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One Hundred Years of Data on Populations of Public Residential Facilities for Mentally Retarded People

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Abstract

Summarized are data from 100 years of formal surveys of population and administrative characteristics of public residential facilities for mentally retarded people. Sources of these data are described. Results of the studies in the areas of total population, average number of residents per institution, annual per capita cost of care, resident movement (first admissions, readmissions, discharges, deaths), and resident-to-staff ratios are presented to show trends over the 100 year period.

One Hundred Years of Data on Populations of Public Residential Facilities for Mentally Retarded People

For one century now the United States government has itself collected or has contracted other agencies to collect basic demographic information on the numbers and characteristics of people residing in public facilities for mentally retarded people. While some data on institutionalized populations were collected prior to 1880 (Wolfensberger, 1976), these statistics were not comprehensive. However, from the time of the federal census of 1880 until the present, government agencies have sponsored enumerations of the population of public residential facilities.

Governmental attempts to enumerate mentally retarded people began as a notably more ambitious project than simply conducting a census of institutionalized populations. In the decennial censuses of 1850 through 1890 a serious attempt was made to count the total number of mentally retarded ("idiotic and feeble-minded") people in the United States, along with other "defective, dependent, and delinquent classes". However, in the absence of any formal definition of mental retardation to provide to the enumerators of the U.S. Census Bureau, it was reasonably clear to those directing the special census that the entire effort was at best imprecise and probably worse (Wines, 1888). In fact the methodology employed, inquiring of households, local physicians and other presumably knowledgeable sources about whom in their families or communities was mentally retarded, produced prevalence rates of mental retardation that varied from 68 per 100,000 in 1850 to 153 per 100,000 in 1890 (U.S. Census Office, 1854; U.S. Census Bureau, 1895).

In 1900 no attempt was made to do a census of special classes in conjunction with the national census, and in 1902 further attempts to conduct such enumerations were flatly prohibited by Congress: "The statistics of special classes...shall be restricted to institutions containing such classes". (House Reports, 1902, p. 48)

While government attempts to enumerate the entire population of mentally retarded people were recognized before the turn of the century as having dubious merit, studies of the population of institutionalized mentally retarded people have continued until the present day. Together these studies provide a statistical summary of the utilization of public residential facilities over the past 100 years. The purpose of this research is to synthesize the data gathered in these reports regarding topics important to the provision and sensitive to the changes in public residential care for mentally retarded people. It is believed that these data offer a baseline by which present and future statistics on the provision of residential care can be evaluated.

METHOD

U.S. government sponsored enumerations of institutionalized mentally retarded people have varied considerably in scope. Several periods are readily identifiable in the history of these data collections, with changes in the types of data collected and methods for collecting those data associated with each period.

Reports which provided basic information about the population of institutions for mentally retarded began with the 1880 and 1890 census

surveys of "special classes" (U.S. Census Bureau, 1895; Wines, 1888). These studies, which were part of a larger effort to enumerate all mentally retarded people in the United States, provided separate analyses of people residing in public and private institutions. In March, 1902, the Congress prohibited the Census Bureau from attempting to enumerate mentally retarded people in the population at large, but at the same time authorized a census of institutionalized "special classes" following the completion of the decennial census (House Reports, 1902, p. 49).

Four studies were conducted under this authorization: in 1904, 1910, 1922 (Bureau of the Census, 1906, 1914, 1926, respectively) and the compilation of a special "Statistical Directory of State Institutions for the Defective, Dependent and Delinquent Classes" in 1916 (Bureau of the Census, 1919). The first two reports collected basic demographic data on each institutionalized mentally retarded person on January 1. The 1916 study also collected considerable administrative data on the operation (e.g., cost, staffing, sources of support) of facilities as well as basic population data on residents. The 1922 study remains the most comprehensive study of the population of institutions for mentally retarded people ever conducted. This study collected demographic data on each individual resident of public residential facilities on December 31, 1922, as well as on each individual resident in movement during 1922 (first admissions, readmissions, discharges, deaths). In addition it collected basic financial, property and staff data on each of the 66 public institutions and 73 non-public institutions operating on December 31, 1922.

Beginning in the year 1926 and continuing through 1932 the Secretary of Commerce made annual authorizations for the collection of statistics on "inmates in penal institutions and of institutions for the care of the mentally diseased and of feeble-minded and epileptics" (Senate Reports, 1929, p. 2). These surveys were limited exclusively to state-operated facilities, but retained the methods of data collection developed in the 1922 study. In 1931, Congress authorized the Bureau of the Census to conduct annual enumerations of institutionalized persons. The first census conducted under the new law was "Mental Defectives and Epileptics in Institutions, 1933". The Bureau of the Census studies were conducted annually until 1946.

The National Mental Health Act of 1946 (Public Law 79-487) transferred the responsibility for the annual census of institutions to the Public Health Service as specified in the Reorganization Plan No. 2 of 1946 (Code of Federal Regulations, 1957). The actual task of conducting the annual census eventually befell the National Institute of Mental Health (NIMH).

The first census of "Patients in Mental Institutions" conducted by what became in 1949 the Biometrics Branch of the National Institute of Mental Health was undertaken in 1947. This branch of NIMH retained responsibility for the enumeration of "patients in institutions for mental defectives and epileptics" until 1968.

The 1947 census of "Patients in Institutions for Mental Defectives and Epileptics" had one major change in the method of data collection. In the earlier censuses, data were collected on line schedules which provided information on all patients "in movement" (admissions, transfers, releases,

deaths). These line schedules allowed the cross tabulation of several categories (e.g., the cross tabulation of mental status and length of time institutionalized for all discharges during a given year). Beginning in 1947 personal data on individual patients "in movement" were no longer collected. This, or course, created a relative inflexibility in the data acquired and limited the possibilities of analysis. For the most part, however, the studies of "patients in institutions for the mentally defective and epileptic" conducted by the National Institute of Mental Health from 1947-1968 were continuations of the Bureau of the Census studies.

On January 1, 1967, Division of Mental Retardation (later the Division of Developmental Disabilities) was formed. Part of the responsibility of the Division became the continuation of the annual survey of population of the institutions for the mentally retarded. In 1969 the Division of Mental Retardation conducted its first survey as part of its Mental Retardation Reporting Program. In this survey it collected only the most general information on resident population, movement categories and administrative data of individual public institutions. The results of the survey for fiscal year 1969 and fiscal year 1970 were published as "Current Facilities Reports: Residents in Public Institutions for the Mentally Retarded" (Social and Rehabilitation Service, 1969, 1970).

Beginning in fiscal year 1970-71, the government's annual collection and dissemination of information on the numbers and characteristics of residents in institutions for the mentally retarded was halted. For fiscal year 1971 data were collected, analyzed and prepared for publication, but

the Division of Mental Retardation was never authorized to publish the results (Mental Retardation Biometrics Program, no date). Surveys were also conducted by the Division for fiscal years 1972-1975, but returns were incomplete and the data were never published.

