who needed employment could not spare the time for additional training.
4. Those with skills did not feel the need for further training.

Project Elderly responded to the need for self-enrichment by offering credit and non-credit classes at various centers and on campus. The classes offered were those specifically requested at the centers by the older people. Care also was taken to employ instructors who could develop good rapport with older students. More than 700 credit and non-credit students enrolled in these classes. There were and still are requests for classes to be held at senior centers and also at additional centers, i.e., South Shore Community Center, Metro. Senior Centers of Dade County, and the Impact Program at Jack Orr Plaza.

A list of the classes offered follows:

Yoga	Comparative religion
Astrology	Table-board games
Spanish	Social problems
Ceramics	American literature
Afro-American history	Chorus
Creative movement	Social services and referrals
American history	Typing
Dance	Sewing
Drama	Legal Assistant Program
Nostalgia	

Project Elderly staff members were actively involved in the recruiting and registration of students for these credit and non-credit courses. Registration was done at the centers and an attempt was made to simplify the process, but the enrollees still found registration a burden. Older persons are generally suspicious of paper work and require a great deal of support to complete the necessary forms. The Financial Aid Office developed a brief financial aid form for specific use at the senior centers.

Through Audio-Visual resources Project Elderly personnel developed a slide-tape presentation which points up the positive value of older people

participating in learning and working. A slide-tape program on the Adult Day Care Program is being developed for use at the College and throughout the state to point up the advantages of day care rather than total institutional care.

Additional resources have been made available to older persons. The library, especially at the Downtown Campus, is available to older persons who wish to come in and read the newspapers or periodicals. Each Wednesday at noon, the Lunchtime Lively Arts Program of the Downtown Campus presents a musical or cultural event that is free and open to all members of the community. Many older persons make use of this outstanding recreational resource. It should be noted that this program has been cited by the Governor of the State of Florida for outstanding community service. Additionally, arrangements were made for the senior centers to check out films from the Miami-Dade Community College film library for use at the centers.

As the Edna McConnell Clark Foundation grant is phased out, some activities initiated under this grant are being picked up by other areas of the College. Class offerings and services for older persons continue to be provided through the Outreach Program and employment and placement services are provided on a part-time basis to meet the continuing need for these services.

Project Elderly offered a training program to local agencies to train their volunteers, but this offer was not accepted. However, Project Elderly supported the training given by Dade County Protective Services Division, a program designed to help people become part of a family in which children had previously been abused. Four persons were placed in paid positions with this program.

Training was made available to the administrative personnel of Metropolitan Dade County Senior Centers, Inc. This training grew out of specific



needs of this group and was designed around their questions and concerns.

Training was done in the following areas:

Human Sexuality and the Aging Process  
Death and Life Affirmation  
Leaving Personal Problems at Home  
Coping with the Aging Process

Project Elderly staff participated in designing a training program for law enforcement personnel on the unique situations in which some older persons find themselves. This program is being developed in cooperation with the Criminal Justice Institute of the College, Jackson Memorial Hospital and the Gerontology Committee of the Dade County Mental Health Association. The plan is for this unit of training to become a permanent part of the curriculum for all law enforcement personnel.

Since workshops may also be considered a type of training, several were offered through Project Elderly and other agencies:

"Celebration of Togetherness" was a two-day workshop cosponsored with the Dade County Mental Health Association and attended by approximately 230 persons. The objectives of this workshop were to:

- 1) provide a forum to discuss the multi-cultural makeup of Dade County,
- 2) discuss the problems that occur when groups of various ages, ethnic background social and educational backgrounds live together in a community,
- 3) identify the problems of minority people that arise because they are a minority,
- 4) diminish conflicts through increased sensitivity and understanding.

A more extensive report on this workshop is in the Interim Report.

"The Clergy and the Elderly" was a two-day workshop cosponsored with the Miami Jewish Home and Hospital for the Aged. The purpose of this workshop was to acquaint the clergy of Dade County with some of the needs and problems of the elderly so that they might minister to the elderly in a more effective manner. This workshop was attended by approximately 50 persons from those agencies that serve older persons, but few clergy attended. Persons from the agencies expressed great satisfaction with the workshop and asked for some ongoing program in which they could meet to learn and to exchange ideas and information.

Housing workshops were offered in strategic areas for Blacks, Latins, and aged. These workshops were a result of the combined efforts of:

Community Action Agencies  
 Tenant Education Association of Miami  
 Project Elderly  
 Black Leadership Committee of the Mental Health Association  
 Florida United  
 Encuentro, The University of Miami  
 Cuban and Puerto Rican units of the Community Mental Health Center  
 Spanish-Speaking Committee of the Mental Health Association  
 South Beach Activities Center  
 South Shore Community Center  
 Gerontology Committee of the Mental Health Association

The main purpose of these workshops was to inform the various minority groups about their rights as tenants and the services available to them.

Retirement seminars were sponsored by Project Elderly. A survey was made to determine the needs of those facing retirement (ages 55-64). A series of free seminars were offered covering issues related to health, housing, legal matters, consumer practices, and continuing education. About 800 persons were served by these workshops which were conducted every Saturday for a four-week period.

Staff members of Project Elderly were participants in the following workshops:

Symposium on Aging, University of Miami  
Mental Health for Senior Citizens, Coconut Grove  
Gerontology Session of the Hispanic Conference, Miami Beach  
Understanding the Elderly, workshop for Dade County  
Conference on Aging, Boca Raton  
Conference on Gerontology, Mental Health Association  
Myths of Aging, YWCA  
Workshop on Foster Grandparents, Jackson Memorial Hospital  
Social Attitudes toward the Aged, Nursing Conference, Miami  
Human Services Conference and Workshop, Palm Beach

#### Development of methods for effecting attitude change

As a result of the early survey, it was determined that employers generally held a positive attitude toward employment of older workers. Thus, specific methods for effecting attitude change were not developed.

#### Document the Process

The Time Chart attached as Appendix A shows the activities performed within the time frame.

#### Develop the Model

The attached chart designates the activities conducted through Project Elderly, Appendix B.

#### Evaluation

Staff members of Project Elderly feel that the project has improved the quality of life for elderly persons in Dade County. It is estimated that Project Elderly reached a minimum of 6,000 persons in Dade County,

not counting the television audiences, heretofore not served by Miami-Dade or any other educational institution. Efforts to locate outside funding for a variety of programs related to Project Elderly were unsuccessful, however. At the present time a member of the Development Office staff is on special assignment to the Administration on Aging in Washington as a result of her doctoral research conducted at Dade County Senior Centers and Miami-Dade's continuing interest in serving the elderly. The staff feels that the coordination initiated by Project Elderly with community agencies is an ongoing positive influence in the community. (See Appendix C - Letter from Senior Center Coordinator). Advisory Committee comments are attached as Appendix D.

Needs identified as a result of Project Elderly

The following needs were identified as a result of the total operation of Project Elderly:

Individual Needs

Educational

Self-enrichment and continuing education courses, both credit and non credit.

Courses given through outreach centers for easy accessibility since there is a lack of transportation available.

Instructors and staff members who relate well to the elderly.

Admission, registration and financial aid procedures simplified so as to require a minimum of paper work.

Reevaluations of financial aid eligibility criteria and fee structures for older persons (especially those on social security or pensions).

Costs for course materials be kept to a minimum through handouts, etc.

Courses developed or modified to meet particular needs of elderly, i.e., exercise, consumer practices, drug usage, community resources.

Central sources of information about educational services and instructional resources be made available in the community. There is a definite need for a unifying factor among all agencies dealing with the elderly.

#### Community

Central source for providing and disseminating information about human services available in the community be established.

Employment and placement services at outreach centers be made available with coordination from a central location.

#### Community Agency Needs

Provide employment and placement services, paid and volunteer.

Provide forum or other means of interaction on mutual concerns among members of agencies involved with the care and service to elderly.

Provide additional training in human relations, communications skills, and related subjects for those who work with the elderly through community agencies, paid and volunteer.

Provide expanded volunteer services to community with minimal financial support of volunteers through contributions of travel expenses and/or lunch.

Provide central source for information, referrals, and dissemination of information to elderly in the community.

#### Recommendations

The staff of Project Elderly make the following recommendations:

1. That an ongoing series of forums be established for interested personnel from community agencies working with the elderly, including Miami-Dade Community College.
2. That a central source be established within Dade County to provide and disseminate information to the elderly.
3. That a brochure be developed for Dade County resources similar to the attached brochure (Appendix E ) from the Department of Health, Education and Welfare, "To Find the Way" to be distributed through the senior centers and other community agencies to the elderly. A comprehensive Resource Guide of Dade County resources for elderly was developed in cooperation with Miami Jewish Home and Hospital for the Aged, published in February, 1976, which is available to interested persons.

4. That a two-year training program be developed in gerontology to provide transferability of courses such a program might articulate with state schools which offer a baccalaureate degree in gerontology).
5. That the employment and placement service at Miami-Dade be maintained and expanded as the need dictates, with services provided at outreach centers and coordinated from a central location, with consideration of computer use to match jobs and clients.
6. That credit and non-credit courses be offered to the elderly community on a continuing basis and that information on the availability of courses be widely disseminated.
7. That audio-visual resources continue to be made available to those community agencies working with the elderly.
8. That the Speakers' Bureau be continued in an effort to promote a more positive attitude on aging and to involve community agencies in interaction with the clients they serve.
9. That a liaison person at Miami-Dade be designated to coordinate all Miami-Dade activities relevant to the elderly, such as funding efforts, education and employment activities and articulation with community agencies. The need for a unifying factor for services to the elderly has been identified by agencies, Project Elderly staff and the elderly.
10. That the slide-tape presentation showing the benefits of elderly day care rather than institutional care be completed and made available to Miami-Dade instructors and community agencies as well as interested persons throughout the state.
11. That the police training program on the unique problems of the elderly be completed and incorporated into the ongoing training at the Criminal Justice Institute.
12. That the in-service training of administrative personnel of senior centers be maintained as an ongoing program (see Appendix D for letter of request).
13. That efforts be continued to involve community agencies in providing workshops for elderly and members of agencies that serve elderly.
14. That the pre-retirement series be continued.

Future Implications

The primary responsibility of Miami-Dade Community College is to provide educational and related services. Additional courses were added to the curriculum to be offered to senior citizens through the Downtown Campus Community Services Division. Special emphasis was placed on serving senior citizens at the senior citizen centers in order to avoid the transportation problems that plague the elderly. Efforts will continue and be expanded, as budgetary limits will allow, in these service areas.

Simplified financial aid forms were devised and will continue to be used to enhance enrollment of the elderly. Miami-Dade Community College will continue to work with all the agencies in the community who are responsible for services to and for the elderly. The need for placement and employment services have continued beyond the Project Elderly operational period and, therefore, the former Project Elderly placement director has been reemployed on a part-time basis to provide this worthwhile service to the elderly in the community.

The Downtown Campus continues to seek new ways to serve the elderly population. Projects are in process in the fields of nutrition, education, and employment. Funding sources are being sought for the pre-retirement series and a special project to provide employment for the over 60 persons. We feel that the Edna McConnell Clark Foundation grant to establish Project Elderly has made an impact on the community and the elderly population which will continue as the services initiated through the grant are maintained and expanded to serve the elderly population.

