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ABSTRACT

Data are reported from the 1982 census of licensed residential facilities for mentally retarded people. Findings (by state as well as by the Department of Health and Human Services Region) are reported for characteristics of the facility (number and type of facility, year of opening, type of operator, rate of placement by size of facility, reimbursement rates) and of the residents (age and level of retardation, functional limitations, resident movement). Conclusions indicate that an extended array of residential alternatives are available, with nearly one-third of the states having residential programs represented by each of six general facility types. Despite growth in smaller community-based facilities in recent years the primary provider of residential services is still the large group residence. While over 70% of mentally retarded residents still live in rather large facilities, there has been a shift in the direction of private operation of facilities and smaller facility sizes. Resident characteristics vary by type and size of facility. Data support the trend towards increased age at first admission to residential care and decentralization of living arrangements. Among problematic issues identified are the need to develop resident based reimbursement systems and to accommodate individuals with severe disabilities. (CL)

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National Census of Residential Facilities:

Fiscal Year 1982

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CENTER FOR
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Project Report No. 19

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CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

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INTRODUCTION

States have developed different mixes and types of residential placements as alternatives to their institutions. Careful assessment of national patterns of residential programs is of critical importance in evaluating trends and direction of services for retarded and other developmentally disabled citizens. Over the past 15 years, a consistent population of approximately 250,000 retarded citizens has been served in residential facilities at considerable public cost. The cost of such care represents the single most-costly long-term service provided mentally retarded citizens. Most licensed residential programs serve mentally retarded clients, although many other disabilities are found among clients in long-term care settings. The term "mentally retarded" is used throughout this report, although the term "developmental disabilities" would be a more appropriate term for many residents.

A number of national surveys since 1970 have documented the dramatic shift of residential services for retarded citizens toward increased decentralization and smaller scale living alternatives (Baker, Seltzer, & Seltzer, 1977; Bruininks, Hauber, & Kudla, 1980; Bruininks, Hill, & Thorsheim, 1982; Janicki, Mayeda, & Epple, 1983; O'Connor, 1976; O'Connor & Sitkei, 1975). Each of these surveys aimed at different target populations; consequently their findings are not directly comparable for establishing trends.

A problem with all national surveys of residential facilities conducted to date has been the development of incomplete registries of the defined facility population. It requires immense effort to build the comprehensive national registry. The goal of complete coverage has as its reward however, accurate and representative information about facilities serving mentally retarded people.

The 1982 census of residential facilities was largely a replication of the 1977 census conducted by the Center for Residential and Community Services (CRCS). In that census, data were reported separately for state institutions (Scheerenberger, 1978), private and small public facilities (Bruininks, Hauber, & Kudla, 1980) and specialized foster homes (Bruininks, Hill, & Thorsheim, 1982). These 1977 and 1982 studies provide a unique opportunity to monitor changes and trends in the national, regional and state characteristics of residents and facilities.

The purpose of this report is to summarize the methodology and the key results of the June 30, 1982 national census of residential facilities. A comprehensive description of the methods employed is presented first, covering data collection procedures and response to the 1982 census. Key findings regarding facility and resident characteristics are then summarized for national, state, and where appropriate, regional levels. The majority of data on facility characteristics is based on 100% item response rates. The reader is cautioned, however, that for some states information on reimbursement rates and resident characteristics is affected by missing data on selected items.

METHODOLOGY

Definition of Census Population

The 1982 census of residential facilities for mentally retarded people included all facilities and homes that met the following operation definition:

Any living quarter(s) which provided 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons as of June 30, 1982 with the exception of: (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have no staff residing in the same facility.

Semi-independent living programs were included only if staff members were in the building at all times when residents were home. Apartment units with shared staff members in one building were viewed as one program (facility) and covered by a single questionnaire.

