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State Operated Residential Facilities
for Mentally Retarded People: July 1,
1978 - June 30, 1982.

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Introduction

The Center for Residential and Community Services has conducted numerous national studies to determine the nature and size of the residential service system for mentally retarded people in the United States. One aspect of this work has been a growing expertise in conducting annual surveys of the nation's state statistical offices to collect data specific to each state's publically (state) operated and managed residential facilities. This brief report discusses basic annual survey data collected over five report years from July 1, 1978 to June 30, 1982. National figures are presented characterizing the basic trends in the number of facilities and residents and the per diem cost of care. Shown throughout this brief are state data for fiscal years 1978 through 1982, aggregated into national mean averages or totals.

In the past, states have provided residential services to developmentally disabled populations almost exclusively in large regional institutions or schools. While many of these facilities still exist, states have begun to share responsibility with local governments and the private sector for providing state-operated residential programs of various types. The purpose of past surveys conducted by the Center and summarized in this brief report, however, has been to present basic facts about traditional public residential facilities of the following two types.

"PRF/MR" is used to designate a state-operated (public, in a

slightly restricted sense) residential facility managed and operated by state employees, which is designated exclusively or primarily to serve people with a primary diagnosis of mental retardation. It is a term that corresponds closely to its historic usage, except that it is used in contrast to the term which is defined in the next paragraph.

"PRF/other" is used to designate a state-operated (public) residential facility managed and operated by state employees, which is not designated exclusively or primarily to serve mentally retarded people, but has 10 or more residents with a primary diagnosis of mental retardation. Thus, a state hospital for the mentally ill, even if it has a special and perhaps even a large unit set aside for the management of mentally retarded people is classified in this report as "PRF/other."

Procedures

Data collection methods for each of five annual surveys have remained substantially the same. State mental retardation program directors and data suppliers were contacted with a request to provide the following data items.

- number of facilities of each type;
- mentally retarded residents at the beginning of the fiscal year (July 1);
- average daily number of mentally retarded residents during the year (June 30);
- number of first admissions during the year;
- number of previously institutionalized mentally retarded people who were readmitted during the year;
- number of live releases (residents who were removed from

the rolls) during the year

-number of deaths while on facility rolls during the year; and,

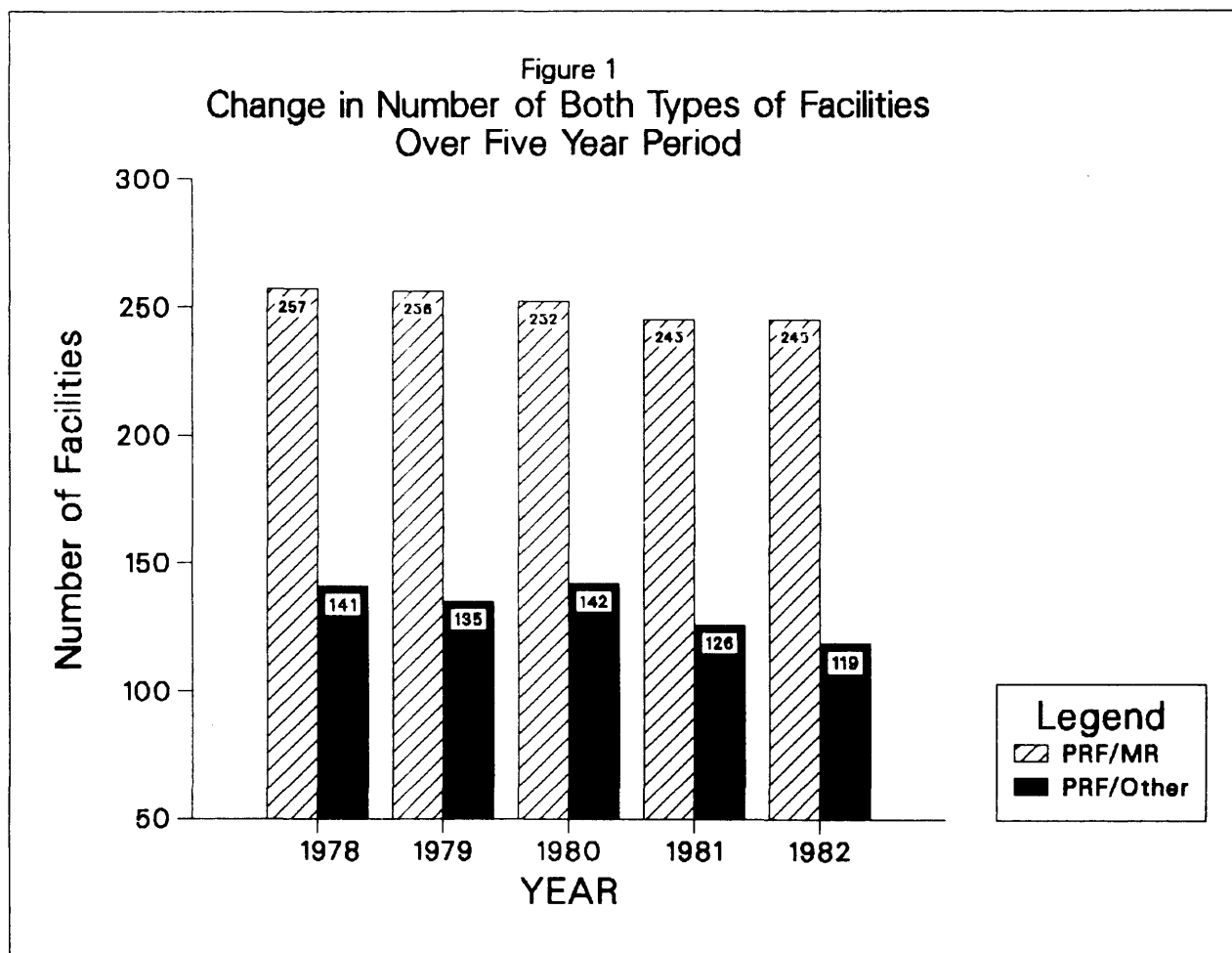
-average daily cost of maintaining a mentally retarded person in each type of residence during the year (per diem cost).