**The Edna McConnell Clark Foundation**

ACTIVITY SCHEDULE AS OF June 30, 1976

APPENDIX A

Page 1 of 1

PROGRESS REPORT DATE June 30, 1976

ORGANIZATION MIAMI-DADE COMMUNITY COLLEGE

PROJECT TITLE PROJECT ELDERLY, MIAMI PLAN

GRANT START DATE February 1975

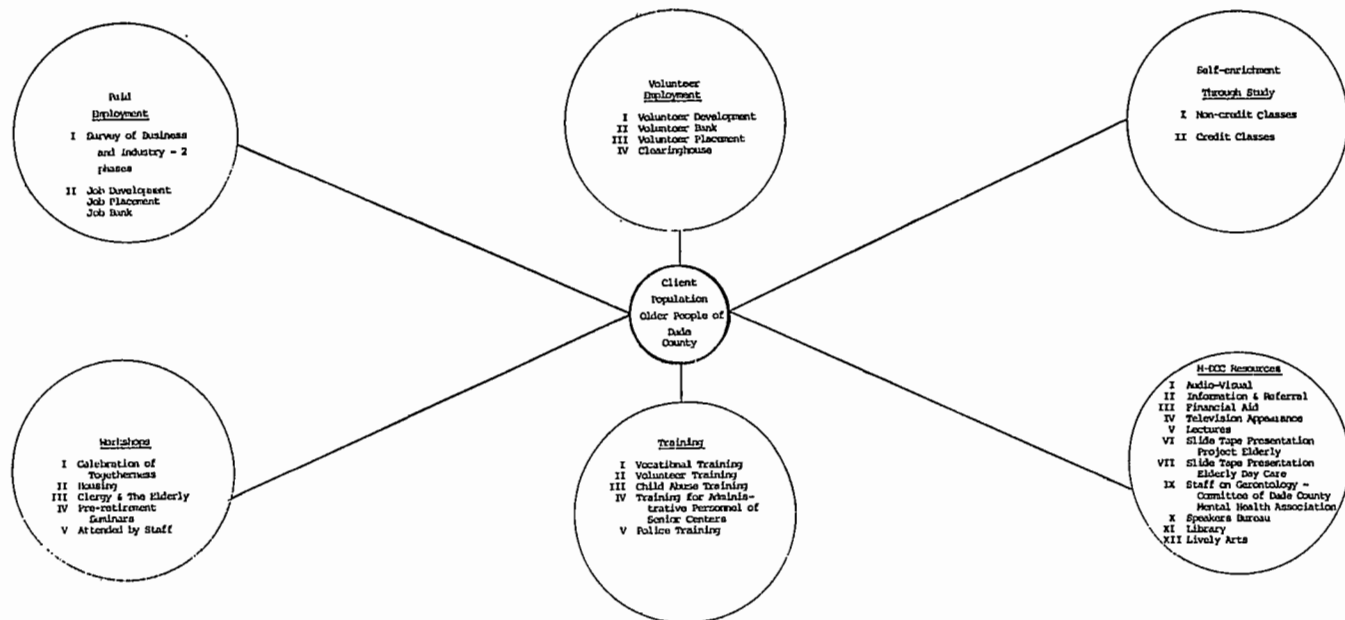
END DATE June 30, 1976

MAJOR OBJECTIVES	ACTIVITIES	1975	DURATION												EXPECTED RESULTS	GRANTEE COMMENTS ON STATUS	EMCF USE ONLY														
			1st QTR.		2nd QTR.		3rd QTR.		4th QTR.		5th QTR.		6th QTR.					7th QTR.		8th QTR.		3rd YEAR									
			J	F	M	A	M	J	J	A	S	O	N	D				J	F	M	A	M	J	A	S	O	N	D	1	2	3
	Survey of businesses and industry - phase one	Plan Status																											To conduct survey to find out attitudes of employers (has very successful)		
	Survey of businesses and industry - phase two	Plan Status																											1. Continue survey 2. To get job orders	Dual purpose to help with job placement	
	Non-credit classes	Plan Status																											To have elderly participate in classes	Good attendance	
	Credit classes	Plan Status																											To have elderly participate in classes	Excellent response from students	
	Speakers Bureau	Plan Status																											To have volunteer lectures for elderly	Elderly enjoyed variety topics	
	Information referral service	Plan Status																											To inform elderly of services available	Call about classes, housing, medicine	
	Volunteer information	Plan Status																											To inform elderly about volunteer possibilities	Many referrals were made	
	Conferences sponsored by Project	Plan Status																											To inform target groups about problems of aged	Wide range of info, poor, clergy, profess.	
	Inservice training for senior center directors	Plan Status																											To provide specific training for directors	Feedback was positive	
	Grant proposals	Plan Status																											To find other funding sources	Still waiting for additional money	
	Police training	Plan Status																											To inform police about problems of aged	Police need training in handling aged	
	Job placement	Plan Status																											To begin placement service for the elderly	More publicity is needed	

**NOTE:**

- Planned duration indicated with horizontal line covering respective time periods
- Actual status indicated below planned duration with horizontal line (up-dated for each reporting period)
- The original plan is duplicated by the Foundation in quantity needed for all quarterly progress reports





Appendix C

# Senior Centers of Dade County, inc.

ADMINISTRATIVE OFFICES  
1407 N.W. 7th STREET • MIAMI, FLORIDA 33125  
Phone 541-3705

MERLE M. FUCHS  
Executive Director

BOARD OF DIRECTORS

August 18, 1976

## OFFICERS

Leonard E. A. Batz  
President  
Mrs. Jean Russell  
1st Vice President  
Irving Greenblatt  
2nd Vice President  
Mrs. Henry L. Balaban  
3rd Vice President  
Mrs. Miriam Hutson  
Secretary  
Oliver Bright  
Treasurer

Dr. Ralph Johnson  
Career Planning and Academic Adjustments  
Miami Dade Community College South  
Miami, Florida

Dear Ralph:

This letter is a follow up of our telephone conversation August 17, 1976 about speaker/leaders for Senior Centers of Dade County, Inc., In-Service Training for professional staff.

## MEMBERS

Billy Anderson  
George Arata  
Abraham Bolker, M.D.  
Mrs. Mollie Brilliant  
Comm. Harry P. Cain  
Lyle Carr  
Rev. S. A. Cousin  
Mrs. Celina Diaz  
Mrs. Rosa Freeman  
Susie Hawkins  
Mrs. Louise Johnson  
Rudy Miller  
Stanley C. Myers  
Jean Jones Perdue, M.D.  
Pete Peterson  
J. Mark Stanley, Jr.  
Louis Swisko  
Solomon Williams

We would be pleased to have your expertise on the Topic of Communications specifically (1) how to relate to para-professional staff, (2) how to resolve job related problems with co-workers, (3) Internal policies and the role it plays in job performance.

All the above geared to professional ethics and work cooperation.

Through your help we would like to have Dr. Edith Lord discuss Motivation of the Elderly within Senior Centers concept and Dr. Jack Skigen (affiliated with Douglas Gardes) to discuss psychiatric Problems of the Elderly including early manifestations and symptomatology, treatment and management of such patients when they are in the community.

The training sessions are from 2:00 - 4:30 P.M., the second Wednesday of each month at the Metropolitan Senior Center, 1407 N.W. 7 th Street. At this time the following dates are open:

December 8, 1976  
January 12, 1977 *Jim Field*  
February 9, 1977 *with Skigen - send note*  
March 9, 1977 -  
April 13, 1977 - *Julia Noel - send note*  
*Arno Prof Jim 296 33199*

If Dr. Lord and Dr. Skigen need information about Senior Centers of Dade County, Inc., Staff, etc., please have them contact me. Enclosed are brochures.

UNITED WAY MEMBER AGENCY

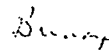


*Senior Centers of Dade County, inc*

I would appreciate if you notify me as soon as the individual date is confirmed.

If any questions please call me at 633-0462.

Sincerely,



Bunny Feinberg,  
Program Coordinator

BF/ew  
Enclosures:



# JACKSON MEMORIAL HOSPITAL

1611 N W 12TH AVENUE

MIAMI, FLORIDA 33136

October 20, 1976

Community Mental Health Program  
Center House  
1400 N.W. 10th Avenue  
Suite 6-J  
Miami, Florida 33136

Dr. Ralph Johnson, Associate Professor  
Miami Dade Community College - South Campus  
11011 S.W. 104th Street  
Miami, Florida 33176

Dear Dr. Johnson:

The Advisory Council for Project Elderly agreed that a two (2) to three (3) year effort was needed to fully explore and identify the diversity of job opportunities for older people in Miami. There were many applicants with an array of requests for personal considerations in their employment - as one might expect in this age group - an in-depth search over time to meet personal idiosyncrasies might have placed many more. In spite of the short period of one year, the record was impressionable.

With more time, the list of applicants would also begin to reflect the multi-cultural groups. An outreach effort is needed for the Haitian, American Black, Bahamian, and the Spanish-Speaking elderly from countries in South and Central America and Cuba now living in Dade County. A project of this dimension takes several years.

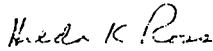
Questions were raised like the responsibility of the State Employment Service for the over 60 worker; availability of mini-buses for transportation from the City of Miami; how to protect the older worker in crime areas where jobs are available.

Dr. Ralph Johnson  
October 20, 1976  
Page 2

The Committee which was advisory addressed itself to these real issues with obvious ramifications into other social institutions and governmental bodies. Employment of the older person cannot exist without input from the major power structures as everyone quickly discovered again. This would have been Phase II.

The professional and mature staff was a pleasure to work with and I am sure the entire Advisory Committee would concur.

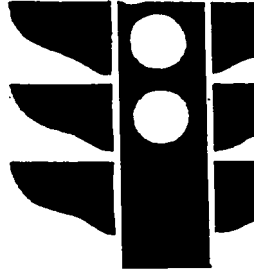
Sincerely,



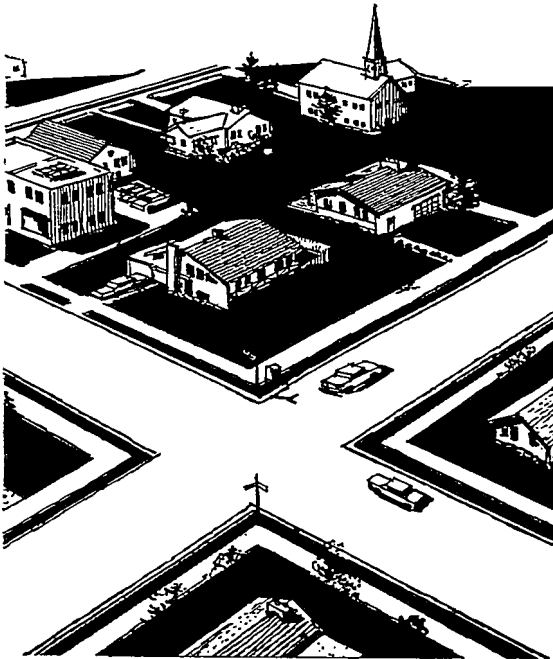
(Mrs.) Hilda K. Ross, Director  
The Neighborhood Family Services  
Gerontology Unit

HKR:err

to  
find  
the  
way



**TO OPPORTUNITIES  
AND SERVICES  
FOR OLDER AMERICANS**



DHEW Publication  
(OHD) 75-20807

Public  
Policy  
Proposals  
of the  
National  
University  
Extension  
Association

1977

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## Summary

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The National University Extension Association (NUEA) consists of 250 public and private colleges and universities in the United States. It is a professional organization consisting of persons engaged in the continuing education mission of higher education which extends learning opportunities, both on and off the campus, to persons of all ages, volunteer organizations, governmental units, and to business and industry.