Source of Mailing List

The national mailing list of all facilities/homes potentially serving mentally retarded people was compiled between January 20, 1982 and August 15, 1982. Major sources for the list included: (a) the 1982 Directory of Public Residential Facilities for the Mentally Retarded maintained by the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, (b) the Registry of Community Residential Facilities of the Center for Residential and Community Services, and (c) state, regional, and county mental retardation program licensing agencies, state offices reimbursing contracted services, and other relevant state offices.

In each state, the Mental Retardation Program Director, or his/her designate, was initially contacted to identify the types of residential programs available for mentally retarded people and to identify those individuals and agencies who could provide CRCS with a list of all facilities participating in each program. Ten states had management information systems

that enabled a single source to provide a computerized list of all facilities. In 18 states and the District of Columbia, more than one licensing agency provided a comprehensive list of the facilities, under their licensing jurisdiction. If state, regional, or county agencies throughout the states were unable to provide the lists, either because of lack of information or questions of confidentiality, private provider agencies were contacted directly. Approximately 600 sources were involved in completing the lists of residential programs. In one state, for example, 85 separate counties were contacted to achieve a complete listing. Every effort was made through continuous, overlapping procedures to compile a comprehensive registry of programs.

Letters and return postcards (see Appendix A) were also sent to 4,427 community residential facilities and 569 special foster homes that had participated in the Center's 1977 survey to determine whether they were still open and still served mentally retarded residents. The status of 1,128 New York foster homes was reviewed directly by the New York Office of Mental Retardation and Developmental Disabilities. No follow-up could be made on 276 foster homes excluded because administrative agencies had completed questionnaires in 1977 without supplying identifying addresses. Post cards returned by the addressee, the post office, or by New York Office of Mental Retardation and Developmental Disabilities confirmed that 3,967 facilities/homes were still open. In 843 cases, no card was returned. The resulting 4,810 facilities (6,400 less than those excluded or confirmed to no longer be eligible) were assumed to still be in operation were included in the 1982 registry.

The 1977 and 1982 facility lists were combined on a System 2000 computer data base management system. Duplicate listings that appeared on both lists

were identified by personal inspection of a printout. The 1977 identification number of each duplicate was retained.

The final mailing list contained 21,137 addresses, including 1,685 1977 facilities that were not on any list obtained from states in 1982. These facilities were included so that standard survey procedures could be used to ascertain their present eligibility. Finalized registries were resubmitted to designated key contact persons in each state for review and verification.

Data Set

Most of the 1982 questionnaire items were identical to the short form used in the 1977 National Survey of Community Residential Facilities (Bruininks, Hauber, & Kudla, 1980). Two items (adaptive behavior, subsequent placement of released residents) from the 1977 long-form questionnaire, two questions on staff-resident ratios, and an expansion of the reimbursement question were added to the questionnaire. As shown in Appendix B, the 1982 questionnaire provided for a profile of general characteristics of facilities (location, size, ownership, type, year of opening, reimbursement rates) and demographic/functional characteristics of residents (age, level of retardation, resident movement, functional limitations). Table 1 presents the specific data items available from the 1982 Census of Residential Facilities.

Data Collection Procedures

Data collection for the traditional state-operated public residential facilities was conducted by Richard C. Scheerenberger, Director of the Central Wisconsin Center for the Developmentally Disabled in Madison, Wisconsin, under the auspices of the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded. Questionnaires (18-item long form) were mailed to 278 state-operated residential facilities

Table 1

Data Elements Available from the 1982
Census of Residential Facilities-----
A. Facility Identification

1. State
2. Week received

B. Type of Ownership

1. Who operates your facility?
2. Is your facility a member of a group of residential facilities operated by the same individual or organization?

C. Type of Facility

1. Which of the following statements best describes your home/facility? (One of 7 descriptions of the facility's service model is indicated.)

D. ICF-MR Status

1. Is your facility or a unit of your facility a certified Intermediate Care Facility for the Mentally Retarded (ICF-MR)?
 - a. How many of your facility's beds were ICF-MR certified on June 30, 1982?