These classes of data chosen for acquisition and compilation over the past five years have been those that enumerated the basic facts; number of facilities and residents, movement of residents, and per diem cost of care. These data items have generally been understood and retrievable by state statistical offices. This brief report graphically summarizes the most salient characteristics of the public residential system for mentally retarded people. The reader is advised to see individual annual reports for a complete analysis of state data (Krantz, Bruininks, & Clumpner, 1978, 1979; Krantz, Clumpner, Rotegard & Bruininks, 1982; Rotegard, and Bruininks, 1983).

Results

Figure 1 presents annual changes in the number of both types of state operated residential facilities serving mentally retarded people. In 1978, states reported 257 public residential facilities designed exclusively or primarily for mentally retarded people (PRF/MR's) and 141 state residential facilities designed for other populations but which housed 10 or more mentally retarded people (PRF/others). The number of PRF/MR's in 1982 represented 95% of the number of these facilities operating during 1978; an annual decline of 1%. The number of PRF/other

facilities, on the other hand, has declined at an annual rate of 3.2%, even though fiscal year 1980 actually saw a slight increase in the number of these facilities. Over the past five years there has been a 16% reduction in the number of PRF/others housing a substantial population of mentally retarded people. Again, it must be emphasized that these numbers are not intended to reflect the number of small community facilities operated or managed by states as alternatives to state regional institutions.



More important, perhaps, than the fact that the actual number of state institutions continues to decrease is the fact that the average size of PRF/MR facilities has decreased as well. In the 1960's, the average number of residents per institution was approximately 1,500 (Lakin, 1979). Figure 2 shows that the

average size of PRF/MR's in 1982 was 478 residents and was equal to less than one-third of the peak institutional size reached in the sixties. Since 1978 the average size of PRF/MR's has decreased by 66 residents. In 1982 the range of institutional size was approximately 40 residents to 900 residents.

