

Part II: Situation

Chapter 2

Basic Facts About Public Residential Facilities  
for the Mentally Retarded

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BASIC FACTS ABOUT PUBLIC RESIDENTIAL FACILITIES  
FOR THE MENTALLY RETARDED

National Statistics

More than 200,000 people, nearly half of whom are children, now live in over 150 public institutions for the mentally retarded in the United States. Another 20,000 retarded reside in approximately 500 known private facilities. Tens of thousands more wait out their times in institutions for the mentally ill; nearly 10 percent of all residents in public mental hospitals are retarded.

The number of institutionalized mentally retarded increases by over 3,000 every year. Public institutions for the mentally retarded alone admitted an average of over 15,000 every year between 1960 and 1967. Over half of these were under ten years of age. An average of only 8,000 was released from public institutions each year from 1960 to 1967, and approximately 3,000 died while institutionalized during each of those years. Accurate statistics concerning trends in the numbers of retarded residents in private institutions and in public facilities for the mentally ill are not available. Estimating from the number of retarded people in these facilities, they probably accommodate an additional 300 to 400 retarded each year over and above the more than 3,000 who are annually added to the rolls of public facilities for the retarded.

The fact that thousands are admitted to public institutions for the retarded each year does not mean that gaining admission is easy. It is exceedingly difficult, because institutions are generally filled. The average institution houses 98 percent of the number of residents it states it can accommodate, and most facilities are overcrowded and understaffed when they are operating at their stated capacity. Many institutions house more than their stated capacity. Some contain 50 percent more people than they were constructed for. In 1962, the President's Panel on Mental Retardation estimated that 50,000 bed spaces would have to be constructed to alleviate institutional overcrowding and to replace inadequate facilities. There is little reason to believe that fewer new beds are needed now.

Since most public institutions operate at or above their capacity, the delay between applying for and gaining admission is usually great. Often it is more than 3 years. Also, who is admitted is often determined by who has been released rather than by the needs of the applicants. A bed vacated by a mildly retarded female is usually given to a mildly retarded female even though aged males or severely damaged infants may be in graver need and have waited longer for admission. The crowded condition of institutions also produces long waiting lists. Most institutions would have to expand by more than 25 percent in order to eliminate their current waiting lists. Even such large-scale additions of beds

would probably not shorten for long the lines of those who await admission. Experience has shown that people who have not applied before the construction of new facilities, for lack of hope of ever being admitted, come forth to seek admission and to refill the waiting lists when new facilities are opened. We are forced to conclude that many who need residential services have not applied for them.

Even though fewer than 5 percent of the mentally retarded in the United States reside in institutions, more money is spent to maintain them than is spent for any of the public programs which serve the remaining 95 percent. The annual cost of maintaining this country's public institutions for the retarded is now greater than 500 million dollars. In 1966, the national average operating cost per day per patient under treatment was \$6.72. General hospital care cost more than \$40.00 per patient per day during 1966.

More than three-quarters of the \$500 million spent each year to maintain public institutions for the retarded goes for the salaries, of institution personnel. More than 90,000 people are employed full time in public institutions for the retarded. Of these 90,000, more than half are attendants whose job is to give direct physical and emotional care to the retarded. In 1965, there was one attendant for each four residents in public institutions for the retarded. However, since attendants must provide around-the-clock coverage, the one-to-four ratio overestimates the amount of resident-attendant contact. Nevertheless, attendants have more resident contact than other types of employees combined, as may be seen by the fact that there was only one physician for each 270 residents, and only one psychologist for each 430 residents. Attendants are the main executors of institutional programs. They are faced with an incredibly wide array of responsibilities, ranging from being a substitute parent, janitor, and record-keeper to being part nurse, part physical therapist, part psychologist, and part educator.

Despite the fact that attendants are the most important people in the lives of the institutionalized retarded, the vast majority of them come to their job with no relevant past experience. They have been farmers, factory workers, career soldiers, housewives, etc. They generally have no particular educational qualifications. The majority come to their positions with less than a twelfth grade education. In most institutions, attendants come and go more quickly from their positions than any other group of institutional employees. A survey of 26 institutions in the 16 southeastern United States showed that, on the average, 20 percent of attendants are replaced in a year. In two of the 26 institutions, fully 50 percent of the attendants were replaced in one year.