This statement is addressed to the Congress and to the President of the United States, to those who administer some 275 federal programs in continuing education which call upon the resources of colleges and universities for their implementation, and to higher education leaders and federal and state governmental officials who shape policy in the fastest growing educational area of their mutual concern—continuing education.

The NUEA subscribes fully to the Jeffersonian concept of “an educational system that believes in the democracy of opportunity and the aristocracy of achievement.” In order to achieve the goal of providing educational opportunities to all citizens and helping them to prepare to meet the changes and complexities of our society through Lifelong Learning Programs, we recommend that the Congress and the Executive Branch act now on the following:



1. Fund new and expanded authorities for continuing education/extension/lifelong learning in the Higher Education Act (as amended by the 94th Congress) to provide equitable accessibility for adult part-time students to higher education.
2. Develop legislation and adequate funding to support continuing education programs directed to the amelioration of national problems.
3. Amend Title IV of the Higher Education Act to serve the educational needs of more part-time students.
4. Enact tax credit legislation for the costs of lifelong learning related to the taxpayer's current job, other work alternatives, and new life roles.
5. Amend the Veterans Education and Employment Assistance Act of 1976 to avoid damaging effects on opportunities for veterans to study as part-time students at accredited institutions.
6. Continue and expand funding of lifelong learning programs serving the unemployed, small businesses, law enforcement personnel, emergency preparedness personnel, teachers, and others.
7. Establish a federal Department of Education to develop and administer comprehensive national policies for education and to insure effective and efficient coordination of federally supported continuing education programs.

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## Introduction

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The National University Extension Association recommends the following policy and legislative action to members of Congress, the Executive Branch of the federal government, state governments, universities, and concerned citizens. The NUEA objective is to further the development of sound national policy for education in order to provide equal educational opportunities to all citizens, with emphasis on the adult lifelong learning concept, and particularly to prepare the people of America to meet the needs of our society.

The composition of the nation's post-secondary, school-aged clientele has changed dramatically (with more than half of our student population now enrolled on a part-time basis). This accentuates the need for immediate attention to the emerging role of higher education in service to adults and in service to the nation. Higher education in America now and in the past has had a tripartite mission in research, teaching, and service through extension and continuing education. As partners in our progress, the federal government and higher education have relied upon one another in the belief that a wise and continually educated citizenry is a cornerstone of our democracy.

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## A Federal Policy

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NUEA supports the conclusions of the University of Notre Dame report *The Learning Society*, that “lifelong learning should be guided by public policies that encourage the systematic integration of learning opportunities with the needs of people at different stages of life” and that “the integration of learning with life and careers cannot be effectively accomplished on an *ad hoc* basis dependent on the person’s ability to pay or solely on self-interest.”

Therefore, NUEA recommends that the public policy include federal financial support for the education of adults. This should include assistance to:

- adult part-time learners with financial barriers to the pursuit of education, and to
- educational institutions to develop and strengthen their competencies for delivering continuing education/extension/lifelong learning programs.

Support to part-time students should:

- be targeted to support persons not now equitably served by continuing education programs;
- provide greater support for those less able to pay;

—supplement but not supplant existing systems in which people pay the costs of their own continuing education;

—insure individual self-determination of educational choices.

Support to educational institutions for conducting continuing education/extension/lifelong learning programs should:

—provide sustaining long-range commitments on the basis of need to individual universities with continuity of funding. Only with such commitments can higher education institutions develop and maintain highly competent staffs and preserve relationships that result in maximum productivity. This continuity has been an essential feature of the highly successful agricultural extension service.

—use and expand the established competencies and delivery systems of the individual colleges and universities in each state with maximized effectiveness.

---

**Funding of Continuing  
Education/Extension/  
Lifelong Learning Provisions  
of the Higher Education Act**

---

1

NUEA recommends that the federal budget for 1978 provide the authorized level of funding for continuing education provisions of the Higher Education Act included in the Amendments of 1976.

The newly enacted or expanded authorities are:

Community Service and Continuing  
Education (Title IA)  
\$40,000,000

Lifelong Learning (Title IB)  
30,000,000

Education Information (Sec. 418A)  
30,000,000

Expansion Grants (Sec. 1014)  
150,000,000

These programs are, according to Congressman James G. O'Hara, speaking last year as chairman of the House Subcommittee on Postsecondary Education:

“intended to meet the needs of part-time students, students outside the ‘traditional’ college-going age groups, students who come to the campus in mid-career, seeking highly selective bits and pieces from the intellectual

treasures of which the colleges and universities are custodians.”

(CONGRESSIONAL RECORD,  
May 12, 1976)

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**Amelioration of National  
Programs through Continu-  
ing Education, Extension  
Programs and Research  
Application**

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2

NUEA supports legislation and appropriations to provide continuing education/extension programs directed to the amelioration of national problems such as air and water pollution, soil erosion, drug abuse, energy conservation, crime, urban inefficiency, adequate health services, unemployment, inflation and housing, among others.

To be fully effective, federal problem-solving programs require action by local governments or their agencies, voluntary organizations, citizen groups, and individuals. These citizens and groups generally require knowledge as a basis for action—knowledge about the problems, alternative courses of action and probable consequences, available government assistance, and about the skills needed to take appropriate action.

Experience clearly demonstrates that federal support to higher education institutions to provide programs with these aims is a highly effective use of tax money.

Continuing education programs should be developed in each state, within national goals, to serve local priorities.

*Educational Programs to Encourage More Timely Application of the Results of Research*

NUEA strongly supports federal funding of programs directed to the application of research results in solving problems.

The development of such programs is especially needed in fields where there has been a substantial expansion of research during the last decade, particularly in education, urban problems, energy, environmental protection, and that supported by the National Science Foundation (particularly the RANN program).

Research is an important tool in solving problems, but research does not solve any problems unless the results of research are appropriately applied. Large business organizations with specialized technical staffs are able to make applications of research results by using information published in technical journals. More support is now required for application of research results by others such as small businesses, government agencies, and individuals.

Research results must be interpreted in terms of practical operating principles. Knowledge from several sources must be integrated. It must be disseminated impartially. Those who might apply the results of research need technical knowledge, a factual basis for evaluation of likely consequences of application, and confidence that they can make the applications successfully. This calls for carefully designed educational programs conducted in partnership between experts in



continuing education and those in the technical fields.

Programs of extension education supported by the Department of Agriculture have a long history of demonstrated and widely recognized success. More recently the Sea-Grant program supported through the Department of Interior and programs of HEW to encourage the application of health related research are demonstrating accomplishments.

Experience has shown that:

- universities and colleges, as sources of reliable and objective knowledge have high levels of acceptability and credibility among those served.
- the development of high level program competency and university/clientele relationships require continuity of funding.
- a close organizational relationship between research personnel of universities and continuing educators is essential for sound and effective programs.

### 3 Student Assistance Under Title IV of the Higher Education Act

NUEA recommends amendment of student assistance programs under Title IV of the Higher Education Act to provide:

- eligibility and accessibility for needy students regardless of course load;
- eligibility for students officially accepted in degree-credit courses whether or not they are degree candidates;
- eligibility of students enrolled in certificate programs (including courses for credit);
- elimination of unreasonable time limits for completion of educational objectives.

There is a vital need for federal assistance and funding for research efforts to:

- determine the desirability and need for legislation to provide for “credit banks” for lifelong learning entitlement upon which individuals may draw to meet their educational and career goals;
- develop a formula for the determination of financial needs of adult students who can, for legitimate reasons, be enrolled for less than half-time.

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**Tax Benefits for Work-  
Related Continuing  
Education****4**

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NUEA recommends a tax incentive for the cost of continuing education related to a taxpayer's current job, intended to prepare him or her for other work, or for transition to new roles.

The income tax law enables taxpayers to treat as a tax deduction the costs of obtaining education to help them in their jobs. One of the great needs of millions of people is to acquire education that will enable them to move to other jobs in which they will be more productive. No tax incentive is presently provided for this purpose.

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## 5 Veterans Education

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Certain provisions of S969 passed by the 94th Congress will have the effect of denying high-quality educational opportunities to veterans. NUEA recommends:

- suspension of the 85-15 rule for regionally accredited institutions of higher education.
- elimination for regionally accredited institutions of higher education, of the requirement that a course be established for two years.
- acceptance of independent study courses offered by regionally accredited institutions of higher education.

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## Programs to Serve Special Needs

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# 6

NUEA supports the provision of funds for special needs and national interests through continuing education programs as a part of national approaches to specific public problems. Such program thrusts are especially needed in order to strengthen the family as a cornerstone of American society. Another vitally needed program lies in the field of energy conservation. The member institutions of NUEA are eminently qualified to implement both of these much needed continuing education efforts.

Other areas include: small business extension; labor continuing education services; adult counseling; education in the humanities; law enforcement and criminal justice; emergency preparedness; teacher education; governmental employee education; education in telecommunications; programs of the Department of Health, Education, and Welfare directed at improved delivery of health services; alcohol and drug abuse remediations and prevention; improved occupational safety; needs of Native Americans; juvenile delinquency; the aging, the handicapped and the disabled; Department of Interior programs for mining safety and water resources development; Department of Labor programs for job opportunities development, worker training, and occupational safety; Department of Transportation programs related to urban mass transit; Internal Revenue Service programs providing tax information and education; and many other programs serving specific national needs.

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## 7 Federal Department of Education

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*Coordination and Consolidation of Federal Support to Educational Institutions for Continuing Education/Extension/Lifelong Learning Programs*

NUEA strongly supports the establishment of a federal Department of Education to develop and administer comprehensive national policies for education. This department should include programs of continuing education now located in the Education Division of the Department of Health, Education, and Welfare, as well as some programs now in other agencies.

The Department of Education should include strong organizational and administrative support and leadership for continuing education. Until such a department is formed, there should be a unit within the education division of HEW charged with implementing the continuing education policies and programs of that agency.

NUEA strongly supports the development within the executive and legislative branches of procedures for planning, evaluation, coordination, and consolidation of federal support to continuing education. The new administration should place high priority on the development of this coordination and consolidation.

By a recent count, there are 275 federal programs that provide financial support

to lifelong learning programs. Jurisdiction for them is spread among nearly all departments of government and nearly all committees of Congress. There is no mechanism in the executive or legislative branches for coordination of this federal support.

NUEA believes that a process of monitoring these programs, reviewing and coordinating their inter-relationships, and identifying unmet needs and priorities, will result in more effective use of public funds in serving the American people.

#### *Assistance to State Planning*

Continuing education and other lifelong learning programs for adults in each state are conducted by colleges and universities, public and private, and many other types of public and private organizations. Planning of these many programs is and should remain a state and local responsibility. State agencies responsible for supervision of various types of educational institutions should include the continuing education/extension/lifelong learning functions of those institutions as an integral part of their supervisory functions.