While the federal data collection system ceased effective operation in the early 1970's, there were three surveys of the population of public residential facilities for mentally retarded people attempted from 1970-1974 (Rosen & Bruno, 1970; Rosen & Callen, 1972; Scheerenberger, 1974), but none elicited sufficiently complete returns to measure the size or features of the population.

However, in 1976 Scheerenberger was able to survey all of 237 operating public residential facilities in the United States. This effort, authorized and supported by the President's Committee on Mental Retardation and the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, also produced retrospective reports of resident population data for the fiscal years 1971-1972 through 1975-1976. This survey, then, provided some tentative closure in the gaps in annual population figures which were created when the Office of Developmental Disabilities ceased its annual survey. The survey also provided basic data on resident characteristics, population movement, staffing and costs of care.

Data for the final three years in the century of federally sponsored surveys have been gathered by the Developmental Disabilities Project on Residential Services and Community Adjustment at the University of Minnesota. This project was funded by the Administration on Developmental Disabilities, Department of Health and Human Services, to provide basic data on the

populations of both public and non-public residential facilities. As part of this effort, reports on "Mentally Retarded People in State-Operated Residential Facilities" were completed for fiscal years 1978, 1979, and 1980 (Krantz, Bruininks, & Clumpner, 1978, 1979, 1981). Unlike previous surveys, this effort collected the bulk of its data from the central records of each state, through the use of mailed questionnaires and extensive telephone follow-ups.

The data which follow have been taken from the sources described above. As a whole these studies evinced very good rates of return, never below 89% for public residential facilities. However, it should be noted that for the years 1939 through 1959 the statistics reported have included estimations of missing facility data. These were done by interpolating between years when data for a non-reporting facility were available. Since 1940 was the only year when the reponse rate fell below 90%, the error in these estimates is believed minimal. Beginning in 1960 estimates for missing data were made by the agency conducting the survey. Populations reported are residents in institutions at the end of the reporting year through 1952, and average daily residents thereafter. More detailed description of the studies referred to above, as well as the survey forms with which these data were collected, can be found in Lakin (1979).

Results

Table 1 and Figure 1 show the total population of residential facilities for mentally retarded people for 100 years. For the bulk of this period public residential facilities represented the major source of formal

programming for mentally retarded people. It was not until the end of World War II that the number of mentally retarded children in public school special education programs surpassed the number of children in residential facilities specifically for mentally retarded people. It was not until the mid-1950's that special education was serving more mentally retarded students than there were total residents in institutions for mentally retarded people (Lakin, 1979). Since that time community-based services have grown dramatically. Though institutionalized populations continued to grow to a high point of 194,650 in 1967, much of this growth was driven by the hithertofore unknown numbers of persons in the age range with the greatest difference between its rate of institutional admission and release, school age children. The subsequent drop in numbers of school age children in the general population and, more importantly, the extension of the policy of deinstitutionalization and the principle of normalization (Wolfensberger, 1972) have led to the rapid decreases in the number of people in institutions for mentally retarded people. These changes are shown in Table 1 and Figure 1.

Insert Table 1 and/or Figure 1 about here

Since the end of the Second World War, changes in policy and demography have brought large changes in both the total number of people in public institutions and in the rate of institutionalization. Generally this pattern is congruent with the total population of institutionalized mentally retarded people (see Table 2 and Figure 2).

Insert Table 2 and/or Figure 2 here

In examining data over the past 100 years, it is evident that many of the perceptions which eventually led to deinstitutionalization were affecting residential services years before decreases in total institutional populations were evident. During the late 1950's and early 1960's, policies of "decentralization" and "regionalization" were influencing decisions about the size and administration of residential services. As can be seen in Table 3 and Figure 3, the average number of residents per institution peaked in 1960. By the time the total population of all public residential facilities for mentally retarded people reached its high point in 1967, the average number of residents per institution had already dropped 20%.

Insert Table 3 and/or Figure 3 about here

Table 4 and Figure 4 show the total number of discharges and readmissions and the ratios of discharges and readmissions per 100 first admissions reported by public residential facilities since these data were first reported (1904 and 1922, respectively). In regard to total discharges, a progressive increment may be noted. However, in examination of the ratio of discharges per 100 first admissions, there was a clear break from 1947 to 1967 in this same trend. As unprecedentedly high proportions of the population fell into the ages (5-15) with high rates of institutionalization and relatively low rates of release, the ratio of these rates dropped from the

1945 level. As greater proportions of the baby boom cohort moved into the ages of release (16+), this trend began to reverse itself.

Since 1922 there has also been a slow increase in the number of readmissions, generally paralleling the number of discharges. Similarly, the ratio of readmissions per 100 first admissions increased steadily through 1970 and then, following a sharp increase in the number of discharges ("deinstitutionalization"), began to increase dramatically. Since 1978 the number of readmissions to public residential facilities has exceeded the number of first admissions.

Insert Table 4 and/or Figure 4 about here

Table 5 and Figure 5 show the number of deaths reported by public residential facilities. As these data show, while the total number of deaths has been affected by the size of the total population of institutions, the death rate per 1,000 residents has decreased steadily since these data were first collected in 1904. However, since 1978 there has been a leveling off of the mortality rate in public institutions. While the progressive decrease in mortality through 1978 was remarkable given the progressively more seriously impaired institutional populations from 1903 through 1978, the number and degree of health problems among institutionalized populations may now be increasing as rapidly as the medical knowledge required to sustain people with such serious health problems.

Insert Table 5 and/or Figure 5 about here

Table 6 and Figure 6 show the dramatic increases in the average expenditure for maintaining a person in an institution for mentally retarded people since these data were first collected in 1915. As can be noted, these expenditures were remarkably stable until the end of World War II. Subsequently, however, they have increased dramatically. Even when these costs are controlled by expression in 1967 dollars, they have increased approximately 14 times in the 35 years since the end of World War II. The most dramatic increase during this period came in the 1970's, when the mean "real" cost of institutional care rose from approximately $4,000 per year to a rate of just over $10,000 for the 1980 fiscal year. Undoubtedly a major factor in this rise was the fact that in this last decade the actual cost of institutional care to the states themselves rose much less than the average cost of care, if at all. By far the bulk of this increase has been funded by the federal government.

Insert Table 6 and/or Figure 6 about here

Explanation of these enormous increases in the cost of care involves examination of the more highly specialized services provided to an ever more seriously impaired population of residents, improved pay and working conditions for staff, and greatly reduced ratios of residents to facility staff. Table 7 and Figure 7 present data available on the last of these factors: ratio of residents to staff. This ratio can account for only a part of the increased cost of care in public facilities, but staff ratios, especially when compounded by the increased costs of maintaining each staff member, are highly related to increased costs of residential care.