A large part of the reason for the undistinguished qualifications of attendants and for their high turnover rate is undoubtedly the low status they are accorded and the niggardly pay they receive. Among the majority of the 26 institutions just mentioned, the maximum possible

salary for attendants was more than \$1,000 below the median income of the families in the county in which the institutions were located. In only 9 instances was the maximum equal to or greater than the median of the families in the surrounding county. Few attendants earn the maximum salary. Most attendants earn less than \$350 per month. Many earn far less than this.

About 11 percent of the 90,000 persons employed in public institutions for the mentally retarded are classified as professionals. Most of these are teachers and nurses. Fewer than 2 percent of all institution personnel are classified as psychiatrists, psychologists, and social workers. Data on the precise qualifications and credentials of those persons classified as professionals in public institutions for the retarded are not published. Those listed as psychologists, social workers, and teachers often have not completed standard educational programs, although most probably have an undergraduate degree of some sort; particularly those listed as physicians, dentists and teachers cannot be assumed to meet standards required for working in the community.

The information which is available concerning the credentials of professionals employed in public institutions for the mentally retarded suggests that they are not, as a group, among the most highly qualified in their fields. For example, hardly any physicians are boarded in their specialties. Many cannot even be licensed for private practice in the states in which they treat the retarded. Most institutional psychologists do not have a Ph.D. degree, and cannot, therefore, even apply for certification by the American Board of Examiner's in Professional Psychology. The situation is similar for social workers, most of whom do not hold a Master's in Social Work degree. As with attendants, the lack of status and the relatively low pay associated with professional positions in public institutions probably account in large part for the apparent lack of distinction of most institutional professionals.

#### State and Regional Differences

The population of public residential facilities for the mentally retarded is 55 percent male. Eighty-two percent are reported to have IQs below 50 (see Table 1). The high percentage of profoundly, severely, and moderately retarded suggests that the majority of the institutionalized retarded require intensive care and supervision. This is particularly true since approximately 50 percent of all residents are below the chronological age of adulthood (see Table 2). National statistics such as these give needed perspective on residential facilities for the mentally retarded. However, they also obscure important differences between institutions. Maintaining public institutions for the retarded has been the responsibility of the separate states, and as states' philosophies, policies, and resources have varied, so have their institutions.

Table 1\*

Distribution of Residents According to  
Level of Retardation

		Number of		Percent	
Levels of Retardation		Residents			
Profound	51,97	3	2	7	
Severe	63,52	3	3	3	
Moderate	42,34	8	2	2	
Mild	25,02	4	1	3	
Borderline	9,62	5	5		
Total	192,49	3	10	0	

\* Adapted from Milligan and Nisonger, 1965.

Table 2\*

Distribution of Residents According to

Chronological Age

Chronological Age	Number of Residents	Percent
0 - 4	5,775	3
5 - 9	21,174	11
10 - 14	30,799	16
15 - 19	32,724	17
20 - 24	28,874	15
25 - 29	23,099	12
30+	50,048	<u>26</u>
Tota 1	192,493	100

\*Adapted from Milligan and Nisonger, 1965.

States differ dramatically in how many and what types of their retarded they serve. The public institutions for the retarded of Kentucky, Arkansas, and West Virginia house approximately 3 people for every 10,000 in their general population, while Wyoming, South Dakota, and North Dakota house about 20 persons in their public institutions for the retarded for every 10,000 in their general populations. The remaining states distribute themselves between these extremes in the manner shown in Table 3. Tables 4 and 5 reflect differences between the states in the types of retarded served. Table 4 shows the percents of each state's institution population which fell into the various levels of retardation. Table 5 shows the number of residents admitted to the various states' institutions during 1965 and the percents of those admitted who fell into the various levels of retardation.

Undoubtedly many factors underlie the differences between states in the proportion and types of their retarded which they serve in institutions. There is considerable diversity among the states in the most basic issue of the definition of mental retardation. Although most states have only one admission procedure, many have several procedures by which a person can be placed in an institution for the retarded. States differ in the number and quality of noninstitutional programs for the retarded, so that a person who would be served in the community in one state must be institutionalized in another. Charges to patients for institutional care differ markedly from state to state. Discharge policies and rates vary from state to state, so that in some, beds become vacant more frequently than in others. Some states have expanded their institutional facilities more than others (see Table 7).