Part B of Title I of the Higher Education Act as amended in 1976 authorizes the assistant secretary of HEW, after consultation with appropriate state agencies, to assist the states in planning and assessment of lifelong learning needs, research and development, and to provide other technical assistance. Funding should be provided to carry forward programs to these ends.

*Data Collection and Research to Assist in the Planning, Evaluation, Administration, and Coordination of Continuing Education/Extension/Lifelong Learning*

NUEA supports federal programs to assemble and provide timely and reliable information useful in the development, improvement, and management of continuing education programs.

The National Institute of Education and the Fund for the Improvement of Postsecondary Education should devote important emphasis to continuing education/extension/lifelong learning programs consistent with their growing significance. There is a need for federally sponsored research to:

- develop plans and systems to meet counseling needs of adult part-time students—particularly in sparsely populated areas and in urban areas populated by disadvantaged persons;
- identify barriers to participation in continuing education programs and the financial needs of potential part-time students who are not now participating;
- develop new and improved ways of serving the lifelong learning needs of adults.

NUEA stands ready to join in partnership with the Congress and the Executive Branch to refine and implement these important policies in meeting the educational needs of the American people on a lifelong basis.



ACCESS TO KNOWLEDGE

Volume 1

Preliminary Report of the Florida  
Commission on Educational Outreach  
and Service

Tallahassee, Florida

July 21, 1976

76-4

## ABSTRACT OF THE REPORT

*The goals and objectives of the Florida Commission on Educational Outreach and Service were to assess Florida citizens' needs for educational outreach, to inventory existing outreach efforts, to determine outreach roles of various post-secondary institutions, to suggest improvements for the delivery of outreach, and to develop a plan for continued reassessment. In a democracy individuals must have access to knowledge throughout their lives since this form of government charges them with decision-making. Access to knowledge is necessary to acquire and maintain vocational competence in our highly literate and technological society. At a personal level, access to knowledge is needed in order for individuals to cope with the many psychological, sociological, and economic changes which confront their daily lives. Florida's population stands at approximately 8.4 million of which 5.8 million are beyond the age of 17 and thus potential clients for post-secondary education. The state is very diverse in terms of its cultural and racial composition and in terms of its labor force. Florida has a substantial number of persons living at the two extremes of the economic spectrum. Nearly two out of five Floridians are 45 years of age or older, nearly one in six is 65 years of age or older. While the median number of school years completed is 12.1, many thousands of adults are illiterate or functionally illiterate. Nearly 50 percent of the 1974-75 high school graduates entered some form of post-secondary education.*

*Both public and private community colleges and universities in Florida have grown dramatically in number and in enrollment in recent years. In 1960 there were four public universities, fourteen community colleges, and fourteen accredited private universities. These institutions enrolled approximately 73,000 credit seeking students, most of whom were full-time. By 1975, there were fifty-four institutions and enrollments had increased more than four-fold, with the majority being part-time learners. During this period post-secondary institutions have also greatly expanded non-credit efforts. Though still serving relatively small numbers of learners in relation to the need, a wide range of educational options and delivery systems (for both credit and non-credit uses) have emerged, such as, educational television and radio, correspondence study, credit by examination, external degrees, cooperative education, time-shortened degree programs, branch campuses, and off-campus courses. Increased activity in the areas of research and community service have also characterized the development of post-secondary education in recent years. Large research centers and a host of individual research projects have contributed greatly to the technical and problem-solving capability of our state. Community service activities have ranged from helping to alleviate both chronic and acute economic and social problems to enriching the cultural life of our communities.*

As inflation has increased, the cost of living, tuition, and fees for both public and private post-secondary education have also risen. In response, a number of state and federal financial assistance programs have been initiated; however, in relation to the need, these are far from sufficient. These programs often have requirements which exclude many non-traditional learners in need of financial aid. Factors of time and space also pose obstacles to many would-be learners. These include the hour, day, and location of offerings. Adult would-be learners are often denied access to post-secondary education because of scheduling patterns which are still geared to the traditional on-campus, full-time student. Several institutions have found weekend and evening classes to be particularly attractive to adult learners who usually have home and job responsibilities which interfere with attendance during the week. Unfortunately, during times of austerity, these scheduling patterns are often in jeopardy. Innovative programs such as independent study, cooperative education, competency-based education, and educational television have expanded access to some learners handicapped by time and space barriers. However, relatively speaking, these efforts are still yet miniscule. Florida has made commendable progress in overcoming access barriers related to assessment and validation of learning which adults have acquired outside of the traditional classroom. Credit by examination, notably C.L.E.P. is widely used in community colleges and universities. Also, several Florida institutions are involved in a special project known as CAEL--The Cooperative Assessment of Experimental Learning, sponsored by the Educational Testing Service.

Problems relating to career and educational counselling pose barriers to many would-be-learners. While the counselling programs of post-secondary institutions have expanded in recent years, they are still primarily oriented toward traditional clientele. A few institutions have extended their office hours to provide counselling services in the evenings and on weekends. However, once again, the efforts are meager in relation to the need, and in times of austerity, these extended efforts are always in jeopardy and are often eliminated completely. Still other would-be-learners face barriers to access in the form of admission policies and practices. Adults who have been out of formal education for a number of years find tests particularly troublesome. Adults from minority backgrounds stand out in this regard. Competency based evaluations would appear to be viable options to the traditional predictive testing programs. Part-time would-be-learners are often considered as second priority applicants for admission. A large number of adults have special problems or needs which interfere with their access to post-secondary education. Among these groups are the handicapped, women, ethnic and racial minorities, and speakers of languages other than English. Some efforts exist in nearly every institution to accommodate these would-be-learners'

special needs. Such responses range from child care centers and physical changes in buildings to English as a Second Language programs. Many barriers to access have their origins in institutional policies, reward systems, and operational procedures which fail to encourage faculty to engage in outreach activities. Problems of interinstitutional cooperation and coordinating in meeting consumer needs also exist. The Florida Legislature, the State Department of Education, ICUF -- Independent Colleges and Universities of Florida, and the State Board of Independent Colleges are all examining problems relating to coordination of the state's post-secondary education resources. The Statewide Articulation, Coordination Committee and the Florida Post-Secondary Education Committee are actively engaged in finding ways of maximizing the efficiency of these resources.

The Commission engaged in several data collection efforts. Among these were a survey of a representative sample of the adult population of Florida, interviews with organizational leaders from across the state regarding perceived needs for educational outreach -- instructional, research and other services, and an extensive review of the literature on educational outreach (see Volume III).

An estimated 2.4 million adults are "seriously interested" in beginning a post-secondary educational pursuit within the next two years. Most of the areas of study desired by the would-be-learners include subjects and courses which are offered or could be offered by community colleges and universities. The most frequently cited motivations for engaging in such post-secondary learning pursuits were "to be better informed" or "learning for its own sake." While the plurality preferred to study via traditional classroom approaches, a large proportion favored methods involving self-study and on-the-job training. Only one-third of all would-be-learners preferred to study on a college campus.

Of the 2.4 million would-be-learners, 78.2 percent reported that they would be unwilling to travel more than 30 minutes (one way) to learn. On the average, would-be-learners were willing to commit five to six hours per week to such study and travel, even though their average free time available each week was only sixteen to twenty hours. Nearly four of ten would-be-learners reported that they did not desire any particular type of credit for their proposed study, and 14 percent wanted a certificate of completion, and 47 percent wanted credit toward a license or academic degree. This latter percentage is projected to represent nearly 1.1 million would-be-learners. More than one-half of the would-be-learners were willing to spend as long as one to two years studying their specific area of interest. The most frequently cited obstacles to participation were time and costs, in that order. However, health problems and "old age" were the major barriers for nearly one in four respondents -- an estimated one-half million would-be-learners. Nine of ten respondents felt the cost of continuing education should be shared by some level of government and the individual. Nearly two-fifths of the adult

population of Florida is projected to be interested in discussing their adult education plans with a trained counselor -- an estimated 2.2 million persons. One-third of the respondents reported that the higher education institutions in the state had been of personal benefit to them. Many of these individuals specified the benefits had been indirect through the education of their children.

The organizational leaders' interviews suggested that the educational and training programs provided for employees vary widely from agency to agency. For the most part, such programs appear to be provided on a rather "random" or "as needed" basis. Business and industry programs tended to be geared toward problem-solving, while governmental agencies stressed leadership development. Nearly all leaders reported some degree of cooperation with Florida's post-secondary educational institutions. Again, this cooperation varied widely across agencies and appeared, for the most part, rather informal. Organizational leaders appeared to be more interested in finding ways by which post-secondary education could benefit their organizations as opposed to individual employees therein. Some respondents expressed concern for the educational establishment's ability to meet their specific needs. The leaders cited five categories of barriers to expanded cooperation with post-secondary institutions. These were: (1) time and place constraints, (2) economic constraints, (3) system-type constraints, (4) "ivory-tower" constraints, and (5) organizationally-unique constraints (e.g., bilingual education needs). It appears that organizations are making only minimal efforts to provide educational guidance and counselling services to employees; many, however, do have incentive programs for educational participation (e.g., tuition refunds).

With regard to organizational leaders' perceptions of research and other service outreach, the following highlights were noted: (1) leaders strongly stressed the need for a greater commitment to service by educational institutions and by the state; (2) wide-spread support was found for earmarking state funds for mission-oriented research; (3) leaders urged institutions to develop incentive and reward systems which would encourage faculty to engage in service and applied research activity; (4) some confusion was noted by leaders with respect to gaining entry to the outreach capabilities of post-secondary educational institutions; (5) consulting services were desired by organizational leaders though some felt that some faculties were more interested in research grants and others were not sufficiently experienced in dealing with applied problems in their disciplines; (6) a frequently mentioned area of need was that of an improved data base especially developed for the State of Florida; and (7) leaders made a plea for post-secondary institutions to develop improved procedures and channels for communicating with their organization and with the public.