Insert Table 7 and/or Figure 7 about here

Discussion

This paper has summarized basic population and administrative data on public residential facilities for mentally retarded people gathered through scores of surveys conducted in the past 100 years. These data have documented a steady increase in institutionalized populations through 1967, and a subsequent, equally steady decrease. They also suggested that the residential services system was undergoing notable changes prior to 1967. For example, the average population per institution peaked in 1960; the per capita cost of care (in constant dollars) began rising dramatically following World War II, concurrent to an equally dramatic drop in the ratio of residents to staff.

In the 100 years in which data have been collected on public residential facilities for mentally retarded people, there has been a remarkable variation in the scope and quality of those data. With the exception of the first 20 years of institutional surveys, the past decade (1970-1980) was the one in which the data collected have been most superficial and most limited in their applicability to informed policy decisions. Not only have these most recent studies been extremely limited in types of data collected, they have not been supported by complementary data showing trends in the complex and somewhat nebulous array of non-public residential alternatives. In many ways the lack of adequate information about trends within the total residential services system has made policy planning little more than educated

guesswork. Consider, for example, the fact that we know that through the 1950's to the mid-1960's, based on the institutional surveys reviewed here, that approximately two-thirds of those entering public residential facilities and about one-quarter leaving those facilities were of school age. Such knowledge, when matched with the growth in capability and awareness of the importance of demographic projection in formulating policy, could have an enormously positive impact in public planning. Unfortunately, there is no way of knowing whether the first admission/release trends of previous decades are accurate estimates of future demands on the total residential services system. Certainly with the passage of Public Law 94-142, the Education of All Handicapped Children Act, the growth of day activity centers, early intervention and other programs, it is possible that patterns of first admissions and releases within all of residential services have changed considerably since the days when public institutions were by far the dominant placement option. But little is known of these patterns.

This paper has documented major shifts in the delivery of public residential services in the United States over the past 100 years. Its primary value is historical. However, it does, by its own limitations, challenge one to consider procedures for collecting data which could be meaningful to evaluating present services and planning for the future of residential care, for collecting data of more than archival interest.

The ability to make uniformed decisions regarding the provision of residential care for mentally retarded people, and to understand the impact of those decisions once made, requires a comprehensive mechanism for collecting data that can do more than identify gross trends in public

residential usage. An adequate data system must be able to provide estimates of the size and characteristics of the general residential population as well as the amount and types of resident movement within and between the various models of care, e.g., natural and foster homes, public facilities, community-based facilities, nursing homes, independent and semi-independent living arrangements. Such a system must also be able to assess this movement relevant to those characteristics of residents significantly related to service utilization (e.g., age, types and degrees of impairment, functional behavior, maladaptive behavior, health needs). Clearly such a system must also be longitudinal and replicative. It must be adequately substantive to permit analysis of the important policy questions (e.g., the effects of Medicaid Community Care Waivers) at crucial levels of analysis (e.g., the individual states), yet be manageable. In the "Awareness Papers" of the 1977 White House Conference on Handicapped Individuals Donald Stedman (1977) noted that "We still work largely without a comprehensive data base of information necessary for effective planning, resource development, client tracking systems and monitoring procedures. Without the rapid development of a comprehensive and shared information and data base, no national network of services can be effectively developed or evaluated" (p. 367). Unfortunately, this observation remains as valid today as it was five years ago.

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Table 1

Total Population of Public Institutions for the Mentally Retarded
1880-1980

Year	Population	Year	Population
1880	2,429	1930	68,035
1881	--	1931	72,565
1882	--	1932	76,726
1883	--	1933	84,131
1884	--	1934	87,383
1885	--	1935	89,760
1886	--	1936	91,754
1887	--	1937	93,772
1888	--	1938	97,209
1889	--	1939	101.396
1890	5,103	1940	106,944
1891	--	1941	109,537
1892	--	1942	110,959
1893	--	1943	111,713
1894	--	1944	113,521
1895	--	1945	114,018
1896	--	1946	115,928
1897	--	1947	116,278
1898	--	1948	118,298
1899	--	1949	122,492
1900	--	1950	124,304
1901	--	1951	127,534
1902	--	1952	131,993
1903	--	1953	134,053
1904	13,884	1954	135,175
1905	--	1955	138,831
1906	--	1956	145,900
1907	--	1957	149,705
1908	--	1958	153,968
1909	--	1959	158,561
1910	19,499	1960	163,730
1911	--	1961	167,291
1912	--	1962	173,420
1913	--	1963	176,516
1914	--	1964	179,599
1915	--	1965	187,305
1916	27,665	1966	191,567
1917	--	1967	194,650
1918	--	1968	193,690
1919	--	1969	189,956
1920	--	1970	186,743
1921	--	1971	--
1922	--	1972	181,035
1923	47,963	1973	173,775
1924	--	1974	166,247
1925	--	1975	159,058
1926	55,466	1976	153,584
1927	58,954	1977	--
1928	60,419	1978	139,432
1929	64,417	1979	131,428
		1980	128,550