States also differ in how much they spend to maintain a person once he has been institutionalized and in how they allocate those expenditures. Per patient daily costs range from about \$3.00 in Mississippi, South Dakota, and Nebraska to about \$12.00 in Kansas, New Mexico, and California. The per resident daily costs of the various states during 1966 are shown in Table 6. Table 7 shows some of the differences between states in how they allocate their maintenance expenditures. It also shows how much the states differ in their capital expenditures for improvements and additions to their institutional facilities. In 1965, more than 20 percent of the expenditures of the states of Indiana, New York, Tennessee, and Wisconsin for the institutionalized retarded went for improvements on additions, while Alabama, Massachusetts, Minnesota, North Dakota, and West Virginia spent no money for improvements or additions.

States also differ in the numbers of different types of employees they use to serve their institutionalized retarded. For example, in Georgia, Mississippi, and Nebraska there is only one physician for each 600 residents, while in California, Maine, and Wyoming there is a physician for each 150 patients. Similar differences for other types of employees are shown in Table 8.



Table 6\*

1966 Daily Maintenance Expenditures in Institutions for the Mentally Retarded,  
by State and Number of Residents per 10,000 Population

State	Daily Maintenance Cost per Resident	Rank	Residents per 10,000 Pop.	Rank
Alaska	\$22.38	1	—	—
Kansas	12.18	2	8.81	31
New Mexico	12.11	3	6.07	41
California	11.41	4	7.11	37
Rhode Island	10.64	5	10.56	20
Wisconsin	10.63	6	9.06	29
Connecticut	8.82	7	13.70	15
West Virginia	8.78	8	2.61	49
Maine	8.66	9	10.20	22
Colorado	8.55	10	10.01	24
Kentucky	8.44	11	3.46	47
Hawaii	8.31	12	12.17	16
Louisiana	8.23	13	6.36	40
Michigan	8.07	14	15.03	10
Oklahoma	8.05	15	8.43	33
Iowa	7.97	16	6.78	38
Maryland	7.72	17	8.43	32
Illinois	7.54	18	9.20	28
Georgia	7.47	19	4.37	46
Indiana	7.42	20	8.04	34
Washington	7.36	21	14.01	14
Florida	7.32	22	7.61	36
Delaware	7.17	23	11.45	18
Idaho	7.13	24	10.54	21
New Jersey	7.13	25	9.49	27
Pennsylvania	7.09	26	10.05	23
Arkansas	7.07	27	3.38	48
Oregon	7.02	28	14.79	12
New York	6.94	29	15.02	11
North Carolina	6.92	30	8.97	30
Massachusetts	6.69	31	16.09	8
District of Columbia	6.58	32	16.28	7
Wyoming	6.50	33	22.00	1
Missouri	6.36	34	5.70	42
Minnesota	5.95	35	15.34	9
Tennessee	5.92	36	5.39	45
Utah	5.86	37	10.94	19
Vermont	5.76	38	16.37	6
New Hampshire	5.60	39	16.76	4
Arizona	5.38	40	5.56	44
Ohio	5.08	41	9.71	25
Montana	5.00	42	14.73	13
Texas	4.88	43	9.61	26
Virginia	4.71	44	8.02	35
North Dakota	4.39	45	18.90	3
Alabama	4.04	46	6.45	39
South Carolina	3.90	47	11.82	17
Nebraska	3.58	48	16.45	5
South Dakota	3.17	49	19.33	2
Mississippi	2.30	50	5.62	43

\*Adapted from Provisional Patient Movement, 1967.