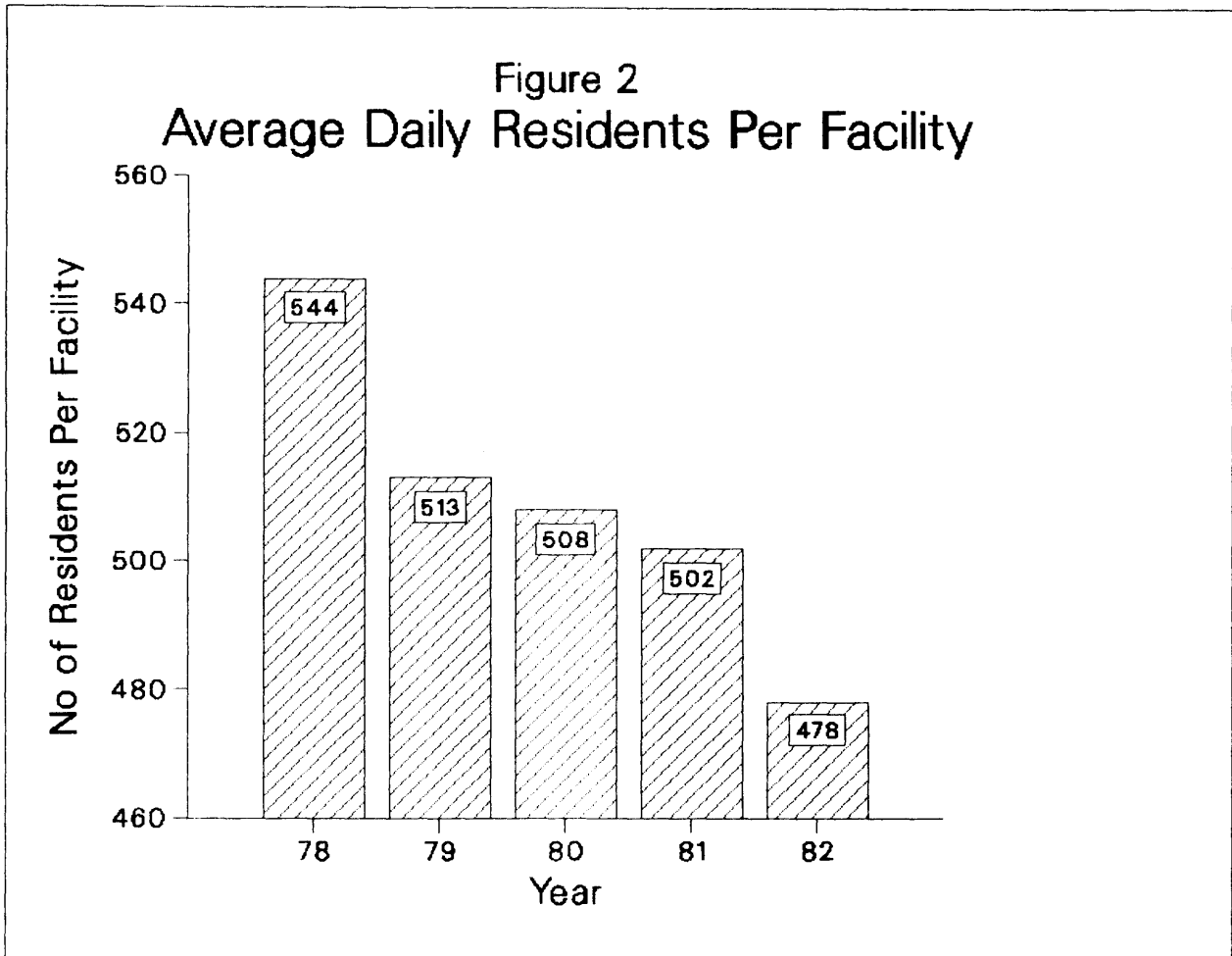
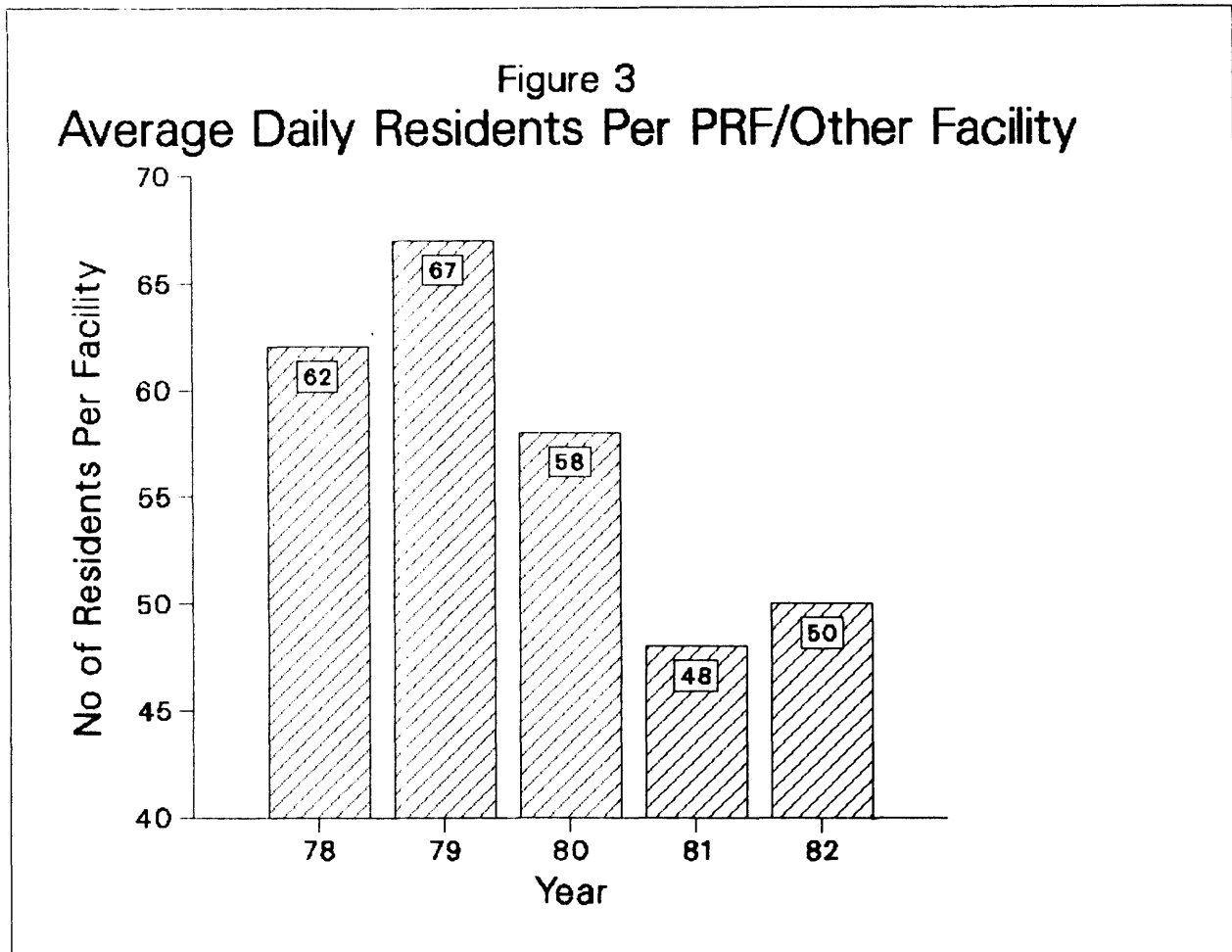