*The recommendations for improving access are clustered under three subheadings: A. Establishing Commitment and Direction, B. Enhancing Institutional Responsiveness, and C. Developing New Structures and Systems. The first section consists of eight major recommendations aimed at establishing a state level commitment to educational outreach and developing mechanisms which will have the effect of channeling efforts and resources toward outreach goals. These recommendations call for a legislatively mandated public policy supportive of lifelong learning and for the provision of appropriate priority-setting and resource allocation. The Post-Secondary Education Commission is suggested as the prime state level body to assume such duties as identifying and eliminating statutory and policy barriers to post-secondary institutions, securing annual outreach reports, evaluating outreach efforts, and studying organizational structures. The Department of Education is charged with collecting and disseminating data deemed important for purposes of planning and evaluating outreach activities.*

*The second set of recommendations for expanding access to knowledge is concerned with enhancing institutional responsiveness. Here, recommendations focus on a cluster of changes deemed essential to meeting the needs of today's society and of the individuals therein. Changes are suggested with regard to admission requirements, scheduling of offerings, and learner's access to resources and financial aid programs. Other recommendations call for greater attention to adult counselling and guidance efforts. Institutions are urged to develop programs for groups with special needs, make resources more available to the community, and to conduct comprehensive needs assessments. A plea is made for institutions to provide outreach units with basic program support, to train a cadre of outreach specialists, and to provide equitable reward and incentive programs for faculty who engage in outreach activities.*

*The final section of the recommendations chapter begins by suggesting more extensive and wiser use of the resources available from private institutions. Regional outreach centers are proposed to coordinate and evaluate local post-secondary outreach efforts. A comprehensive study of the British open university concept is recommended prior to establishing such a program in Florida. A call is made to expand the external degree program so that it can serve a wider array of disciplines and increase numbers of students.*

*The Post Secondary Education (1202) Commission is urged to study the feasibility of providing outreach services via the radio, telephone, and television and to make appropriate action-oriented recommendations to the Legislature. Similarly, the Legislature is urged to devote greater attention to resources for mission-oriented research and the formation of a state advisory council for research is proposed. Two additional recommendations for*

*the research advisory council concern computer based information systems. The chapter concluded with the recommendation for topical and multipurpose public services institutes.*

*As the Commission pursued its investigation of needs with respect to "access to knowledge," several areas of concern arose which will require further consideration. In brief, these concerns are as follows: (1) Recommendations to expand outreach should not be construed to mean that traditional community college and university programs and functions should be curtailed or given less emphasis. (2) New technological advances are about to be available which could revolutionize instructional outreach. (3) The stress on cognitive education should not be construed as meaning that moral education is less important. (4) The state's role in setting priorities for educational activities and the subsequent allocation of resources should be reflective of peoples' stated needs. (5) The trend toward credentialing occurring outside of educational institutions warrants careful study. (6) It is important that non-traditional students be treated in an equitable fashion. (7) Flexibility and open-mindedness should characterize the search for improved educational outreach systems. (8) The proliferation of out-of-state institutions now offering degrees in Florida needs to be examined to determine the reasons for such a development. (9) Both on-campus and off-campus institutional programs must be predicated on the basis of quality, feasibility, and need. (10) Careful study is needed to develop an integrated system of post-secondary education which capitalizes on the unique contributions that both public and private institutions can make to the delivery of outreach services. (11) Education is central to democracy and must be accorded a prime priority status by the state.*

*Exhibit, No. 39*

MIAMI-DADE COMMUNITY COLLEGE / District Administration, 11011 S.W. 104 Street, Miami, Florida 33176

OFFICE OF THE PRESIDENT  
(305) 596-1211

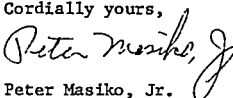
September 1, 1977

Ms. Eileen Bradley, Director  
Age Discrimination Study  
United States Commission on  
Civil Rights  
1730 K Street, NW  
Suite #214  
Washington, D.C. 20425

Dear Ms. Bradley:

Enclosed you will find some additional information concerning faculty and staff at Miami-Dade Community College, which was requested by one of the Commission members at the hearing on age discrimination held in Miami on August 23, 1977. I trust the information will meet your needs. If there is any additional information you would like, please do not hesitate to ask.

Cordially yours,



Peter Masiko, Jr.  
President

FM/jm  
Enclosures (4), w/catalog

SEP 7 1977



AUGUST 1977

SEX BREAKDOWN

SEX	PROFESSIONAL SALARY SCHEDULE (ASSOC. DEANS AND DIRECTORS)	FACULTY SALARY SCHEDULE	TOTALS
Females	31	321	352
Males	109	570	679
TOTALS	140	891	1,031

ETHNIC BREAKDOWN

ETHNIC GROUP	PROFESSIONAL SALARY SCHEDULE (ASSOC. DEANS AND DIRECTORS)	FACULTY SALARY SCHEDULE	TOTALS
Non-hispanic Black	13	85	98
Non-hispanic White	116	740	856
Non-hispanic Asian or Pacific Islander	2	7	9
Hispanic White	9	59	68
TOTALS	140	891	1,031

AGE BREAKDOWN

AGE RANGE	PROFESSIONAL SALARY SCHEDULE (ASSOC. DEANS AND DIRECTORS)	FACULTY SALARY SCHEDULE	TOTALS
21 - 30	14	106	120
31 - 40	49	322	371
41 - 50	36	219	255
51 - 60	34	189	223
61 - 65	5	41	46
66 - 70	2	14	16
TOTALS	140	891	1,031

jd  
8/25/77

1975-76

## IX: AGE RANGES (FULL-TIME PERSONNEL)

Age Ranges	Administrators/Classified				*Faculty		Staff		Total	
	#	%	#	%	#	%	#	%	#	%
18-20	-	-	34	3%	-	-	-	-	34	2%
21-30	10	14%	357	34	139	15%	21	29%	527	24
31-40	15	22	182	17	338	35	26	35	561	26
41-50	25	36	217	21	249	26	18	24	509	23
51-60	17	24	220	21	185	19	8	11	430	20
61-65	3	4	39	4	39	4	1	1	82	4
66-70	-	-	6	-	11	1	-	-	17	1
<b>TOTALS</b>	<b>70</b>	<b>100%</b>	<b>1055</b>	<b>100%</b>	<b>961</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>2160</b>	<b>100%</b>

1976-77

Age Ranges	Professional/ Schedule 5		Classified		Faculty & Acad. Admin.		Staff		Total	
	#	%	#	%	#	%	#	%	#	%
18-20	-	-	29	3%	-	-	-	-	29	1%
21-30	18	16%	354	33	126	14%	20	29%	518	24
31-40	30	28	179	17	339	36	19	28	567	26
41-50	32	29	220	21	239	25	17	25	508	23
51-60	25	23	220	21	188	20	11	16	444	21
61-65	3	3	47	4	40	4	1	2	91	4
66-70	1	1	6	1	11	1	-	-	18	1
<b>TOTALS</b>	<b>109</b>	<b>100%</b>	<b>1,055</b>	<b>100%</b>	<b>943</b>	<b>100%</b>	<b>68</b>	<b>100%</b>	<b>2,175</b>	<b>100%</b>

( MIAMI-DADE COMMUNITY COLLEGE )  
 ACADEMIC RANK PROMOTIONS BY SEX  
 1973-74, 1974-75, 1975-76 & 1976-77

ACADEMIC RANK PROMOTIONS FOR 1973-74 (Effective 8/74)

	NUMBER OF PROMOTIONS	PERCENT OF PROMOTIONS	NUMBER OF FACULTY & ACADEMIC ADMIN.	PERCENT OF FACULTY & ACADEMIC ADMIN.
Females -	45	29%	284	32%
Males -	110	71%	603	68%
TOTAL	155	100%	887	100%

ACADEMIC RANK PROMOTIONS FOR 1974-75 (Effective 8/75)

	NUMBER OF PROMOTIONS	PERCENT OF PROMOTIONS	NUMBER OF FACULTY & ACADEMIC ADMIN.	PERCENT OF FACULTY & ACADEMIC ADMIN.
Females -	60	34%	311	34%
Males -	114	66%	613	66%
TOTAL	174	100%	924	100%

ACADEMIC RANK PROMOTIONS FOR 1975-76 (Effective 8/76)

	NUMBER OF PROMOTIONS	PERCENT OF PROMOTIONS	NUMBER OF FACULTY & ACADEMIC ADMIN.	PERCENT OF FACULTY & ACADEMIC ADMIN.
Females -	54	36%	339	35%
Males -	96	64%	622	65%
TOTAL	150	100%	961	100%

ACADEMIC RANK PROMOTIONS FOR 1976-77 (Effective 8/77)

	NUMBER OF PROMOTIONS	PERCENT OF PROMOTIONS	NUMBER OF FACULTY & ACADEMIC ADMIN.	PERCENT OF FACULTY & ACADEMIC ADMIN.
Females -	60	37.5%	345	37%
Males -	100	62.5%	598	63%
TOTAL	160	100 %	943	100%

jd  
5/25/77

MIAMI-DADE COMMUNITY COLLEGE  
FACULTY SCHEDULE  
AS OF AUGUST 29, 1977

- COLUMN HEADINGS  
1. Non-hispanic Black  
2. Non-hispanic White  
3. Non-hispanic Asian or  
Pacific Islander  
4 - Hispanic White

I: TOTAL EMPLOYMENT

AGE RANGES	FEMALES				Total	MALES				Total	Grand Total
	1	2	3	4		1	2	3	4		
21 - 30	14	32		12	58	5	47		8	60	118
31 - 40	30	89	2	11	132	18	155	3	12	188	320
41 - 50	8	53	1	5	67	6	141		6	153	220
51 - 54	1	29		1	31	3	55		1	59	90
55 - 60	1	25			26	1	69		3	73	99
61 - 65		8			8	1	30	1	1	33	41
66 - 70		4			4		10			10	14
TOTALS	54	240	3	29	326	34	507	4	31	576	902

*154  
total  
or 17.6%*

II: THOSE EMPLOYEES HOLDING A CONTINUING CONTRACT WITH MIAMI-DADE COMMUNITY COLLEGE

AGE RANGES	FEMALES				Total	MALES				Total	Grand Total
	1	2	3	4		1	2	3	4		
21 - 30	4	10		4	18	3	15		2	20	38
31 - 40	22	77		6	105	12	149	1	9	171	276
41 - 50	6	46	1	3	56	4	132		4	140	196
51 - 54	1	23			24	2	54			56	80
55 - 60	1	24			25	1	69		4	74	99
61 - 65		8			8	1	30	1	1	33	41
66 - 70		4			4		10			10	14
TOTALS	34	192	1	13	240	23	459	2	20	504	744

*154  
total  
or 20.7%*

MIAMI-DADE COMMUNITY COLLEGE  
PROFESSIONAL SCHEDULE  
INCLUDES ASSOC. DEANS AND DIRECTORS  
AS OF AUGUST 29, 1977

- COLUMN HEADINGS
1. Non-hispanic Black
  2. Non-hispanic White
  3. Non-hispanic Asian or Pacific Islander
  4. Hispanic White

I: TOTAL EMPLOYMENT

AGE RANGES	FEMALES					MALES					Grand Total
	1	2	3	4	Total	1	2	3	4	Total	
21 - 30	1	4		2	7		6		1	7	14
31 - 40	1	8			9	3	33	1	3	40	49
41 - 50	1	6		1	8	3	24		1	28	36
51 - 54	1	1			2	2	13	1	1	17	19
55 - 60		4			4	1	10			11	15
61 - 65		1			1		5			5	6
66 - 70					0		1			1	1
TOTALS	4	24		3	31	9	92	2	6	109	140

II: THOSE EMPLOYEES HOLDING A CONTINUING CONTRACT WITH MIAMI-DADE COMMUNITY COLLEGE \*

AGE RANGES	FEMALES					MALES					Grand Total
	1	2	3	4	Total	1	2	3	4	Total	
21 - 30					0					0	0
31 - 40		4			4		7			7	11
41 - 50		3			3	2	14			16	19
51 - 54	1	1			2	1	10			11	13
55 - 60		2			2		3			3	5
61 - 65		1			1		5			5	6
66 - 70					0		1			1	1
TOTALS	1	11			12	3	40			43	55

\*Recent Florida legislation prohibits the granting of tenure to full-time administrators unless earned in an instructional capacity.