16.76	4	5.60	39
16.45	5	3.58	48
16.37	6	5.76	38
16.28	7	6.58	32
16.09	8	6.69	31
15.34	9	5.95	35
15.03	10	8.07	14
15.02	11	6.94	29
14.79	12	7.02	28
14.73	13	5.00	42
14.01	14	7.36	21
13.70	15	8.82	7
12.17	16	8.31	12
11.82	17	3.90	47
11.45	18	7.17	23
10.94	19	5.86	37
10.56	20	10.64	5
10.54	21	7.13	24
10.20	22	8.66	9
10.05	23	7.09	26
10.01	24	8.55	10
9.71	25	5.08	41
9.61	26	4.88	43
9.49	27	7.13	25
9.20	28	7.54	18
9.06	29	10.63	6
8.97	30	6.92	30
8.81	31	12.18	2
8.43	32	7.72	17
8.43	33	8.05	15
8.04	34	7.42	20
8.02	35	4.71	44
7.61	36	7.32	22
7.11	37	11.41	4
6.78	38	7.97	16
6.45	39	4.04	46
6.36	40	8.23	13
6.07	41	12.11	3
5.70	42	6.36	34
5.62	43	2.30	50
5.56	44	5.38	40
5.39	45	5.92	36
4.37	46	7.47	19
3.46	47	8.44	11
3.38	48	7.07	27
2.61	49	8.78	8
		22.38	1

Table 4\*

The Percentage of Each State's Resident Population  
Falling in the Various Levels of Retardation During 1965

State	Borderline IQ 68-83	Mild IQ 51-67	Moderate IQ 36-50	Severe IQ 20-35	Pr IQ <20
Alabama	2	13	24	24	37
Arizona	2	12	25	25	36
Arkansas	13	20	25	25	17
California	2	14	25	32	25
Connecticut	7	20	19	22	32
Delaware		27	36	20	17
District of Columbia		21	48	18	13
Florida	6	14	23	25	32
Georgia	4	9	18	24	44
Hawaii		21	27		-52-
Idaho	2	10	13	35	40
Illinois	6	18	27	12	37
Indiana	8	20	34		-38-
Iowa	4	9	16	23	48
Kansas	4	11	18	32	34
Kentucky	5	12	21	39	24
Louisiana	6	10	16	26	42
Maryland	4	17	22	28	30
Massachusetts	8	14	28	36	14
Michigan	6	14	32	34	14
Minnesota	4	16	36	30	14
Mississippi	3	23	23	29	20
Missouri	5	18	19	42	16
Montana	3	26	33	28	10
Nebraska	8	23	29	31	10
Nevada			9	91	
New Hampshire		6	26	40	28
New Jersey	5	17	23		-55-
New Mexico	1	17	28	34	20
New York		-31-		-52-	17
North Carolina	3	17	31	33	16
North Dakota	3	16	25	32	24
Ohio	6	22	25	24	22
Oklahoma	4	16	23	30	27
Oregon	12	14	17	19	39
Pennsylvania	6	13	27	31	21
Rhode Island	5	15	20	28	32
South Carolina	7	17		-51-	25
South Dakota	5	19	33	25	18
Tennessee	5	9	20	22	43
Texas	4	19	28	28	22
Utah	4	12	12	26	46
Vermont	3	20	30	27	20
Virginia	3	16	18	36	28
Washington		-25-	34		-41-
West Virginia	2	11	17	23	47
Wisconsin	5	9	19	30	36
Wyoming	12	19	19	24	26

\*Adapted from Milligan and Nisonger, 1965.

Table 5\*

## The Percentage of Each State's Admissions During 1965

## Falling in the Various Levels of Retardation

State	Total Admitted	None	Borderline	Mild	Moderate	Severe	Profound	Unknown
Alabama	164 61 106				15	22	21	30
Arizona	1,104 122				13	26	20	25
Arkansas	154 48 81		7	19	31	34	9	16
California	374 161 70	.36	1	12	22	34	29	
Colorado	286 145		2	9	14	18	48	2
Connecticut	167 107		17	36	18	8	16	
Delaware	124 1,059	.65		19	33	40		8
District of Columbia	176 203			31	43	26		
Florida	56 112 61			12	20	20	33	3
Georgia	492 103	.27	6	13	16	7	24	
Hawaii	1,562 501			7	13	34	30	
Indiana	50		6	15	20	20	22	7
Iowa		.69		18	27	17	30	34
Kansas			6	14	26	16	26	10
Kentucky				7	6	16	8	16
Maine	3 3		6	29	20	17	23	2
Michigan	4		13	15	12	10	11	5
Mississippi			2	23	20	14	38	61
Missouri				2	7	7	6	
Montana			7	23	25	32		37
Nebraska			12	8	26	25	13	2
New Hampshire			9	13	31	56	9	75
New Jersey				11	12	23		
New Mexico		.61	2	14	33	30	15	23
New York				26	17	23	20	
North Carolina			7	25	27	16	20	35
North Dakota			9	12	22	10	13	3
								2
								14
								46
			12					
			4					
			10					

Table 5 (Cont.)