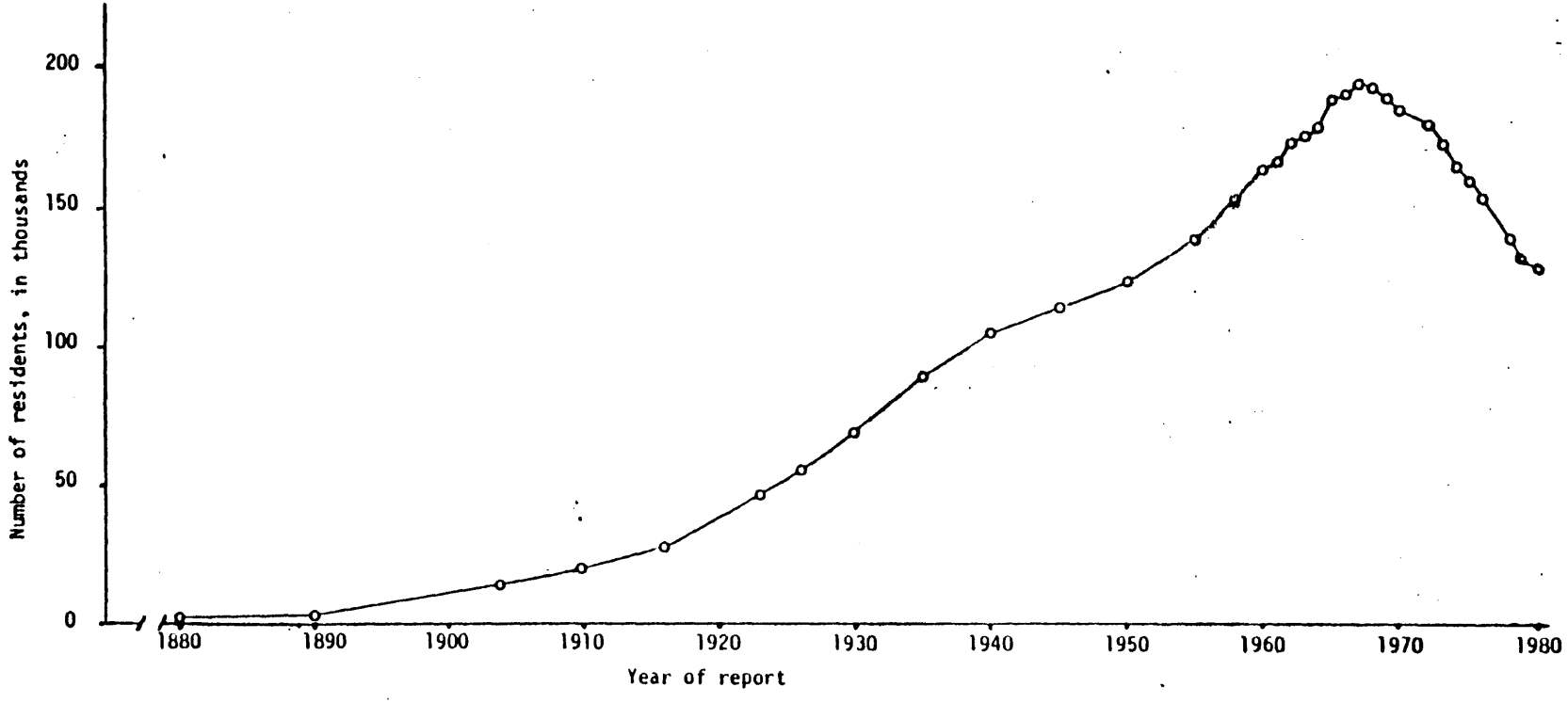

Figure 1

Total populations of mentally retarded people in public institutions for the period 1880 to 1978.

Table 2

Residents of Public Institutions for the Mentally Retarded per 100,000 of the General Population
1880-1980

Year	Residents/100,000	Year	Residents/100,000
1880	4.8	1930	56.4
1881	--	1931	60.0
1882	--	1932	61.6
1883	--	1933	67.2
1884	--	1934	69.2
1885	--	1935	70.6
1886	--	1936	71.7
1887	--	1937	72.8
1888	--	1938	74.9
1889	--	1939	75.5
1890	8.4	1940	76.7
1891	--	1941	77.8
1892	--	1942	78.4
1893	--	1943	78.9
1894	--	1944	81.3
1895	--	1945	81.2
1896	--	1946	81.6
1897	--	1947	80.4
1898	--	1948	80.4
1899	--	1949	81.8
1900	--	1950	81.6
1901	--	1951	82.3
1902	--	1952	82.4
1903	--	1953	82.4
1904	17.5	1954	82.9
1905	--	1955	83.7
1906	--	1956	85.1
1907	--	1957	86.9
1908	--	1958	88.0
1909	--	1959	89.1
1910	22.5	1960	91.9
1911	--	1961	92.6
1912	--	1962	94.4
1913	--	1963	94.6
1914	--	1964	94.9
1915	--	1965	97.6
1916	30.0	1966	98.8
1917	--	1967	99.0
1918	--	1968	97.5
1919	--	1969	94.6
1920	--	1970	92.1
1921	--	1971	--
1922	--	1972	86.9
1923	39.3	1973	83.2
1924	--	1974	82.8
1925	--	1975	74.7
1926	47.8	1976	71.5
1927	49.5	1977	--
1928	52.3	1978	64.9
1929	54.1	1979	60.7
		1980	58.8

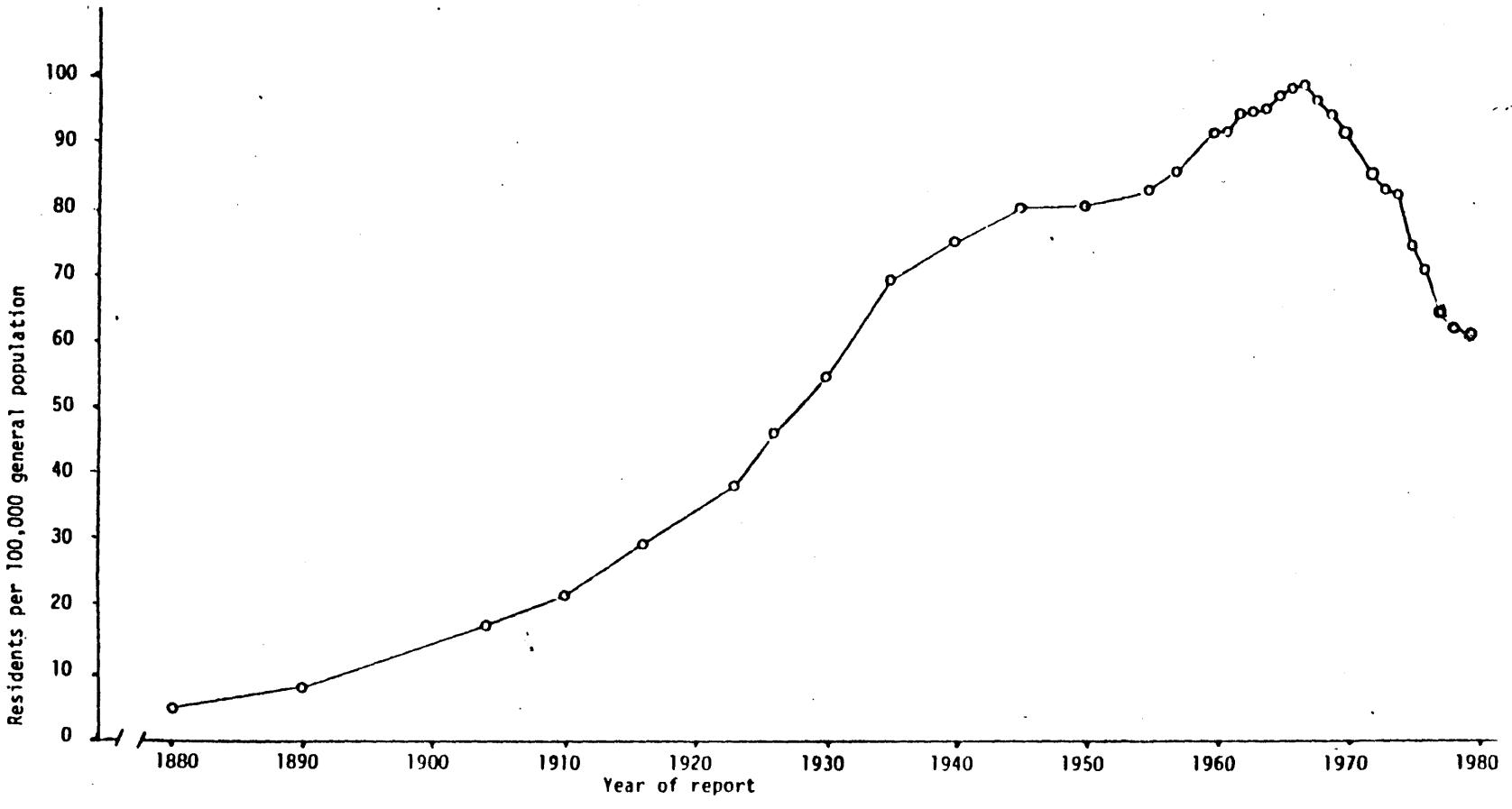

Figure 2

Number of residents of public institutions for the mentally retarded, per 100,000 of the general population, for the years 1880 to 1978.