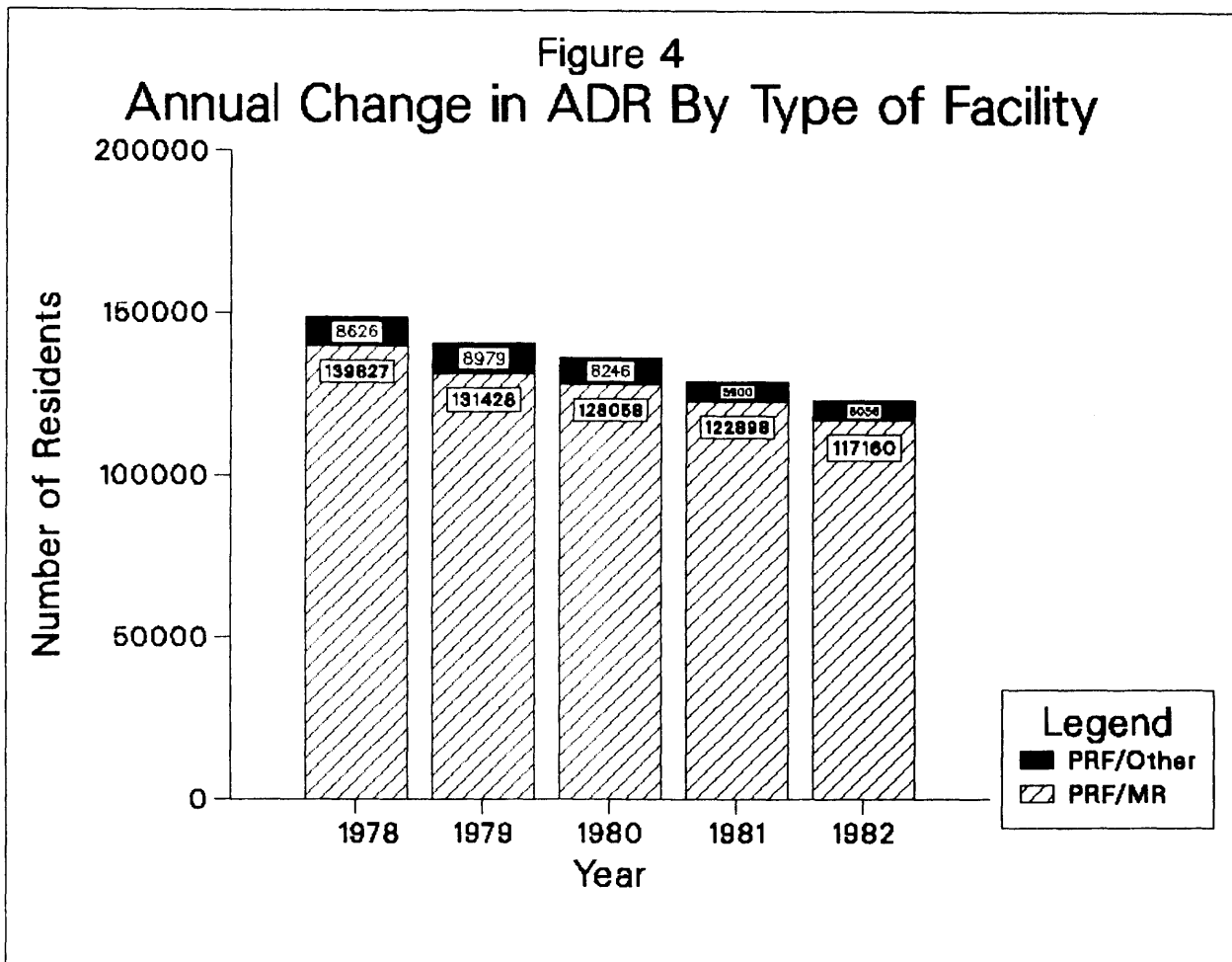
Figure 3 shows that the average number of people with a primary diagnosis of mental retardation residing in PRF/other facilities, while fluctuating somewhat over the past five years, has decreased as well, from 62 residents in 1978 to 50 residents in 1982. This decrease in facility size has occurred at an

average annual rate of 3.8% since 1978.