E. Population Served

1. Does your home/facility serve only children, only adults, both children and adults?

F. Population

1. Licensed bed capacity
2. Total number of residents
3. Total number of mentally retarded residents
4. Total number of male mentally retarded residents
5. Total number of female mentally retarded residents

G. Level of Retardation

1. Total number of borderline
2. Total number of mild
3. Total number of moderate
4. Total number of severe
5. Total number of profound
6. Total number of unknown

H. Chronological Age

- 1. Total number of age birth-4
- 2. Total number of age 5-9
- 3. Total number of age 10-14
- 4. Total number of age 15-21
- 5. Total number of age 22-39
- 6. Total number of age 40-62
- 7. Total number of age 63+

I. Resident Movement

- 1. Total number of deaths
- 2. Total number of new admissions
- 3. Total number of readmissions
- 4. Total number of formally released
- 5. Previous placement of new admissions July 1, 1981 - June 30, 1982

- a. Home of parents or relatives
- b. Foster/family care home
- c. Group home with 1-15 residents
- d. Community residential facility with 16-63 residents
- e. Private residential facility (private institution) with 64 or more residents
- f. Public residential (state institution) with 64 or more residents
- g. Boarding home (board and lodge; board and care)
- h. Nursing home
- i. Semi-independent living (part-time supervision)
- j. Independent living (no supervision)
- k. Hospital for mentally ill
- l. Correctional facility (e.g., jail, detention center)
- m. Don't know
- n. Other

6. New placement of formal releases July 1, 1981-June 30, 1982

- a. Home of parents or relatives
- b. Foster/family care home
- c. Group home with 1-15 residents
- d. Community residential facility with 16-63 residents
- e. Private residential facility (private institution) with 64 or more residents
- f. Public residential (state institution) with 64 or more residents
- g. Boarding home (board and lodge; board and care)
- h. Nursing home
- i. Semi-independent living (part-time supervision)
- j. Independent living (no supervision)
- k. Hospital for mentally ill
- l. Correctional facility (e.g., jail, detention center)
- m. Don't know
- n. Other

J. Age of Facility

1. When did your facility or home accept its first mentally retarded resident at its current address?

K. Adaptive Behavior

1. Number cannot walk without assistance
2. Number cannot dress without assistance
3. Number cannot eat without assistance
4. Number cannot understand the spoken word
5. Number cannot communicate verbally
6. Number not toilet trained

L. Staff Ratios

1. On an average weekday evening at 7:30 p.m., how many residents and how many direct-care staff are in the home/facility?
2. On an average weekday morning at 7:30 a.m., how many residents and how many direct-care staff are in the home/facility?

M. Reimbursement

1. What was your average per diem (per day) cost per resident between July 1, 1981-June 30, 1982?
2. Does this per diem figure indicate the cost of:
 - a. Day Programs
 - b. Physical or occupational therapy
 - c. Medical expenses or nursing care

N. State Institution

1. Total budget for fiscal year
2. Personnel cost for fiscal year
3. Nonpersonnel cost for fiscal year
4. Building/remodeling for fiscal year
5. Number of certified SNF beds
6. Unit of psychiatric hospital?

O. Number of ICF-MR beds

Table 2

Data Collection Procedures for 1982 Census
of Residential Facilities

Activity	Date	Material(s)/ Procedure (s)	No. of Facilities	No. of Agencies
Initial mailing (1st class)	Sept. 3-8 1982 (U.S. ex- cept NY family care homes)	CRCS Questionnaire	19,159	
		CRCS cover letter	19,159	
		Special note for apartment programs and foster homes	7,638	
		Special note to agencies receiving questionnaires for more than one facility/home	(1,743)	172
	Oct. 4-8 1982 (NY family care homes)	CRCS Questionnaire	1,700	
		State of New York, Office of Mental Retardation and Developmental Dis- abilities cover letter	1,700	
		Special note for NY foster homes	1,700	
		TOTAL	20,859	172
Follow-up #1	Sept. 24 1982	Reminder postcard	14,943	
		TOTAL	14,943	
Follow-up #2	Oct. 25-26 1982	CRCS Questionnaire	10,161	
		CRCS cover letter	10,161	
		Administration on Developmental Dis- abilities endorsement letter	10,161	