Also included in this exhibit is the Miami-Dade Community College 1977-79 Catalog, which is on file at the U.S. Commission on Civil Rights.

*Exhibit No. 40*

Age, Race, and Sex Distributions  
For the Full-Time Faculty of the University of Miami  
School of Law

<u>Position</u>	<u>Age</u>	<u>Sex</u>	<u>Racial/Ethnic Group</u>
<u>Law School</u>			
Lecturer	27	M	-
Lecturer	30	M	-
Lecturer	25	F	-
Assist. Prof.	28	M	-
Assist. Prof.	29	M	-
Assoc. Prof.	36	M	-
Assoc. Prof.	31	M	-
Professor	50	-	-
Professor	31	M	-
Professor	-	M	-
<u>Law Library</u>			
Instructor	32	F	-
Assist. Prof.	40	F	White
Assoc. Prof.	44	M	White
<u>Law and Economics Department</u>			
Professor	33	M	-
Professor	37	M	-
Professor	38	M	-
<u>Law Department</u>			
Lecturer	28	M	-
Lecturer	24	M	-
Assist. Prof.	27	M	-
Assist. Prof.	27	M	White
Assist. Prof.	-	M	White
Assoc. Prof.	32	M	White
Assoc. Prof.	60	M	White
Assoc. Prof.	46	M	White
Assoc. Prof.	34	M	White
Professor	51	M	White
Professor	38	M	-
Professor	56	M	White
Professor	59	M	Hispanic
Professor	56	M	White
Professor	34	M	White
Professor	48	M	White
Professor	44	M	White
Professor	34	M	-

<u>Position</u>	<u>Age</u>	<u>Sex</u>	<u>Racial/Ethnic Group</u>
Law Department (Cont.)			
Professor	61	M	White
Professor	53	M	White
Professor	55	M	White
Professor	61	M	White
Professor	56	M	White
Professor	48	M	White
Professor	49	F	White
Professor	41	M	White
Professor	51	M	White
Professor	43	M	White
Professor	51	M	White
Professor	59	M	White
Professor	44	M	White
Professor	50	M	Black
Professor	58	M	White



*Exhibit No. 41*

Age, Race, and Sex Distributions  
For the Full-Time Faculty of the University of Miami  
School of Education

<u>Position</u>	<u>Age</u>	<u>Sex</u>	<u>Racial/Ethnic Group</u>
<u>Elementary Education</u>			
Lecturer	53	F	White
Lecturer	34	F	White
Assist. Prof.	40	F	White
Assist. Prof.	29	F	Hispanic
Assist. Prof.	40	F	White
Assoc. Prof.	36	M	White
Assoc. Prof.	39	M	White
Assoc. Prof.	41	M	White
Assoc. Prof.	42	F	White
Professor	50	M	White
Professor	60	F	White
Professor	34	M	White
Professor	47	F	White
Professor	63	M	White
Professor	56	F	White
<u>Health, Physical Education, Recreation</u>			
Instructor	30	F	White
Instructor	44	F	White
Assist. Prof.	39	M	White
Assist. Prof.	45	M	White
Assoc. Prof.	38	M	White
Assoc. Prof.	37	M	White
Assoc. Prof.	60	M	White
Professor	48	M	White
<u>Education: A.C.I.</u>			
Assist. Prof.	40	F	White
Assist. Prof.	32	M	Hispanic
Assist. Prof.	38	M	-
Assist. Prof.	35	F	White
Assoc. Prof.	37	M	White
Assoc. Prof.	39	F	White
Assoc. Prof.	36	F	White
Professor	63	M	White
Professor	45	M	White

<u>Position</u>	<u>Age</u>	<u>Sex</u>	<u>Racial/Ethnic Group</u>
<u>Education: A.C.I. (Con't)</u>			
Professor	61	M	White
Professor	58	M	White
Professor	53	M	White
Professor	45	M	White
Professor	44	F	White
Professor	48	M	White

Educational Psychology

Lecturer	60	F	White
Instructor	33	M	-
Assist. Prof.	30	F	White
Assist. Prof.	31	M	-
Assist. Prof.	31	F	White
Assist. Prof.	28	M	-
Assist. Prof.	40	F	White
Assist. Prof.	34	M	-
Assoc. Prof.	44	M	White
Assoc. Prof.	34	M	White
Assoc. Prof.	32	M	Black
Assoc. Prof.	43	M	White
Assoc. Prof.	36	F	White
Assoc. Prof.	36	M	White
Professor	55	M	White
Professor	41	M	White
Professor	49	F	White
Professor	38	M	White
Professor	61	M	White
Professor	64	M	White
Professor	62	F	White
Professor	43	M	White



**Florida Atlantic University** • BOCA RATON, FLORIDA 33431

September 6, 1977

DIVISION OF  
CONTINUING EDUCATION

Ms. Eileen Bradley, Director  
U. S. Commission on Civil Rights  
Age Discrimination Study  
1730 K Street, N. W.  
Washington, D. C. 20425

Dear Ms. Bradley:


While testifying before the Commission on Age Discrimination Study during the recent hearings in Miami, I was asked to provide information about tenured and non-tenured faculty at Florida Atlantic University subdivided by age, ethnic group and sex.

The requested information appears in the table below. Data applies to FTE faculty as of 8/77 and was obtained from Computer File TE 636U/M.

FTE FACULTY AT FLORIDA ATLANTIC UNIVERSITY

	<u>Tenured</u>		<u>Non-Tenured</u>		<u>Total</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
White						
Under 55	145	9	56	21	201	30
Over 55	28	4	9	4	37	8
Black						
Under 55	1	-	5	-	6	-
Over 55	-	-	-	-	-	-
Other Minor- ities						
Under 55	3	2	3	2	6	4
Over 55	-	-	-	-	-	-
<b>TOTAL</b>	<u>177</u>	<u>15</u>	<u>73</u>	<u>27</u>	<u>250</u>	<u>42</u>
	192		100		292	

Sincerely,

  
Rodney A. Lane  
Dean

RAL/aem

SEP 13 1977  
MBL



STATE OF FLORIDA

DEPARTMENT OF

Reubin O'D Askew, Governor

## Health &amp; Rehabilitative Services

1323 WINEWOOD BOULEVARD

TALLAHASSEE, FLORIDA 32301

October 24, 1977

Ms. Laura Wilmon  
 Civil Rights Commission  
 1718 P Street Northwest  
 # 409  
 Washington, D.C. 20036

Dear Ms. Wilmon:

In response to your request of October 14, the following statements and their source are submitted for your information.

- A. The percent of Florida's population which is 65 years of age or older is 16.7%.

Source: Computer printout - official population figures as of July 1, 1976  
 Center of Gerontological Studies and Programs, University of Florida

- B. The percent of persons 65 years of age and older who are below the poverty level is 15.3%.

Source: "Older People in Florida: A Statistical Abstract"  
 University of Florida Center of Gerontological Studies

Also enclosed is a list of my staff and their race, sex, creed, color, national origin and age.

If you have any questions, please contact me at (904)488-4311.

Sincerely,

ED LEVINE

Acting Director  
 Office of Health & Social Services  
 Policy Development

Enclosure

STAFF MEMBER	RACE	SEX	CREED	COLOR	NATIONAL ORIGIN	AGE
Ed Levine	Cauc.	M	Jewish	White	American	30
Robert Arnold	Cauc.	M		White	American	26
Wendy Leader	Cauc.	F	Jewish	White	American	28
Jill Sandler	Cauc.	F	Jewish	White	American	34
John Lenaerts	Cauc.	M	Protestant	White	American	30
Robert Lombardo	Cauc.	M	Catholic	White	American	30
Lu Marie Polivka-West	Cauc.	F	Unitarian	White	American	29
James Hardison	Cauc.	M	Protestant	White	American	47
Carol Hathaway	Cauc.	F	Protestant	White	American	22
Martha Olive	Cauc.	F	Protestant	White	American	36
Ruth Edmonds	Cauc.	F	Protestant	White	American	63

## Exhibit No. 45



WILLIAM D. MAY, Ed.D.  
AGING PROGRAM SUPERVISOR  
AGING AND ADULT SERVICES PROGRAM OFFICE  
PROGRAM DEVELOPMENT & TECHNICAL ASSISTANCE UNIT

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
AND REHABILITATIVE SERVICES  
1321 WINWOOD BLVD.  
TALLAHASSEE, FLORIDA 32301

TELEPHONE  
(904) 488-2861

For Laura J. Mount  
Life Insurance in Florida

2 Nov 1977

Dr. May,

I have reviewed the grant awards to the Area Agencies on Aging (AAA's), out of a total sum of \$ 4,995,982 (Title III), which has been awarded approximately \$ 918,930 in for "TRANSPORTATION." This would mean about 18% of our Social Service money goes for TRANSPORTATION in the Priority Districts.

Using the 18% as a factor and applying it for state-wide grant awards we could estimate =

that out of a grand total of \$ 5,971,757 (FY 1977, Title II) for Social Services in Priority and non-priority Districts TRANSPORTATION SERVICES would be approximately \$ 1,075,000.

I have not yet had time to research the grant awards/application in the non-priority area to confirm this level of funding.

Harlan Long

William D. May  
11/2/77  
as requested by  
phone

*Exhibit No. 46*

STATEMENT TO BE PRESENTED BEFORE THE U.S. CIVIL RIGHTS  
COMMISSION HEARINGS IN MIAMI, FLORIDA, AUGUST 22-23, 1977

By: Leonard E. A. Batz, President  
Senior Centers of Dade County, Inc.  
1407 N. W. 7th Street  
Miami, Florida 33125

We are grateful that Chairman Arthur S. Flemming and his Commission choose to have a hearing in Miami, Florida. We recognize that the reorganization of the Florida Department of Health and Rehabilitative Services (HRS) is still in that new phase, but this does not excuse the lack of definitive guidelines that determine the parameters of Title III (Older Americans Act) for the Aged, 60 and over versus Title XX a relatively new Aging and Adult Services program, age 18 to 59 including child care programs.

Our greatest complaint is (a) the duplication of services, (b) additional agencies and (c) the waste of monies for administrative purposes which could be done by one (1) agency, leaving more monies for the actual operation of programs for the aged 60 and over. In order to justify our request for definitive guidelines, actual case requests for funds are presented to show the difficulty in determining the correct allocation of funds.

The Area Agency on Aging (AAA) is a Federally funded agency administered by the United Way. This agency examines concept papers of programs and approves those within the framework of Titles III and VII, while the H.R.S. District XI examines those papers for Title XX Aging and Adult Services.

A chart (see page 3) showing Services Breakdown is a part of this statement.

Case requests for funds submitted to AAA

- (1) A request for \$23,048.00 in Federal funds, a total budget of \$42,700.00 to provide transportation to compliment a Meals-On-Wheels Program. This request could be combined with other transportation programs or be a part of Title XX Transportation Program. A statement that only citizens aged 60+ will be served, is not included in this proposal.
- (2) A request for \$24,355.00 Federal funds in a Total Budget of \$27,005.00 for prosthetic devices and aids for needy persons. Those persons 65 and over are in conflict with Medicare. This is a Title XX Adult Services program, in our opinion, and has no place in requesting money from the Title III Aged programs.
- (3) A program \$22,017.00 Federal funds, total budget \$24,463.00 Home repair, heavy cleaning, lawn care requesting 2 maxi-vans. Since this program has Federal approval and no assurance that persons under age 60 would be denied service, this program must be a Title XX allocation.
- (4) A program \$69,212.00 Federal funds, total budget \$85,843.00 to establish another agency in downtown Miami which would provide all the services now available from many agencies. To establish a staff of people to identify, assess need and offer services as required, based on demand.