State	Total Admitted	None	Borderline	Mild	Moderate	Moderate	Profound	Unknown
						26	16	4
			9		24	19	32	1
	627				6	24	11	21
Ohio	670		2		13	11	22	24
Oklahoma	160	.63			19	23		33
Oregon	887	.39			21	5		5
Pennsylvania	19		9		24	14	29	31
Rhode Island	49		5		7	18	26	44
South Dakota	207	.48	5			10	13	29
Tennessee	1,249	.08	2		9	19	15	31
Texas	26 48		3		19	29	17	13
Utah	401 226		3		8	18	10	12
Vermont	114 254	1			21	23	19	8
Virginia	30		15		20	14	66	5
Washington		1	8	.87	12	23	40	2
West Virginia			11		10	17	7	3
Wisconsin		2	4		23			37
Wyoming								
		1	2					1
		3	7					7

Table 3\*

1966 Residents in Institutions for the Mentally Retarded per 10,000 Population,  
by State, and Daily Maintenance Expenditures

State	Institution Residents per 10,000	Rank	Daily Maintenance Cost per Resident	Rank
Wyoming	22.00	1	\$6.50	33
South Dakota	19.33	2	3.17	49
North Dakota	18.90	3	4.39	45
New Hampshire	16.76	4	5.60	39
Nebraska	16.45	5	3.58	48
Vermont	16.37	6	5.76	38
District of Columbia	16.28	7	6.58	32
Massachusetts	16.09	8	6.69	31
Minnesota	15.34	9	5.95	35
Michigan	15.03	10	8.07	14
New York	15.02	11	6.94	29
Oregon	14.79	12	7.02	28
Montana	14.73	13	5.00	42
Washington	14.01	14	7.36	21
Connecticut	13.70	15	8.82	7
Hawaii	12.17	16	8.31	12
South Carolina	11.82	17	3.90	47
Delaware	11.45	18	7.17	23
Utah	10.94	19	5.86	37
Rhode Island	10.56	20	10.64	5
Idaho	10.54	21	7.13	24
Maine	10.20	22	8.66	9
Pennsylvania	10.05	23	7.09	26
Colorado	10.01	24	8.55	10
Ohio	9.71	25	5.08	41
Texas	9.61	26	4.88	43
New Jersey	9.49	27	7.13	25
Illinois	9.20	28	7.54	18
Wisconsin	9.06	29	10.63	6
North Carolina	8.97	30	6.92	30
Kansas	8.81	31	12.18	2
Maryland	8.43	32	7.72	17
Oklahoma	8.43	33	8.05	15
Indiana	8.04	34	7.42	20
Virginia	8.02	35	4.71	44
Florida	7.61	36	7.32	22
California	7.11	37	11.41	4
Iowa	6.78	38	7.97	16
Alabama	6.45	39	4.04	46
Louisiana	6.36	40	8.23	13
New Mexico	6.07	41	12.11	3
Missouri	5.70	42	6.36	34
Mississippi	5.62	43	2.30	50
Arizona	5.56	44	5.38	40
Tennessee	5.39	45	5.92	36
Georgia	4.37	46	7.47	19
Kentucky	3.46	47	8.44	11
Arkansas	3.38	48	7.07	27
West Virginia	2.61	49	8.78	8
Alaska	-	-	22.38	1

\*Adapted from Provisional Patient Movement, 1967.