Table 3

Average Number of Residents per Public Institution for the Mentally Retarded
1880-1980

Year	Average	Year	Average
1880	243	1930	884
1881	--	1931	930
1882	--	1932	984
1883	--	1933	1063
1884	--	1934	1071
1885	--	1935	1095
1886	--	1936	1102
1887	--	1937	1136
1888	--	1938	1178
1889	--	1939	1213
1890	255	1940	1229
1891	--	1941	1231
1892	--	1942	1233
1893	--	1943	1241
1894	--	1944	1261
1895	--	1945	1239
1896	--	1946	1248
1897	--	1947	1237
1898	--	1948	1245
1899	--	1949	1275
1900	--	1950	1295
1901	--	1951	1342
1902	--	1952	1348
1903	--	1953	1348
1904	512	1954	1394
1905	--	1955	1402
1906	--	1956	1437
1907	--	1957	1492
1908	--	1958	1509
1909	--	1959	1495
1910	557	1960	1516
1911	--	1961	1480
1912	--	1962	1399
1913	--	1963	1379
1914	--	1964	1330
1915	--	1965	1309
1916	692	1966	1244
1917	--	1967	1202
1918	--	1968	1139
1919	--	1969	1055
1920	--	1970	982
1921	--	1971	--
1922	--	1972	862
1923	685	1973	--
1924	--	1974	707
1925	--	1975	--
1926	720	1976	648
1927	765	1977	--
1928	785	1978	591
1929	837	1979	563
		1980	549

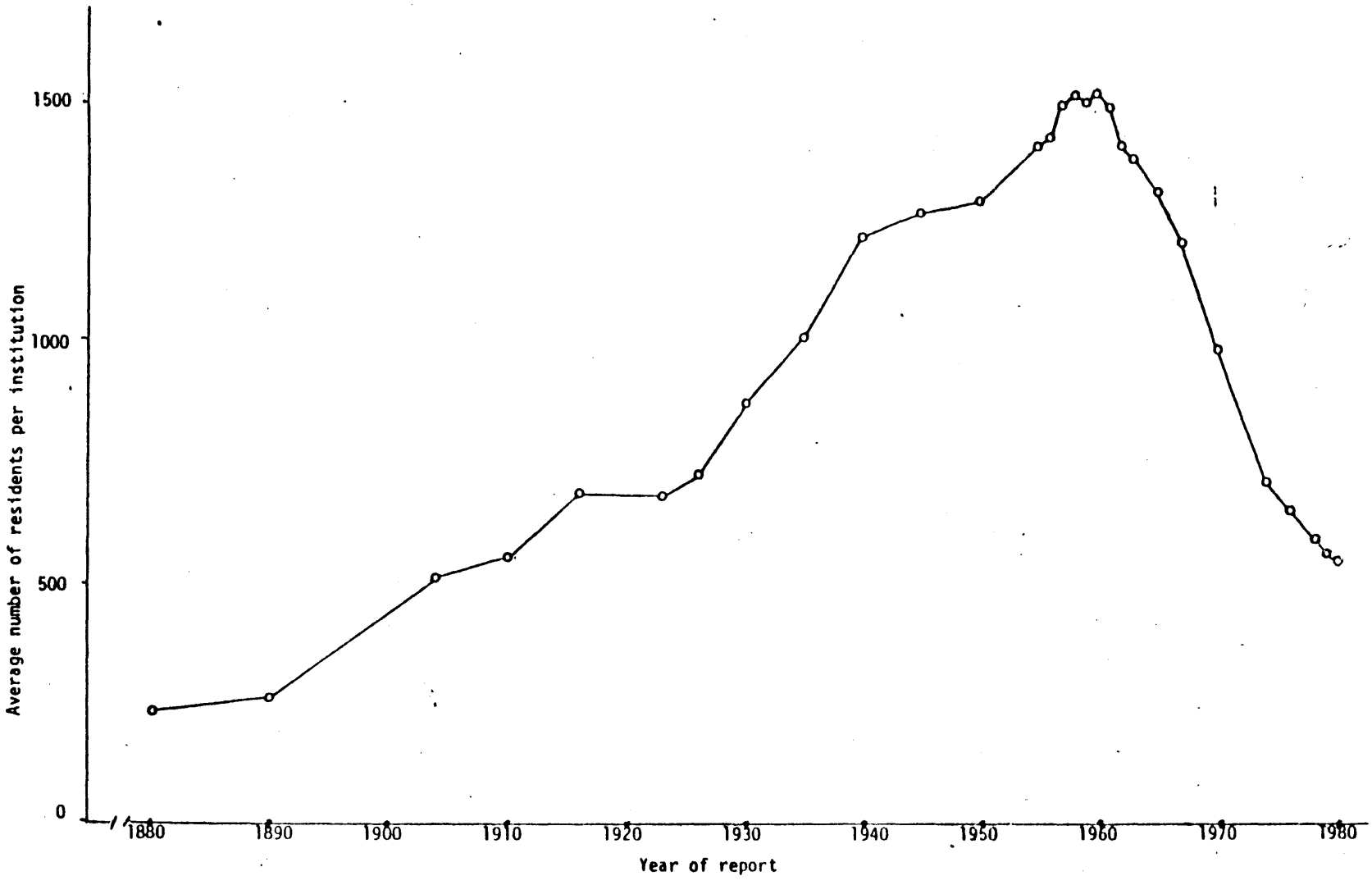

Figure 3

Average number of residents per public institution for the mentally retarded, 1880 to 1973.