This program is a travesty of practical application because of the unknown ages of supposed people, this must be established as a Title XX Aging and Adult Services program.

- (5) A program for \$27,000.00 Federal funds total budget \$30,000.00 a legal aid program to provide legal services and legal education for 244 clients/year of which 3% or less would be age 60 and over. This is a Federal approved program and is funded by Title XX. Therefore, to ask for funds from Title III is un-ethical, and indicates greed.

In conclusion we recommend that Congress complete their work by establishing strict guidelines for the application and administration of services in two (2) categories;

- (1) Aging Category Title III and Title VII  
60+ age, no income level
- (2) Adult Services Category Title XX  
18-59 age, poverty income levels,  
60+ age where groups of all ages are part of the same program.

The Area Agency on Aging (AAA) would examine and recommend the Title III and Title VII programs. The HRS District XI would examine and recommend The Title XX programs.

We thank you for the privilege of presenting our views, which we hope will be of value to your fine committee.



BREAKDOWN OF SERVICES

<u>AGING</u>	<u>AND</u>	<u>ADULT SERVICES</u>
Title III		Title XX
Age 60+ only		Age 18-59 and 60+
Chore		Specialized Services for Adults
Homemaker		Alternate Placement for Adults
Information & Referral		*Chore
Transportation		*Companionship
Counseling		Consumer Education and Protection
Home Delivered Meals		Employment
		*Escort
Title VII		Family Planning
Age 60+ only		Health Support
Nutrition Services		Home Management
Nutrition Education		*Homemaker
Health Education		Housing Improvement
Counseling		Information and Referral
		*Legal
		Nursing Home
		Training and Related
		*Transportation
		Protective Services For Adults
		Adult Day Care
		*Counseling
		*Home Delivered Meals
		*Some clients 60+ in
		Group Programs

DATA

Population  
 Dist. XI 17.6% of State Total  
 60+ 19.9% of State Total  
 Allocation of monies Dist. XI  
 Title III 3-4% of State  
 Title VII 12-14% of State  
 Title XX 10.5% of State

*Exhibit No. 47*

Miami, Fla. August 23-1977.

TO THE "CIVIL RIGHT COMMISSION".

My name is Rafael Gonzalez, citizen of The United States of America, 66 years old, Retired, living in a Government House.

My experience as elderly, is as follow:

Medicare and Medicaid.

I am receiving Hospital and Medical services and also prescriptions without any interruption.

I had seen , at the same time, that the Ambulance Service here in Miami is discriminatory against the old, poor and sick people that need to be carry to any Hospital. A few weeks ago an old lady fainted and I was calling the ambulance during 1 hour and 40 minutes. A few days ago another old lady fainted and after 7 telephone calls and 1 hour 30 minutes, we called the Police that came immediately and the Officer called the ambulance once more and it arrived 20 minutes later. When I asked the ambulance driver why it take 2 hours to arrive after 8 calls, he answered with another question: " who will pay for this service? and begun to joke about Medicare.

Something must be done by the Autorities to prevent that this painfull situation be repeated.

And now , we want to express our sincere gratitude to the Police Department and to the Fire Department and Rescue Service for the excellent, fast, able and kind attention that they give to everybody that asks them for help . Polide and Fire-men never fail us .

FOOD STAMPS.

I am receiving food stamps. In this Department there are many nice employees, whose manners are polite and the people that must go to these Offices receive a nice and honorable treatment. Specially I have observed two of them that are very kind and gentle with the old people, doing their duties and at the same time helping the elderly <sup>that have</sup> ~~with~~ troubles. The names of these two excellent employees of the Food Stamps Department are: José A. Rami and Sandra Perez. But, also I had seen mean employees insulting and giving rude treatment to the poor people that need to go to that Office to ask for help. I ~~keep~~ the name of one of these persons because she is a woman but something must be done to give instruction to them in the way that they are there receiving a payment from our Government to work for the people, not to insult and be mean with the poor and sick that need to be helped.

-----\*\*\*\*\*.....

TRANSPORTATION.

This Department is doing a very satisfactory work.

-----\*\*\*\*\*-----

SCHOOL, COLLEGE and UNIVERSITY.

I have a very pleasant experience in this matter. I had been in Highschool, Vocational School and College and ever received very kind attention; they paid my tuitions and gave me good instruction.

-----\*\*\*\*\*-----

Job for senior citizens.

There are a few months that I am trying to get a job as senior-citizen without success. Although the Government gave money to pay for jobs for Retired persons and I <sup>am</sup> graduated from High-School, Vocational School, (Bachiller in Science and Language), <sup>Finance</sup> Business Administration and studied in College, and also in

Cadets, Officers and General Staff of the Army Academies, nothing happened until now and I am still looking for a job and wondering what must be done to get one of this Job paid for the Government for the elderly.

-----\*\*\*\*\*-----

HOUSING.

I had an interesting experience in this matter. When I tried to get a house, the employees of HUD rejected my beg and when I went to the Director Office, an employee, Mr. Richard Collins, was absolutely unhuman with the poor sick oldman that was asking for help. He deceived me when he told me that my request was granted and that I must return to the Office or Mrs. Cristina Tiana to get a house. But when I arrived to her Office she told me that this was not true. She called him and then told me that nothing could be done and that I must leave. They make fun of an old, sick, poor and retired senior citizen but I thought that the Director of HUD, Mr. Melvin Adams, for his high level position, might be a better person and I sent him by registered mail all my documents. I was right. Immediately he ordered an investigation and after that, he offered me the opportunity to live in a very nice home: Highland Park" where I am living now.

\*\*\*-----\*\*\*\*\*-----

HOME-MAKER SERVICES

Something must be done in this Department. The Government is paying for cleaning the homes of the elderly, but many old people are not receiving the services that they are intitle. When they complained, the employees said that they are receiving a free service and that it can not be better. Sometimes they are rude, unpolite with the poor seniors that are afraid to talk about this. The Government is paying for this service and the employees that received instructions to spend specific time in each home, they are not

doing that. They stay about a 40% or less of the time that is paid to them to do they work and they collect the sign of the erderly in a paper that said they spent the full time in their job.

My opinion is that this service needs as soon as possible, to be reorganized, with better supervision and better teaching of the employes of what are their duties, their responsibilities with the money of the Government that they are receiving, and also that they must be more kind, more gentle with the erderly and that they must spend in each home, the time that is paid for. And also must be clarify that they are not doing voluntary without payment job. That they are been paid with goverment money.

-----\*\*\*\*\*-----

Before ending this statement I wish to express my deep gratitud to the Director od HUD, Mr. Melvin Adams and to her ablem very nice and gentle Assistant Director Mrs. Helen M. Sawyer, for their constant concern for the poor, sick and old people that need their help.

And finally my gratitude to all the Members of this Civil Right Commission for this opportunity to express freely our feeling about the situation of the poor elderly.

Thank you.

*Rafael Gonzalez*

Rafael Gonzalez/  
1150 NW. 11st. Street Road. Apt. 608.  
Miami, Fla. 33136.

rg.

Phone (305) 545-6525

MAILGRAM SERVICE CENTER  
MIDDLETOWN, VA, 22645

 western union

**Mailgram**



THIS MAILGRAM IS A CONFIRMATION COPY OF THE FOLLOWING MESSAGE:

3056357983 MGH TDMT MIAMI FL 275 03-30 0152P EST

ZIP

PRESIDENT JIMMY CARTER

WHITE HOUSE

WASHINGTON DC 20500

I AM FOLLOWING WITH INTEREST DISCUSSIONS ON PROPOSED LIMITATIONS OF OUTSIDE EARNED INCOME FOR CONGRESSMEN AND SENATORS. I RESPECTFULLY REQUEST EQUAL OPPORTUNITY TO GIVE MY VIEW POINT ON THIS CONTROVERSIAL SUBJECT. LEGISLATORS RECEIVE HANDSOME REMUNERATION PLUS EXPENSES AND MANY PERQUISITES FOR A SUPPOSEDLY FULL TIME JOB AND ADDITIONALLY USE THEIR PUBLIC IMAGE (AND INSIDE KNOWLEDGE GAINED AT TAXPAYERS EXPENSE) TO EARN LUCRATIVE FEES AS LECTURERS WRITERS AND PANELLISTS. HAVE THEY CONSCIENCE? TODAY WHEN COUNTLESS SENIOR CITIZENS EAT CAT FOOD AND DOG FOOD BECAUSE THEY CANNOT AFFORD HUMAN FOOD AND MANY OLDER PERSONS CANNOT AFFORD ADEQUATE HOUSING PROPER HEALTH CARE BALANCED NOURISHING DIETS AND OTHER NECESSITIES OF LIFE IT IS IMMORAL (AND MAYBE UNCONSTITUTIONAL) THAT SOCIAL SECURITY RECIPIENTS LOSE ONE DOLLAR FOR EVERY TWO DOLLARS EARNED OVER THREE THOUSAND DOLLARS. THIS IS AN UNJUSTIFIED PENALTY THAT DEGRADES AND HUMILIATES LIFE-LONG WORKERS AND REDUCES THEIR LIVING STANDARDS TO SHAMEFUL CONDITIONS. SOCIAL SECURITY IS NOT A GIFT FROM A BENEVOLENT PHILANTHROPIST IT IS A RIGHT AND THE EARNED RESULT OF A LIFETIME OF WORKING AND CONTRIBUTING TO THE NATIONAL ECONOMY. THEREFORE I SUGGEST THAT IF CONGRESSMEN AND SENATORS WISH TO WORK FOR OUTSIDE EARNED INCOME THEIR SALARIES SHOULD BE REDUCED BY 1 DOLLAR FOR EVERY TWO DOLLARS EARNED OUTSIDE INCOME. SURELY OUR LEGISLATORS CANNOT OBJECT TO SUCH A REGULATION WHICH THEY IMPOSE ON OVER TWENTY MILLION AMERICANS

PHONE 3056357983

IRENE WEBSTER

P.O. BOX 575

HALTANDALE, FLORIDA 33009

The photographs accompanying the following captions are on file at the U.S. Commission on Civil Rights:

- "1. "Little Brother" died because owner did not have the money to take him to the veterinarian. Had to wait unconscionable time for Social Security Hearing.
  - "2. Antique Bisque French Lamp and table, one of a pair sold, along with other family heirlooms in order for the owner to survive while she was waiting the long time for Social Security Hearing.
  - "3. A roof leak that would have cost less than one hundred dollars to fix deteriorated and the ceilings of two rooms fell down. The owner did not have the money to fix original leak because she was waiting for Social Security Hearing on Disability.
  - "4. The ceiling and roof further deteriorated (see #3). Original repair would have been less than one hundred dollars. Probable cost now three thousand dollars. Social Security Hearing delayed almost two years.
  - "5. Further ceiling and roof deterioration (see #3 and #4). This deterioration would never have happened if Social Security Disability had been allowed at the proper time. If claimant had been represented by attorney and there was a speedy hearing law, much misery, humiliation and degradation (sic) would be avoided.
- "A modern day tragedy of Nero Fiddling while Rome burned."

