The Center is oriented toward a nonmedical model of education, training, and habilitation for all of its severely and profoundly retarded residents. The goal of the program is to prepare residents to return to the community within a five-year period. Individualized programs are prepared to implement this long-range goal, and residents use the generic services provided by doctors, dentists, speech therapists, occupational therapists, physical therapists, and pharmaceutical services in the local community. More than half of the residents attend day training in the community. The Center is budgeted for ninety residents (Code Health-General Article, sec. 7-305).

CITIZENS ADVISORY BOARD FOR VICTOR CULLEN CENTER

Chairperson: Delbert G. Summerville, 1982

Charles L. Mobley, Jr., 1983; Paul Puskar, 1983; Mary V. Schnurr, 1983; Dr. Eileen Steele, 1983; Alexander Weinstein, 1984; Alfred A. Pansa, 1985.

GREAT OAKS CENTER

Clifford P. Lockyer, *Director*

12001 Cherry Hill Road
Silver Spring 20904   Telephone: 595-5000

Great Oaks Center was established by Chapter 556, Acts of 1967, as the Metropolitan Washington Retardation Center. It adopted its present name in 1971. Great Oaks Center opened in the fall of 1970 to serve mentally retarded and developmentally disabled persons from Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties. Great Oaks was the first regional center established by the Mental Retardation and Developmental Disabilities Administration.

The first phase of construction provided care and training for 200 mentally retarded residents and a 30-bed infirmary. The second phase of construction was completed in September 1974, providing living and programming space for an additional 270 residents (Code Health-General Article, sec. 7-305).

Retarded and developmentally disabled individuals receive a full range of comprehensive and diversified services and programs, including respite care. Education, training, and habilitation services and programs for the facility's retarded residents are offered in both the Center and in the community.

A day care program integrates programs and services offered by Great Oaks. A Continuum of Services Team serves several outreach functions in the community, such as training parents in their homes to deal with the special problems of their children so that institutionalization may be averted. The team also works with teachers in local schools to aid them with the education and training needs of their mentally retarded and developmentally disabled students. County health departments and community agencies are assisted in the development of resources for the mentally retarded and developmentally disabled. The team also provides follow up services for discharged residents to assist them in the community.

CITIZENS ADVISORY BOARD FOR GREAT OAKS CENTER

Mildred Parker, 1983; Thomas G. Bennett, Sr., Ph.D., 1984; Barbara L. Kane, 1984; Marian Sterling, 1984; Harold L. Flannagan, 1985; Monroe Karasik, 1986.

HENRYTON CENTER

Charles L. Leight, *Director*

Henryton 21080

Telephone: 795-2400

The Henryton Center was established in 1922 for the care of tuberculosis patients (Chapter 464, Acts of 1922). In 1963, the hospital was transferred to the Department of Mental Hygiene (Chapter 110, Acts of 1963). A training and habilitation program is conducted for severely and profoundly retarded ambulatory residents ages eighteen years and over. Admission is through the Division of Special Services of the Mental Retardation and Developmental Disabilities Administration. Some Center residents participate in community-based activity programs. Respite care is available on a limited basis to Howard, Carroll, Anne Arundel, and Harford counties. Requests for respite care also are made through the Division of Special Services. Henryton is licensed for 330 residents (Code Health-General Article, sec. 7-305).

CITIZENS ADVISORY BOARD FOR HENRYTON CENTER

Elaine Boyd, 1983; Alan Lovell, 1984; Mary Weston, 1984; Robert R. White, 1984; Maxine Warfield, 1984; Nancy H. Bennett, 1985.