Table 4

Discharges and Readmissions of Public Institutions

Year	Discharges	Discharges/100 First Admissions	Readmissions	Readmissions/100 First Admissions
1904	649	24.9		
1910	1009	26.1		
1922	2764	39.6	446	6.0
1926	4165	45.5	776	9.4
1930	3671		820	8.1
1935	4911	45.6	765	7.4
1940	5689	50.3	961	9.9
1945	6487	62.0	904	8.8
1950	6362	58.0	1237	11.6
1955	5485	45.4	1004	8.3
1960	6451	49.5	1161	8.9
1961	7979	57.7	1234	9.5
1962	7764	60.3	1253	10.7
1963	8156	61.1	1508	11.4
1964	9292	69.2	1587	14.6
1965	7993	53.3	2359	15.0
1966	9268	70.5	2012	15.5
1967	11,665	85.5	2070	15.2
1968	11,675	92.7	2096	16.6
1969	14,701	118.0	2910	21.6
1970	14,702	122.0	NA	24.1[a]
1974			NA	38.2[a]
1978	15,412	299.0	--	102.9
1979	16,980	300.0		
1980	11,973	252.0	5511	116.1

[a]Based on fewer than 75% of facilities

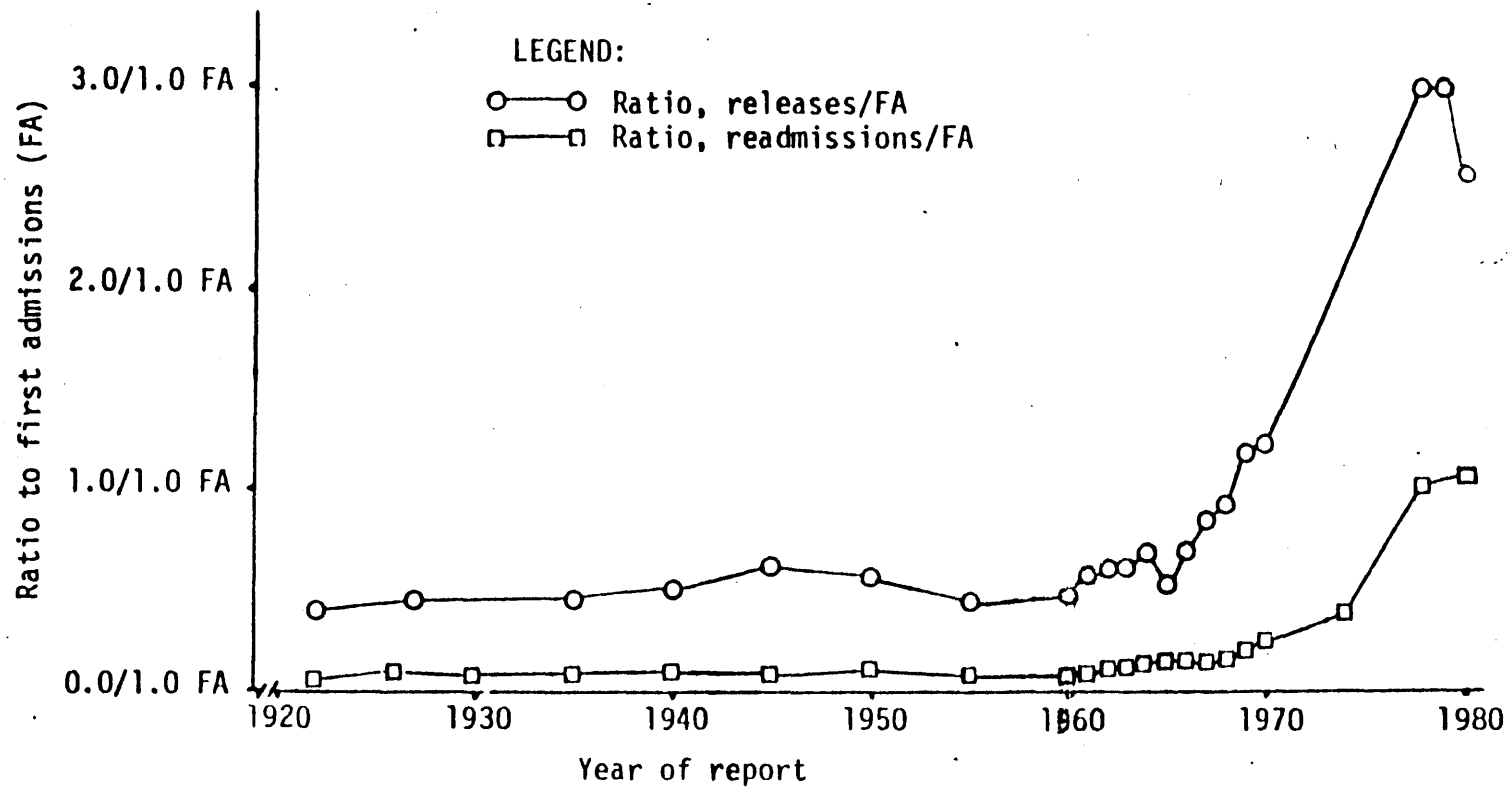

Figure 4

Ratio of discharges to first admissions (circles), and ratio of readmissions to first admissions (squares), for public institutions for the mentally retarded in the years 1922 to 1978; the rates per first admissions given in Tables 15 and 16 have been converted here from rate per 100 to a direct ratio.

Table 5

Deaths in Public Institutions
1904-1980

Year	Deaths	Rate per 1,000 Average Residents
1903	574	41.3
1910	895	45.9
1922	1762	40.0
1926	2228	40.2
1930	2293	33.7
1935	2679	29.8
1940	2338	21.8
1950	2832	24.8
1955	2761	22.2
1960	2698	19.4
1965	3133	19.1
1970	3583	19.0
1975	3496	18.7
1978	2154	15.4
1979	2087	15.9
1980	2019	15.7