during June, 1982. Of the 278 facilities, 249 were institutions for mentally retarded persons, and 29 were units for mentally retarded persons within a mental hospital. A follow-up request was sent to nonresponding facilities during August, 1982. In October, short-form questionnaire responses were elicited from all previous nonrespondents. Data from these questionnaires (207 long forms and 71 short forms) were transcribed onto the Center's questionnaires and entered as part of the total 1982 national census data set.

A summary of all data collection activities for the remaining facilities and homes is shown in Table 2. The dates, materials and/or procedures utilized and number of facilities or agencies involved is described for each activity listed.

Initial mailing. The initial mailing occurred in two stages. In the first stage, questionnaires and cover letters (see Appendix A) were sent to 19,159 facilities and homes between September 3-8, 1982. The cover letter described the purpose of the survey, usefulness and confidentiality of the information received, and urged voluntary participation in the study. A special note for supervised apartment programs and foster homes (see Appendix A) was sent to 7,638 apartments and homes to help clarify certain questionnaire items in terms of their unique services.

Among agencies operating systems (groups) of facilities, 172 requested the Center to refrain from directly contacting their member facilities. All questionnaires and letters were sent directly to these agency central offices who distributed the forms to 1,743 facilities. A special note (see Appendix A) was sent to agencies receiving questionnaires. It requested their cooperation in forwarding the forms to the individual facilities and described the Center's information needs and confidentiality procedures.

Activity	Date	Material(s)/ Procedure (s)	No. of Facilities	No. of Agencies
		National Association of State Mental Retar- dation Program Director, Inc. endorsement letter	10,161	
		Special note to all homes, foster homes and supervised apartments	10,161	
		TOTAL	10,161	
New York foster home follow-up I (mail)	Dec. 1 1982	Questionnaires sent to 22 regional offices	1,292	
		Regional office cover letters	1,292	
Special California follow-up (mail)	Feb. 8 1983	CRCS Questionnaire	2,333	
		CRCS cover letter	2,333	
New York foster home follow-up II (mail, per- sonal contact, phone)	Mar. 15 1983	Contact by family care coordinators to providers	629	
Special agency Follow-up (phone/ mail)	Dec. 6 1982	Phone and mail contacts to agencies	(1,125)	169
Follow-up #3 (phone)	Dec. 8 1982	Began complete phone interviews in 9 states	186	
	Feb. 14 1983	Phone interviews in 39 additional states	4,616	
	Apr. 4-8 1983	Phone interviews in California	1,841	
	May 10 1983	Phone interviews with New York foster homes open in 1977	263	
		TOTAL	6,906	
Ending date	Jun. 24 1983			

All 1,700 questionnaires designated for New York family care homes were sent to the Office of Mental Retardation and Developmental Disabilities, State of New York. In the second stage of initial mailing, central office mailed these questionnaires, a letter of support for family care provider participation and a special note (see Appendix A) between October 4-8, 1982 to the 20 district directors. The directors then distributed the survey materials to the appropriate family care coordinators who, in turn, mailed them to the family care providers. Completed questionnaires were returned to CRCS offices in Minnesota.

Mail follow-ups. On September 24, 1982 a reminder postcard was sent by First Class mail to 14,943 facilities, excluding noncontactable system member facilities in systems where the main administrative office was the contact point and New York family care homes. The card (see Appendix A) requested that those who had not had a chance to do so return the completed questionnaire as soon as possible and gave those facilities who were not serving mentally retarded people on June 30, 1982 a check off box to indicate they were not eligible.