The total number of mentally retarded residents living in state operated facilities reached its peak during 1967 when the population was 194,650 (Lakin, Bruininks, Doth, Hill, & Hauber, 1982). As can be seen in Figure 4, the average daily residents (ADR) of PRF/MR's in 1982 was 117,160 or 60% of the 1967 population. Since 1978 when the population of these facilities was 139,827 residents, there has been an average annual decrease equal to 3.2%. This rate represents a slightly greater average annual decrease in population than occurred in these facilities

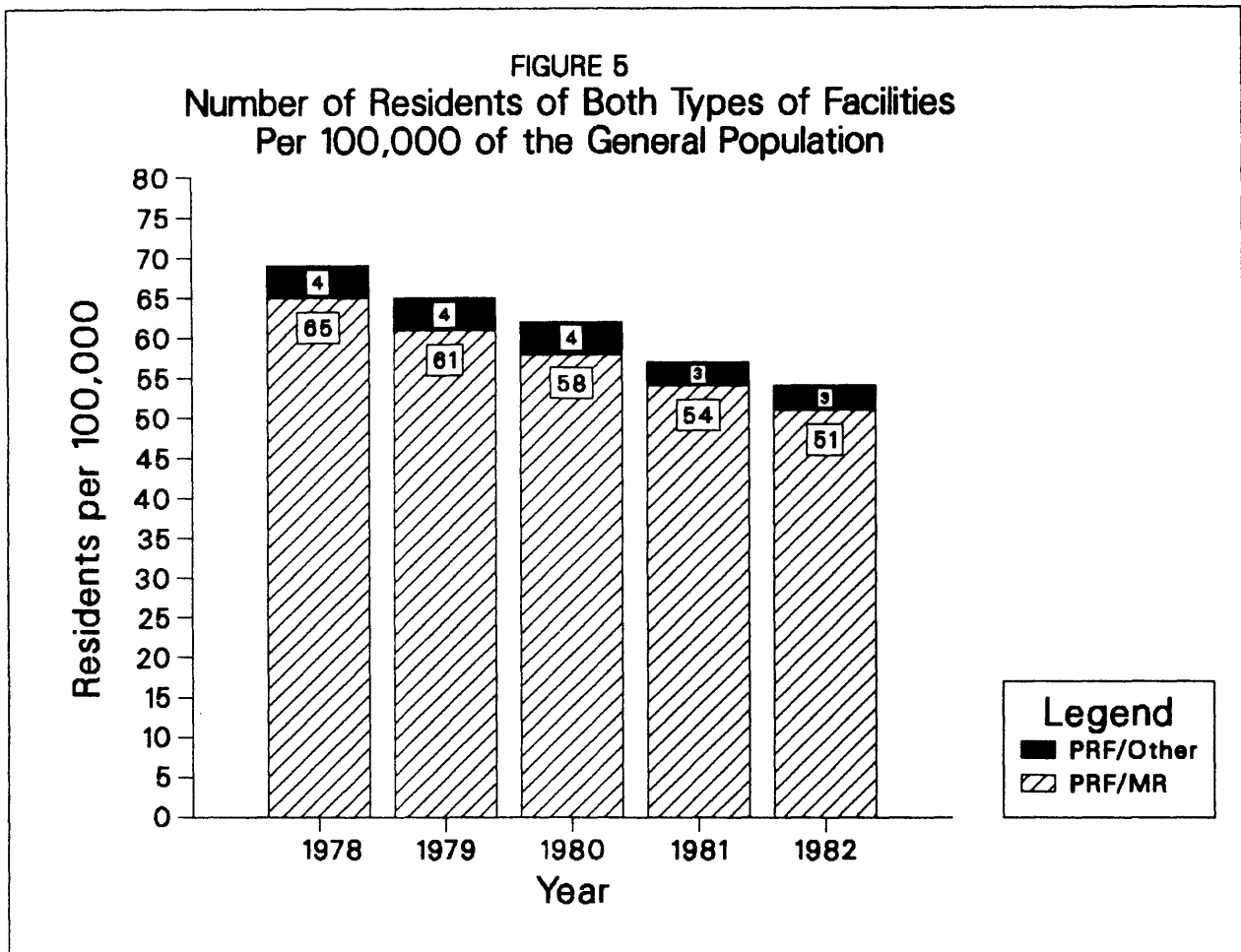
between 1967-1977.



The number of mentally retarded people in state and county mental hospitals peaked at 40,000 in 1959, eight years before the peak in the number of mentally retarded people in institutions for the mentally retarded (Lakin, 1982). This population in state PRF/others, was 6,056 in 1982, 70% of the 8,626 residents residing in these facilities in 1978 and 15% of the peak number reached in 1959. Figure 4 shows the average daily residents of both PRF/MR facilities and PRF/other facilities over the past five years. While the number of residents of PRF/MR's has decreased each year, the number of mentally retarded residents residing in PRF/other facilities increased slightly during 1982.

The number of mentally retarded people living in PRF/other facilities has continually represented about 5% of the total institutionalized mentally retarded population.