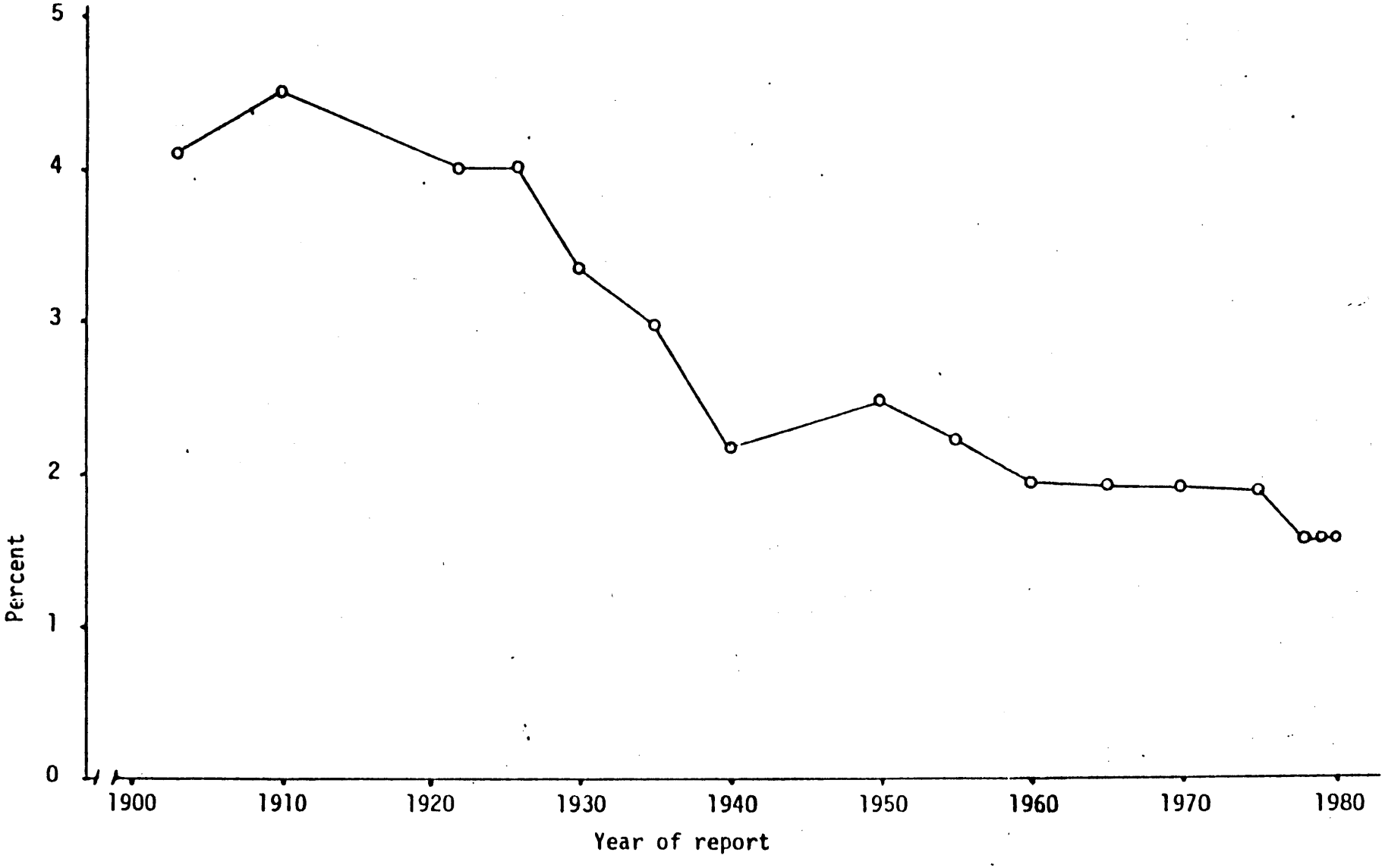

Figure 5

Deaths, expressed here as a percent of the residential population during each year, in public institutions for the mentally retarded in the years from 1915 to 1978.

Table 6

Annual per Capita Costs for Residents of Public Institutions
for the Mentally Retarded
1915-1980

Year	Cost	Cost (1967=$1.00)
1915	182.52	600.39
1922	309.81	606.28
1927	304.02	584.65
1928	300.67	586.10
1929	281.10	547.95
1930	265.05	530.10
1931	287.85	631.25
1932	262.57	641.98
1933	238.24	641.02
1934	236.87	590.70
1935	252.22	613.67
1936	259.06	624.24
1937	278.59	647.88
1938	283.43	671.64
1939	288.05	692.43
1940	291.13	693.17
1941	287.98	653.02
1942	315.29	646.09
1943	347.48	670.81
1944	365.20	692.98
1945	386.11	716.35
1946	433.79	741.52
1947	527.91	789.10
1948	631.38	875.92
1949	697.72	977.51
1950	745.60	1034.15
1951	807.11	1037.14
1952	1112.50	1399.52
1953	1186.83	1481.16
1954	1204.07	1495.45
1955	1285.50	1603.02
1956	1394.34	1713.23
1957	1507.13	1787.46
1958	1596.47	1843.92
1959	1746.92	2000.22
1960	1867.70	2104.90
1961	1916.12	2138.39
1962	2033.96	2245.49
1963	2130.38	2324.24
1964	2208.19	2376.01
1965	2361.08	2498.02
1966	2619.81	2695.78
1967	2965.33	2695.33
1968	3471.99	3332.04
1969	3995.58	3638.96
1970	4634.85	3985.25
1971	--	--
1972	--	--
1973	--	--
1974	9937.50	6728.17
1975	--	--
1976	13052.30	7655.31
1977	--	--
1978	18286.65	9377.77
1979	20848.80	9576.85
1980	24973.30	10,110.65