A second major mail follow-up was conducted October 25-26, 1982. A second copy of the questionnaire, a cover letter, special note to all foster homes and supervised apartments, as well as endorsement letters from the Administration on Developmental Disabilities and the National Association of State Mental Retardation Program Directors were sent to 10,161 nonresponding facilities (see Appendix A). System member facilities with administrative office contact points and New York family care homes were again excluded.

Phone follow-up. A special follow-up of 169 agencies operating multiple facilities that had requested member facilities not be contacted by Center staff began December 6, 1983 to gather information on 1,125 nonresponding member facilities. An initial phone contact was made to request the return of

these questionnaires. Phone contacts, were often followed by a letter describing the Center's informational needs and addressing any questions, issues, or requests made by the agency along with a remailing of questionnaires. Phone follow-up (average of three per agency) continued until May 30, 1983.

A third major follow-up of 6,906 nonrespondents was initiated on December 8, 1982 and proceeded in four stages as shown in Table 2. Each nonrespondent was contacted by phone, and questionnaire information was obtained by a structured telephone interview. A telephone script (see Appendix A) was developed to provide the interviewer with standards and rules in conducting the interview and answering questions about the items or about CRCS. All calls were made on WATTS lines from CRCS offices at the University of Minnesota.

The first follow-up of New York family care homes occurred on December 1, 1982 when 1,292 questionnaires were mailed out by the New York Office of Mental Retardation and Developmental Disabilities central office to the 22 district offices. The family care coordinators then mailed the questionnaires and their own support letter requesting response to family care providers. On March 15, 1983 letters were sent to family care coordinators requesting they contact the last 629 nonrespondents in one final attempt to encourage providers to respond to the questionnaire.

A special third mail follow-up of California family care homes took place February 8, 1983. Questionnaires and CRCS cover letters (see Appendix A) were mailed to 2,333 nonresponding homes. In an effort to obtain a maximum number of returns, California providers who found the questionnaire too long were asked to just complete page 2 of the questionnaire. All respondents were promised a copy of the survey results.

Recruitment, Training and Supervision of Interviewers

Prospective telephone interviewers were initially screened on the basis of three major criteria: (a) direct experience in phone interviewing or related work, (b) maturity and verbal skills required to successfully elicit information from a variety of care providers, (c) ability to carefully edit questionnaires as they were returned. The 12 interviewers selected averaged 16 years (S.D.=.90) of education and the median amount of experience in research was 38 months. All interviewers were provided with a period of intensive training which included: (a) thorough study of question-by-question objective; (b) mock interviews to acquaint the interviewer with standard phone interviewing procedures, problems to be encountered and suggested solutions; (c) observation of a trained interviewer conducting actual interviews; and (d) making actual calls with supervisor's observation and immediate feedback.

Rate of returns

The census officially ended on June 24, 1983. The Center had initially mailed questionnaires to 21,137 facilities and homes. During the interim period, 1,013 additional facilities were provisionally added, making the total number of residential facilities surveyed 22,150. Table 3 shows the number and percent of questionnaires returned during the four major stages of data collection. The actual and cumulative weekly return rates related to major data collection procedures are shown in Figures 1 and 2, respectively.

Table 3

Number and Percent of Questionnaires Returned
During Four Major Stages of Data Collection

Data Collection Procedure	Date	Questionnaires Mailed/Phoned	Questionnaires Returned to Date		Cumulative Questionnaires Returned to Date	
		N	N	%	N	%
Initial mailing	September 3-8, 1982 October 4-8, 1982	21,137	4,499	20.31	4,499	20.31
Follow-up #1 (Reminder postcard)	September 24, 1982	14,943	4,229	19.09	8,728	39.40
Follow-up #2 (questionnaire and letters)	October 25-26, 1982	10,161	3,331	15.04	12,059	54.44
Follow-up #3 (phone interviews)	December 8, 1982 - June 24, 1983	6,906	10,091	45.56	21,150	100.00