Table 7\*

Expenditures To Improve and To Maintain Public Institutions  
for the Retarded, by State, During 1965

State	Total Expenditures	Additions Improvements	Salaries Wages	Purchases	Fuel Lights	Oth.
New York	\$80,557,050	22%	81%	9%	3%	7
California	49,586,540	3	85	6	2	7
Michigan	36,451,142	9	83	10	3	4
Pennsylvania	28,035,718	4	74	9	5	12
Massachusetts	21,156,043		79	7	4	10
Ohio	19,810,085	9	77	10		14
Wisconsin	18,765,068	32	82	5	2	10
Texas	16,456,183	5	74	21	4	1
Indiana	13,442,220	31	72	11	4	13
New Jersey	13,045,388	3	77	9	4	11
Minnesota	11,782,016	.001	75	11	5	9
Florida	11,127,654	6	77	11	3	9
Washington	11,087,895	4	65	27	3	3
North Carolina	10,777,068	4	75	12	3	10
Connecticut	10,312,453	5	76	14	4	6
Kansas	9,500,610	11	79	15	3	4
Iowa	6,310,205	21	75	11	3	12
Oklahoma	5,981,417	4	72			28
Louisiana	5,875,178	12	80	13	4	4
Virginia	5,846,211	5	77	15	3	5
Colorado	5,593,058	2	82	11	3	4
Tennessee	5,402,876	26	61	17	4	18
Georgia	4,894,975	12	67	24	3	5
District of Columbia	3,780,990	8	86	8	3	- 3
Kentucky	3,379,896	9	70	7	5	18
Rhode Island	3,343,818	1	63	10	3	24
Nebraska	2,833,752	2	72	19	7	3
Alabama	2,656,424		64	10	3	23
New Hampshire	2,475,180	7	83	6	3	8
Hawaii	2,264,523	1	76	10	1	12
North Dakota	2,046,358	.007	73	7	4	16
Arkansas	1,845,122	35	69	23	4	5
Arizona	1,763,449	20	69	20	3	8
Idaho	1,659,253	5	77	4	3	16
Wyoming	1,626,803	17	68	11	3	18
South Dakota	1,620,508	7	69	10	6	15
Utah	1,616,110	2	71	10	2	17
New Mexico	1,601,688	10	69	17	4	11
Delaware	1,470,817	4	74	10	5	11
Montana	1,359,245	6	64	9	5	22
West Virginia	1,304,209	.003	68	19	4	9
Mississippi	1,261,328	3	52	14	4	30
Vermont	1,190,415	3	71	6	5	18
Alaska	162,100	9	63	10	5	21

\*Adapted from Patients in Mental Institutions, 1965.

Average Daily Population and Number of Residents for Each Full Time Physician, Psychologist, Registered Nurse, Principal and Teacher, and Social Worker in Public Institutions for the Retarded During 1965

		Attendant	Physician	Psychologist	Registered Nurse	Principal, Teacher	Social Worker
State	Average Daily Population						
Alabama	2,145	6.11	429.00	715.00	178.70	112.80	
Alaska	30	2.50			6.00		
Arizona	833	3.28	416.50	277.60	119.00		
Arkansas	390	2.12	390.00	97.50	78.00		
California	12,610	3.31	175.14	274.13	34.45		
Colorado	1,873	3.03	312.17	187.30	60.42		536.20
Connecticut	3,720	3.72	465.00	310.00	128.28		
Delaware	566	3.88	113.20	566.00	31.44		
District of Columbia	1,167	4.04	233.40	233.40	61.42	37.86	416.50
Florida	4,063	2.26	270.87	312.54	51.43	20.53	130.00
Georgia	1,837	5.25	612.33	612.33	54.03	141.69	242.50
Hawaii	852	4.04	426.00	426.00	56.80	49.29	187.30
Idaho	732	4.33		732.00	91.50	44.82	248.00
Indiana	3,893	3.90	556.14	278.07	84.63	29.79	113.20
Iowa	2,204	4.39	169.54	137.75	146.93	50.74	291.75
Kansas	2,014	4.55	95.90	118.47	29.19	66.61	253.94
Kentucky	1,334	5.65	190.57	266.80	55.58	79.87	612.33
Louisiana	2,176	2.73	310.86	725.33	90.67	142.00	94.67
Maine	1,140	4.49	103.64	114.00	54.29	91.50	366.00
Massachusetts	8,953	4.22	172.17	389.26	56.31	81.10	169.26
Michigan	12,534		305.71	569.73	78.83	66.79	122.44
Minnesota	5,916	5.59	394.40	493.00	75.85	71.93	91.55
Mississippi	1,173	4.93	586.50	586.50	391.00	44.47	7.06
Missouri	2,488	3.94	311.00	829.33	113.09	103.62	217.60
Montana	914	6.53	914.00	914.00	114.25	33.53	95.00
						73.99	298.43
						121.69	192.83
						116.00	219.11
						117.30	
						207.33	207.33
						91.40	914.00



Table 8 (cont.)