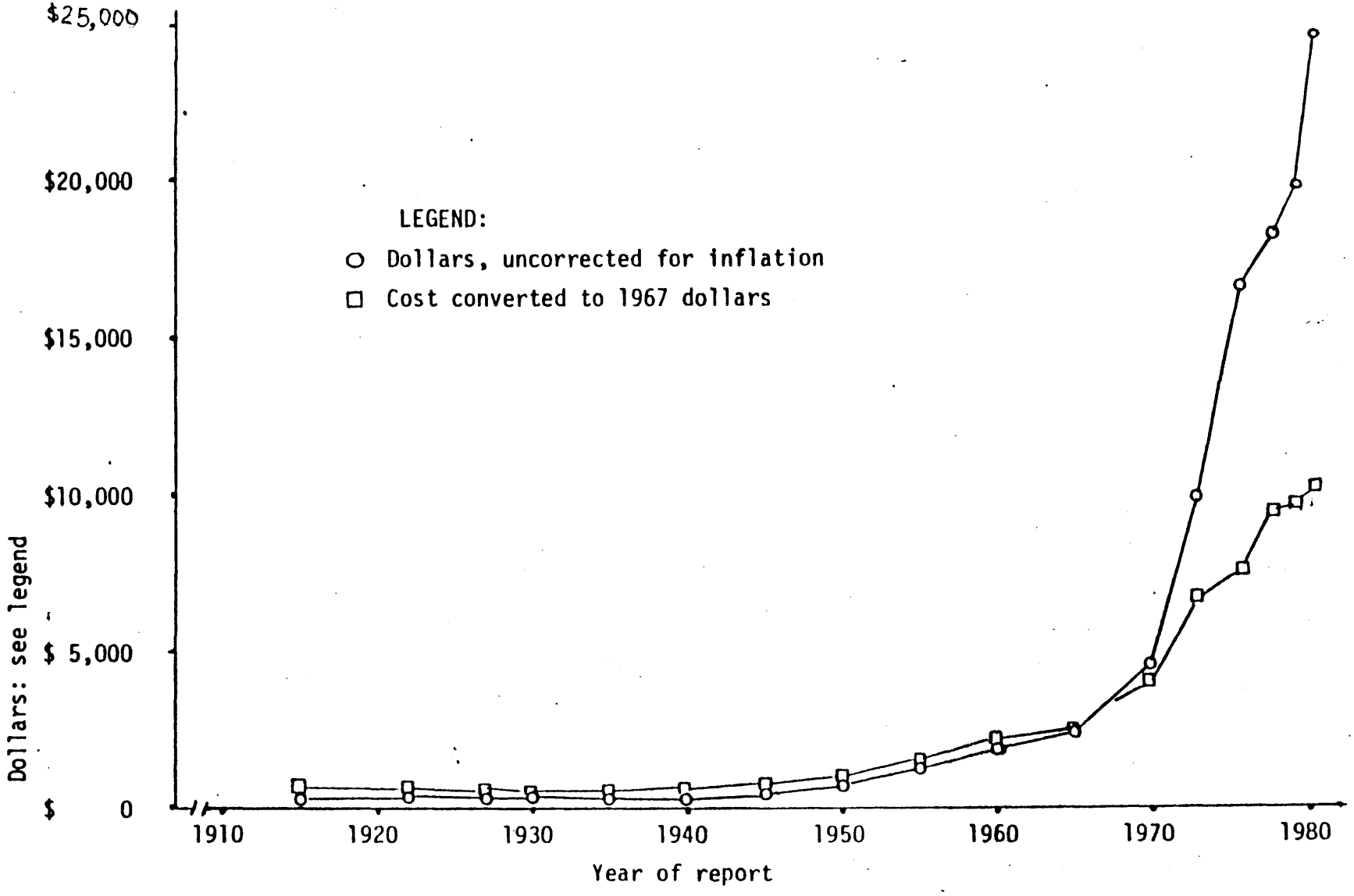

Figure 6

Annual cost per resident of care in public institutions for the mentally retarded for the years 1915 to 1978.

Table 7

Ratio of Patients to Staff; Public Institutions for the Mentally Retarded

Year	Ratio
1915	6.0
1922	6.6
1927	6.4
1928	6.3
1929	7.0
1930	7.4
1931	6.5
1932	6.6
1933	6.9
1934	6.9
1935	6.6
1936	6.4
1937	6.2
1938	6.2
1939	6.1
1940	6.2
1941	6.1
1942	6.7
1943	6.9
1944	7.1
1945	7.0
1946	6.4
1947	6.0
1948	5.6
1949	5.1
1950	4.9
1951	4.7
1952	4.5
1953	4.3
1954	4.0
1955	3.9
1956	3.7
1957	3.5
1958	3.3
1959	3.2
1960	3.0
1961	2.9
1962	2.7
1963	2.6
1964	2.4
1965	2.4
1966	2.2
1967	2.0
1968	1.9
1969	1.8
1970	1.6
1971	--
1972	--
1973	--
1974	1.7[a]
1975	--
1976	1.6[a]
1977	1.4[b]
1978	--

[a] Based on approximately 70 percent of all public institutions

[b] Facilities reporting data for the computation of this ratio included 20 mental hospitals not included in previous surveys.

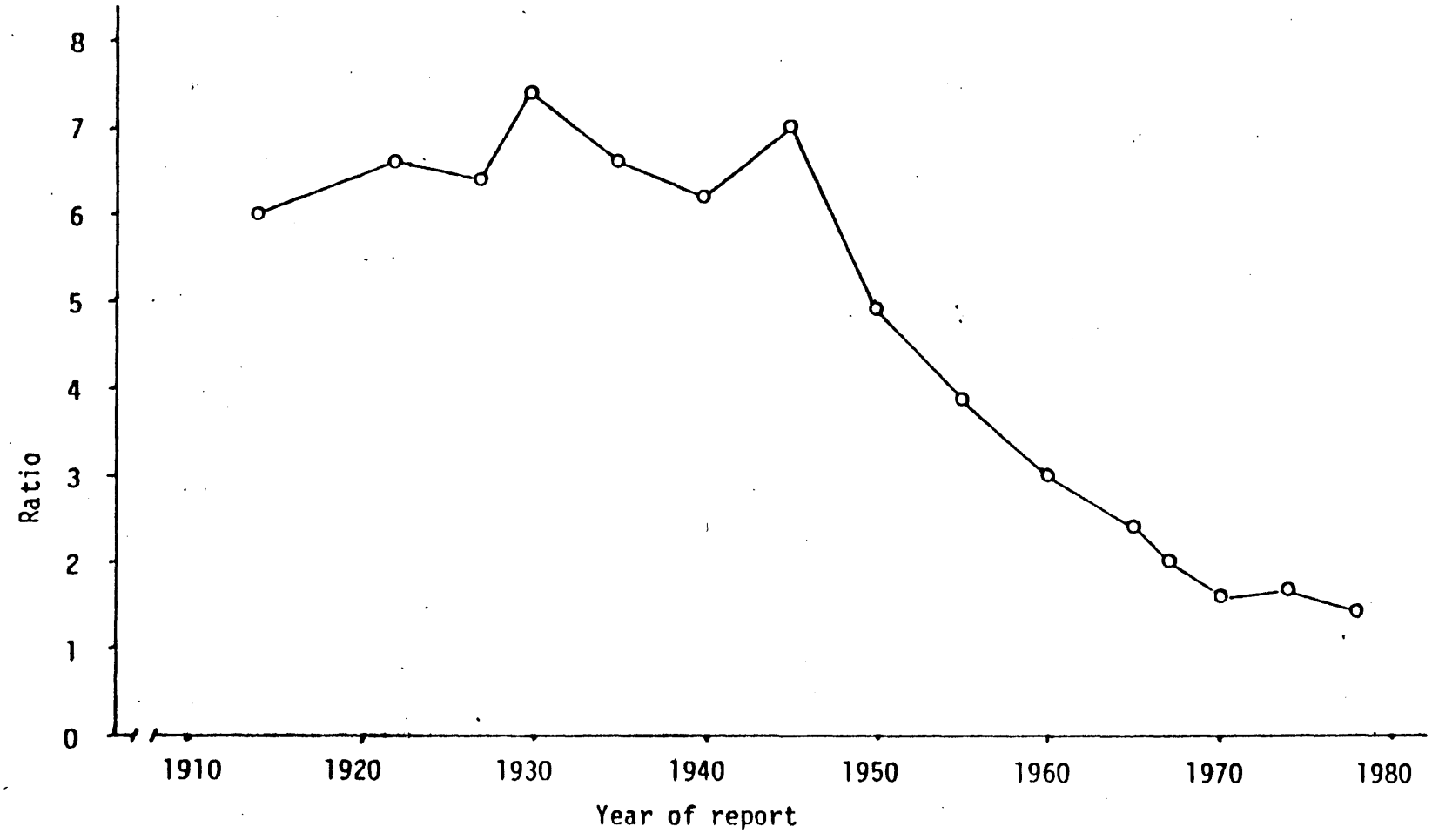

Figure 7

Ratio of patients to staff (number of patients per one staff member), public institutions for the mentally retarded, for the years 1915 to 1978.