The size of the state-operated residential service system relative to the population as a whole has shown an equally dramatic decrease since 1970 when there were 106 institutionalized mentally retarded people per 100,000 general population. Figure 5 shows that in 1978 that number was 69 residents per 100,000 of the general population and that it further decreased to 54 per 100,000 in 1982. The number of institutionalized mentally retarded people in 1982 equalled approximately 50% of its 1970 peak.



Important aspects of the public residential service system are the rates at which individuals are newly admitted, readmitted, released and die. This movement can be a reflection of efforts to delay placement of mentally retarded people into institutions, as well as to place residents of large institutions into smaller facilities, or to improve existing institutional programs and reduce facility size. Figures 6 and 7 show first admissions, readmissions, deaths and live releases as a cumulative percent of residents on roll in each type of facility during five report years.

Figure 6 points out several patterns in the movement of residents in and out of PRF/MR's. First of all, movement as a whole tends to be slowing down slightly, though it has consistently represented approximately 15 to 20% of the on-roll population of PRF/MR's. Though a bit higher than the civilian population's death rate of .8 to 1.0% ("Death Rates," 1983), the death rate in state operated residential facilities has remained relatively constant at between 1.3 and 1.4%. Live releases have consistently made up the largest proportion of the on-roll population of institutionalized residents. During the past five years, live releases have ranged from a high of 11.8% of the on-roll population in 1979 to a low of 8.8% of the on-roll population in 1982. Total admissions (first admissions and readmissions) represented a high of 9.4% of the on-roll population in 1979 and a low of 6.3% of the on-roll population in 1982. The number of total admissions composed of readmissions has consistently been near 50%. In 1982 readmissions represented 54% of total admissions.