State	Average Daily Population	Attendant	Physician	Psychologist	Registered Nurse	Principal Teacher	Social Worker
				2,299.00	287.38	127.72	574.75
Nebraska New	2,299	5.94	574.75	242.75	74.69	88.27	323.67
Hampshire New	971	3.93	323.67	344.47	66.55	57.41	585.60
Jersey New	5,856	3.95	366.00	128.50	64.25	36.71	171.33
Mexico New	514	2.61	514.00	1,488.55	73.61	92.08	461.97
York North	26,794	4.12	212.65	908.60	52.83	51.63	189.29
Carolina North	4,543	<b>3 54</b>	216.33	679.00	452.67	150.89	452.67
Dakota	1,358	<b>5 20</b>	452.67	632.06	153.23	106.45	374.56
Ohio	10,113	<b>4 92</b>	439.70	483.80	86.39	109.95	71.15
Oklahoma	2,419	<b>3 09</b>	302.38	369.68	42.60	136.43	229.20
Pennsylvania	11,460	<b>4 63</b>	347.27	329.33	61.75	49.40	109.78
Rhode Island	988	<b>3 .7</b>	247.00	607.50	303.75	101.25	
South Dakota	1,215	<b>5 .4</b>	405.00	222.00	133.20	153.69	222.00
Tennessee	1,998	<b>4 .3</b>	222.00	502.55	239.31	201.02	502.55
Texas	10,051	<b>4 .3</b>	346.59		864.00	78.55	432.00
Utah	864 663	<b>4 .9</b>		663.00	110.50	94.71	221.00
Vermont	3,408	<b>5 .1</b>	663.00	486.86	69.55	83.12	243.43
Virginia	3,998	<b>4 .8</b>	243.43	399.80	70.14	499.75	133.27
Washington	475	<b>4 .3</b>	266.53		39.58	475.00	237.50
West Virginia	3,779	<b>2 .4</b>	237.50	944.7	35.99	77.12	139.96
Wisconsin	624	<b>3 .2</b>	314.92	5	124.80	69.33	208.00
Wyoming		4.62	156.00	124.80			

Adapted from

Institutions,  
1965,

Nearly half of the states have only one institution for the retarded, and it, of necessity, serves many purposes. Even in those states with more than one institution, the majority are large multipurpose facilities. Over half of the public institutions in this country house more than 1,000 residents. They try to meet the differing needs of the mildly and the profoundly retarded, the physically normal and active as well as the bed-ridden, the young and the aged, the rebellious delinquent as well as the docile, etc.

Despite this general preponderance of large, multi-purposed institutions, a trend has recently developed for institutions to be built for fewer residents. Thus, three-fourths of the public institutions built since 1960 are intended for 500 or fewer residents. Some states, for example Connecticut, Missouri, and Texas, are actively committed to this plan of building many smaller institutions, while others appear to be continuing with the older pattern of building large facilities.

Six years ago when the President's Panel on Mental Retardation was deliberating, many of the kinds of facts which were readily assembled for this report were obtained with only the greatest difficulty. The reporting of institutional census and cost information has been improved greatly in the last 6 years. Now the pathetic lack is in objective information about the effects of institutions upon the retarded. In view of the facts about the character of public institutions, it is easy to assume that their effects are largely negative. But there is a need to know precisely how negative they are, and in what ways, in order to most wisely plan their improvement. It is to be hoped that the next few years will see not only the elimination of deplorable conditions within our institutions but also an accumulation of information about -the effects of institutionalization comparable to the accumulation of census and cost information of the last few years.

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