# ***EXPERIENCIA ILIMITADA***

DIRECTORIO  
DE  
EXPERIMENTADOS  
CONSULTANTES

Editado por la  
ASOCIACION "LOS VIEJOS UTILES"  
1977



## DEDICATORIA

### AL EXILIO DIGNO Y LABORIOSO

Este es un modesto trabajo expresivo de la intensamente sentida preocupación de LOS VIEJOS UTILES por la situación laboral de las personas mayores de 60 años, injustamente discriminadas por motivos de su edad, de acuerdo con la absurda tesis de que ser "viejo" equivale a ser inútil. Quienes sustentan tal teoría olvidan que la energía, la agresividad, y la audacia propia de los años jóvenes, con ser preciosos atributos, a veces tardan en conseguir el éxito, debido a la carencia de algo que solo pueden proporcionarles los viejos. Ese ALGO es la EXPERIENCIA.

¿Por qué entonces - nos preguntamos- no se aprovecha ese tesoro que se encuentra a su alcance, contribuyendo con ello a hacer un poco más felices a los que tanto deben, y que solo aspiran a llevar, airoso, una vida digna y decorosa?

**A****ABOGADOS :**

Damien C. Power	324-1106
María Alvarez	264-2592
José J.López	661-0482
Emilio Adán	696-6879
Angel Beruff	822-3029

**ADMINISTRADORES :**

Sixto Valdivieso	261-2592
------------------	----------

**AGRICULTURA :**

Hilario Fuentes	324-1106
Quirino González	545-7768
Juan F. Avila	324-1106
Ramón Ortiz	548-3475
José F. Martínez	274-4166
Antonio Ruiz	445-2940

**ALBAÑILES :**

Félix Betancourt	552-1984
Roberto Bofill	223-8254
Fernando Reina	443-0234

**ARTES MANUALES :**

Laura de Antonio 642-5180

**ARREGLOS FLORALES :**

Abigail Aguirre 324-1106

**AVICULTORES :**

Antonio Ruiz 445-2940

**ARQUITECTOS :**

Carlos Mendoza 324-1106

**B****BARBEROS :**

José Reyes 324-1106

**BANCARIOS :**

Nicasio Vidal 823-3458

Luis A. Hernández 635-0201

Francisco A. Oliver 634-9597

Nicolás Alvarez 221-0002

**BOOK-KEEPERS :**

Blanca Hernández 856-4890

Luis Alvarez (Income-Tax) 538-4337

**C****CARPINTEROS :**

Crescencio Pérez	443-9830
José Gómez	649-4044
Lázaro E. Arredondo	552-7933
Mario Durán	642-8081
Isidro L. Herrera	324-1106
Gumersindo Báez	573-1644

**CARNICEROS :**

Manuel Arean	642-9970
--------------	----------

**CHOFERES :**

Guillermo Monteavaro	649-2584
Armando Abad	625-2016
José I. Rigau	324-7259
Santos Zulueta	324-1106
Miguel A. Valdés	443-3624
Luis Santana (carro propio)	645-8374
José Gómez	649-4044
Andrés González	324-1106
René Regalado	545-7310

<b>Cándida A. Venegas</b>	<b>548-0485</b>
<b>Piedad Cowan</b>	<b>541-0806</b>
<b>Margarita Ramirez</b>	<b>643-4899</b>
<b>Marfa Sierra</b>	<b>643-4391</b>
<b>Clara A. Vega</b>	<b>324-1106</b>
<b>Claudina Rivero</b>	<b>649-q220</b>
<b>Julieta Diaz</b>	<b>649-3679</b>
<b>Alba Toranzo</b>	<b>324-1106</b>
<b>Laura de Antonio</b>	<b>642-5180</b>
<b>Ena González</b>	<b>545-9108</b>

**COMERCIO :**

<b>Basiliso Morales</b>	<b>541-1053</b>
<b>Rafael A. Cadalzo</b>	<b>822-3029</b>
<b>Rodolfo Rodriguez</b>	<b>642-6215</b>
<b>José Alvarez</b>	<b>324-1106</b>
<b>Secundino Rodriiii</b>	<b>324-1106</b>
<b>Felipe Casanova</b>	<b>642-5826</b>
<b>José Toca</b>	<b>545-7416</b>
<b>Mariana Escarbero</b>	<b>545-8919</b>
<b>Julio Rodríguez</b>	<b>642-7001</b>
<b>Feliciano Carrasco</b>	<b>643-0134</b>
<b>Heriberto Carpenter</b>	<b>445-6502</b>

**Gerardo Betancourt** 888-5847

**Carlos Castillo** 324-1106

**COSTURA :**

**Mercedes González** 864-7647

**Giselda Collot** 324-1106

**Alba Toranzo** 888-5547

**Concepción Wash** 324-1106

**Luisa Martínez** 854-7047

**Leocadia Noriega** 672-5754

**Virgilia García** 643-9650

**Felicia Valdés** 324-4420

**Petrona Cuétara** 858-3817

**Fidelina Evora** 264-0717

**Marta Carrero** 573-8993

**Teresa Almaguer** 448-1515

**Odilia Martínez** 324-1106

**Josefa Cruz** 642-4247

**Cándida González** 448-0968

<b>Feliciano Carrasco</b>	<b>324-1106</b>
<b>Walter Pérez</b>	<b>642-6065</b>
<b>Juan Petes Franco</b>	<b>445-6110</b>
<b>Edilberto Vázquez</b>	<b>649-3761</b>
<b>Fermín Rodríguez</b>	<b>866-7049</b>
<b>José de Antonio</b>	<b>324-1106</b>
<b>Hilda Herrera</b>	<b>638-7869</b>
<b>José E. Alvarez</b>	<b>443-3327</b>

#### **CONTADORES :**

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<b>Juan Alvarez</b>	<b>324-1106</b>
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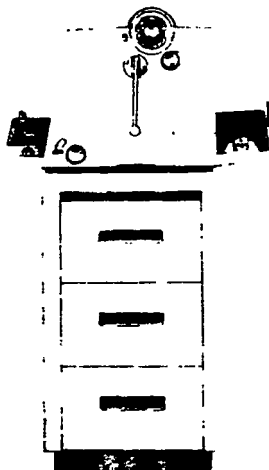
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*What  
The Useful Aged  
Are?*



### **WHAT ARE "THE USEFUL AGED" (LOS VIEJOS UTILES?)**

They are the first Association of spanish speaking elders of this area, founded on May 31st, 1971 and registered in the State of Florida on June 9, of the same year.

### **WHAT IS THE MORAL FUNDAMENT OF THE ASSOCIATION?**

The believing that "Being old does not mean Being unuseful" and neither to be a bother to the community.

### **WHAT IS THE GOAL THE A.L.V.U. WANTS TO ACHIEVE?**

Promote the well being, moral and material of its members, encouraging them to live an active and useful life.

### **WHAT DOES THE A.L.V.U. DO TO ACHIEVE ITS GOAL?**

Looks out to maintain the elder in activity, it offers company and affection, tries to adjust them to the medium, it gives them adequate training and tries to find them an adequate job according to their ages and capacities.

### **WITH WHAT KIND OF HELP DOES THE ALVU COUNTS TO ACHIEVE ITS GOAL?**

THE USEFUL AGED depends primarily of the monthly fees of each one if its members; of the donation of its benefactors members; and of the unfailing help that the community offers each time that is needed.

### **WHAT SERVICES DOES THE ALVU LEND?**

Five kinds: 1)Cultural, 2) Recreative, 3)Economic, 4)Social Orientation and 5)Communication.

#### **CULTURAL**

We are offering classes of English, citizenship, painting, knitting, wood carving, crafting, and operation of office machines.

#### **RECREATIVE**

Periodicals trips and excursions, table games and many others entertainments.

#### **ECONOMIC**

With the presentation of the identification card of Los Viejos Utiles and the receipt of a current member, each will receive different discounts that more of 100 commerces of distinct types of business offers to the members of the Institution.

### **SOCIAL ORIENTATION**

We fill out applications for residence, citizenship, and reentry permit, Food Stamps, notarial services and translation from English to Spanish and viceversa. The social workers visit and help in all they can the members of the ALVU every time that is needed.

### **COMMUNICATION**

Los Viejos Utiles publish a monthly bolletin called UTIL, (Useful); We have a weekly radial time that is given to us generously by WFAB at the end of the news at 5pm on Saturdays; and maintain too, a reception service that take all the messages during the night hours, to serve better our members.

### **IS THE ALVU AN AGENCY OR AN OFFICIAL PROGRAM?**

No. Los Viejos Utiles are an entity private and free, originated by the willpower of its founders and created by the elders, with the elders and for the elders, which willpower expressed democratically is the one that regulate the functioning of the Association.

### **WHAT IS THE DIFFERENCE BETWEEN AN ASSOCIATION AND AN AGENCY?**

Instead of an agency that receive an official help and has to adapt itself to the programs that are given to them, the Association only depends of its own enviroments and of the help from the community, but designs and execute its own programs, without another limitations that the ones that the law establish, Instead of the Association that the person keeps his identity, in the Agency the person loose it, converting himself in a simple card with a number on.

### **DOES THIS MEAN THE ASSOCIATION REJECT THE OFFICIAL HELP?**

No. Instead of rejecting that help, the Association is looking forward to get it, and thanks it, but with the condition of administrate it according to its own needs, goals and culture; and it is very welcome any official fiscalization.

### **CAN LOS VIEJOS UTILES RECEIVE ANY DONATIONS?**

Yes. They can and they do very often, because the Association is a Non-Profit Organization authorized for it, and the persons that make this kind of donation can deduct it from the Income Tax.

**WHO ARE THE ONES THAT CAN  
BECOME A MEMBER OF THE  
USEFUL AGED?**

All persons older that 50, with moral background and a good conduct, that does not have materialistics or marxists ideas.

**WHAT DO ONE HAVE TO DO TO  
BECOME A MEMBER OF THE ALVU?**

Fill out a form of entry, pay the monthly fee of \$1.00 (one dollar) and fullfill the by-Laws of the Association.

**WHEN DO YOU START TO RECEIVE  
THE BENEFITS?**

From the same instant in which you join the Association; having the member the right to all the services that actually are given and the ones that are going to be given in a near future.

**THEN, THIS MEAN THAT YOU HAVE  
TO PAY SOMETHING?**

Yes, there is a monthly fee of \$1.00 (one dollar). Everything that is worth, cost ! ! !

**WHY THERE IS A FEE TOPAY?**

Because thanks to that the Association can pay its expenses: rent, electricity, telephone, gas for transportation, printing, etc.

**DOES THE ASSOCIATION HAS SOME  
OTHER CASH RECEIPTS?**

Yes the extraordinaries fees that the protectors members pay and the donations given to the Association by its sympathizers. That is all, since the Institution has the lack of any official help: Federal, Statal or Local.



**ASOCIACION LOS VIEJOS UTILES**

(ASOCIATION FOR THE USEFUL AGED)

P. O. BOX 156 RIVERSIDE STATION  
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