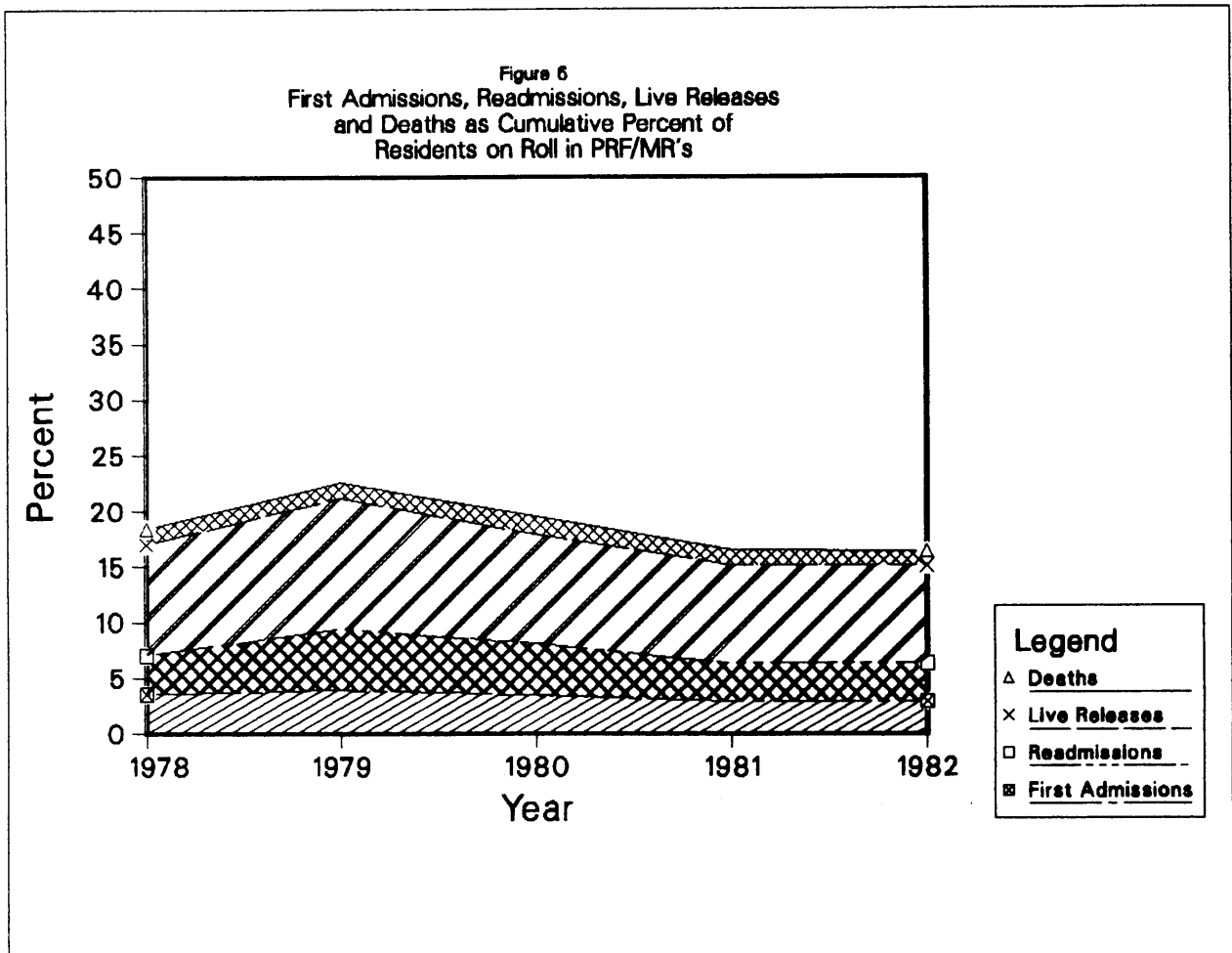
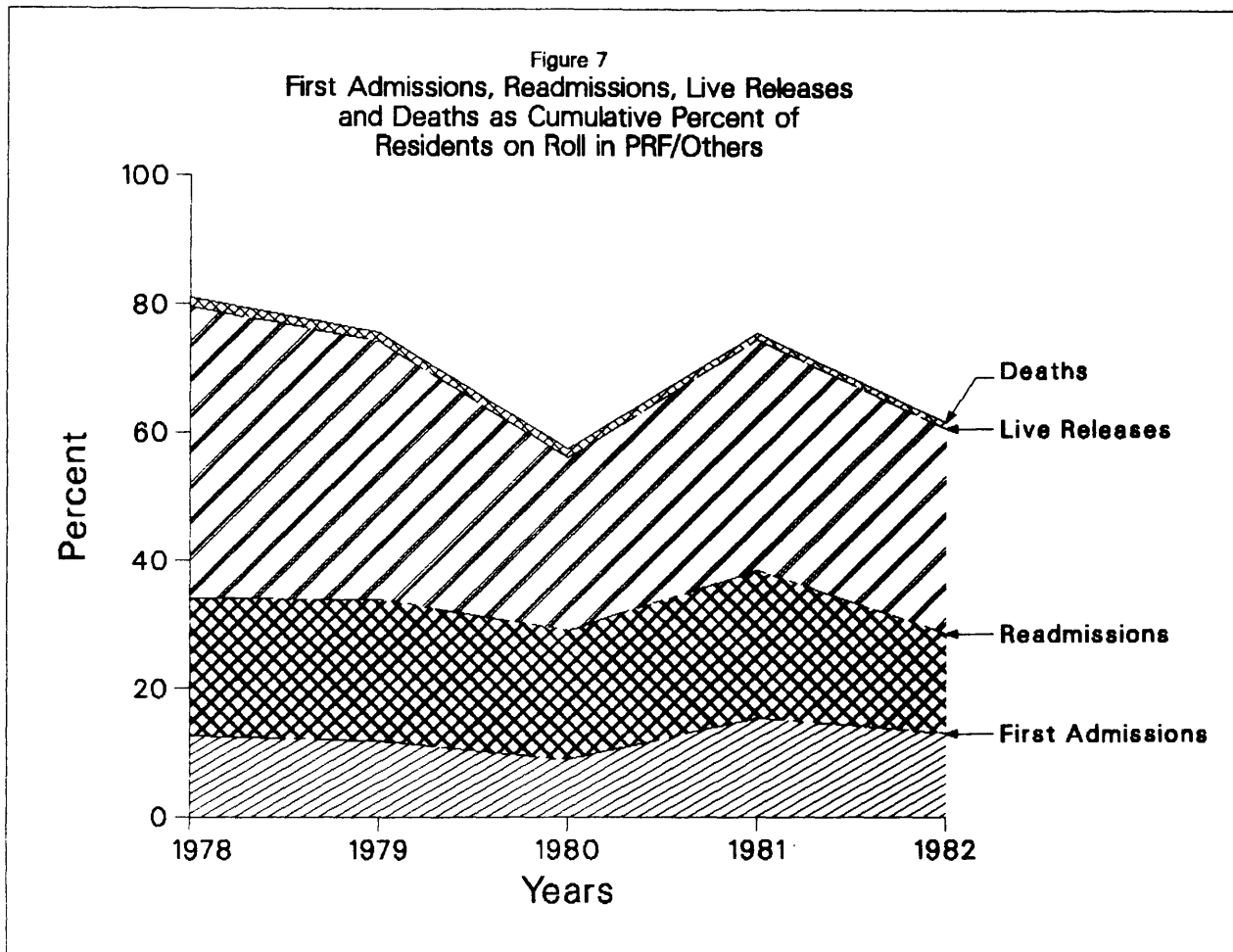


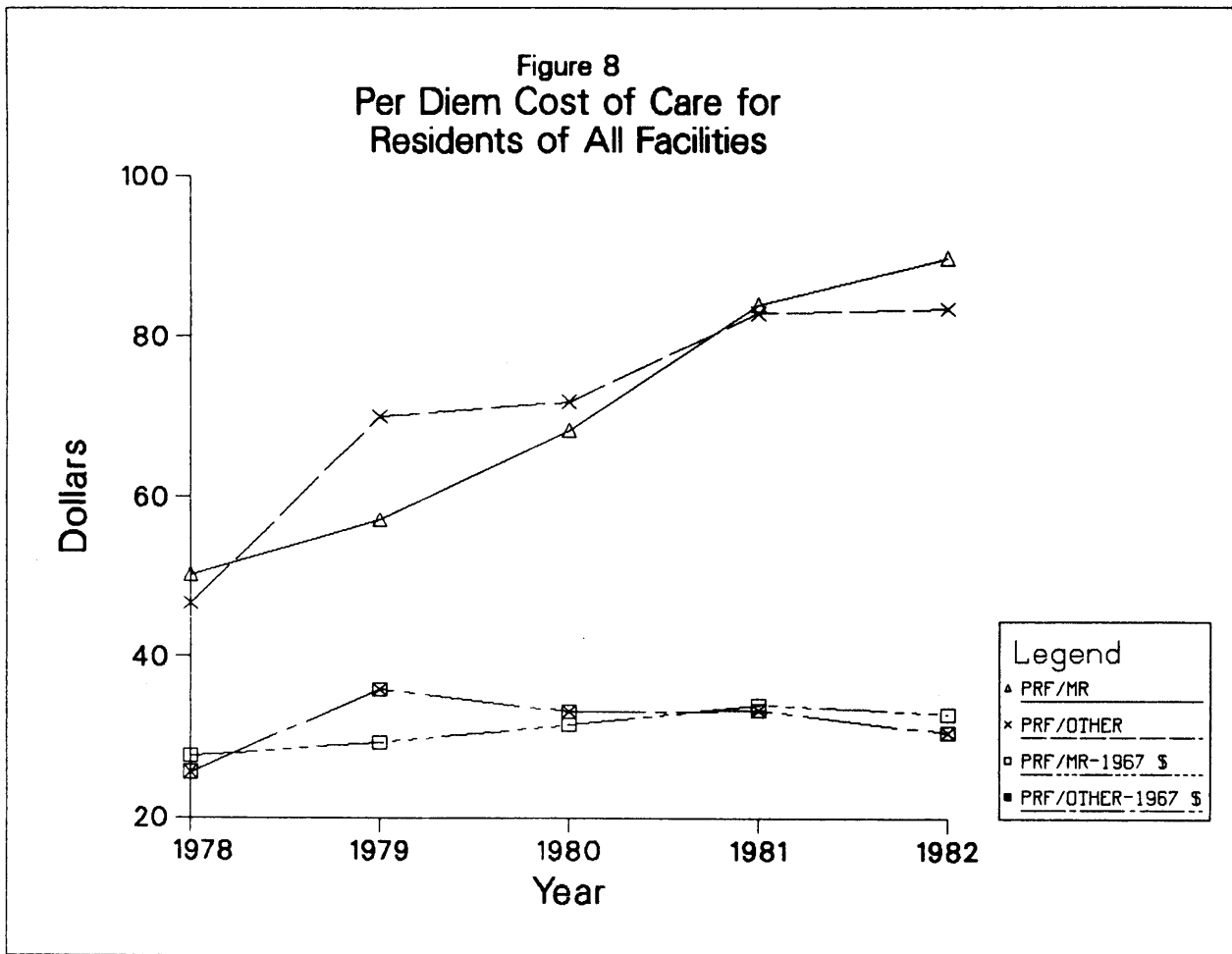
Figure 7 shows first admissions, readmissions, deaths and live releases as a cumulative percent of mentally retarded residents on-roll in PRF/other facilities during five report years. Each year approximately 60% to 80% of all mentally retarded residents of PRF/other facilities have found themselves in one of the movement categories displayed in Figure 7. The death rate has fluctuated from between 1.9% in 1978 to 9% in 1982. The average death rate has been 1.4% or the same average rate found in PRF/MR facilities. Live releases of mentally retarded residents from PRF/other's has consistently been the largest movement category over the past five years. Live releases represented 45.6% of the on-roll mentally retarded

population in 1978 and 32% in 1982. Total admissions of mentally retarded residents have represented an average of about 33% of the on-roll mentally retarded population of these facilities. Again, readmissions have equalled greater than half of total admissions during each report year. In 1982 readmissions represented 55% of all admissions to PRF/other facilities.



The final figure (Figure 8) shows the average per diem cost of care for residents of PRF/MR and PRF/other facilities during five report years. The two upper lines represent actual costs while the two lower lines reflect per diem in constant 1967 dollars. Actual per diem costs of care in both PRF/MR facilities and PRF/other facilities increased 44% from 1978 - 1982. This

represented an average increase of about 8.8% per year. The per diem cost of caring for mentally retarded residents of PRF/other's in 1982 was \$83.37 and was \$89.75 for residents of PRF/MR facilities. Corrected for inflation, the average per diem cost of care in both types of facilities increased only 16% over five years, or 3.2% annually.



Discussion

This brief report summarized national trends in the public residential service system for mentally retarded people in terms of a few basic data items surveyed annually over the past five years. It is intended to be an overview of more extensive state and regional data presented in four separate reports available from the Center (see reference list). This succinct documentation of the more pertinent facts is provided by the Center to enhance basic understanding of the status of public residential services for mentally retarded people.

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