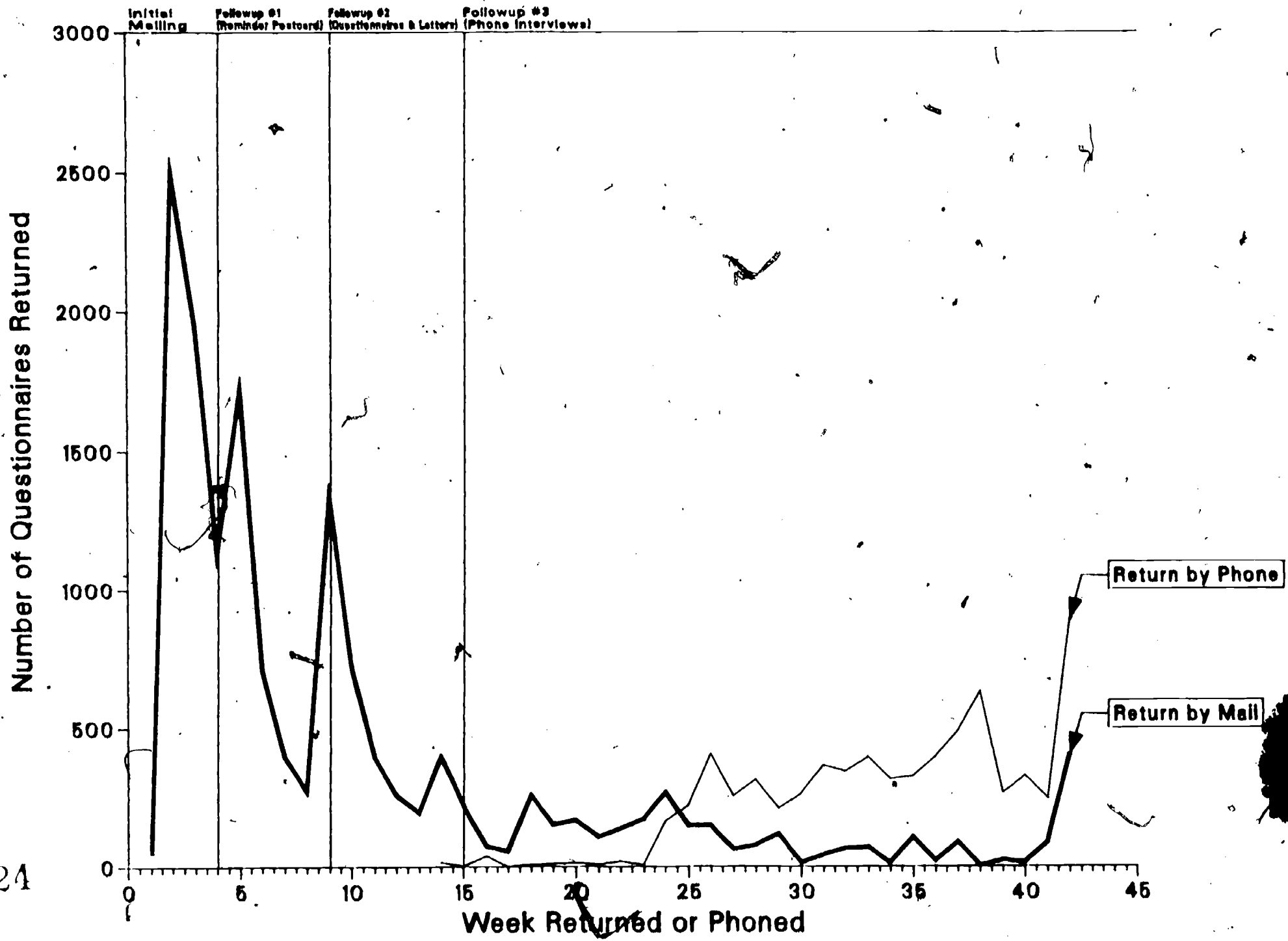


Figure 1. Number of questionnaires returned over time related to data collection procedures

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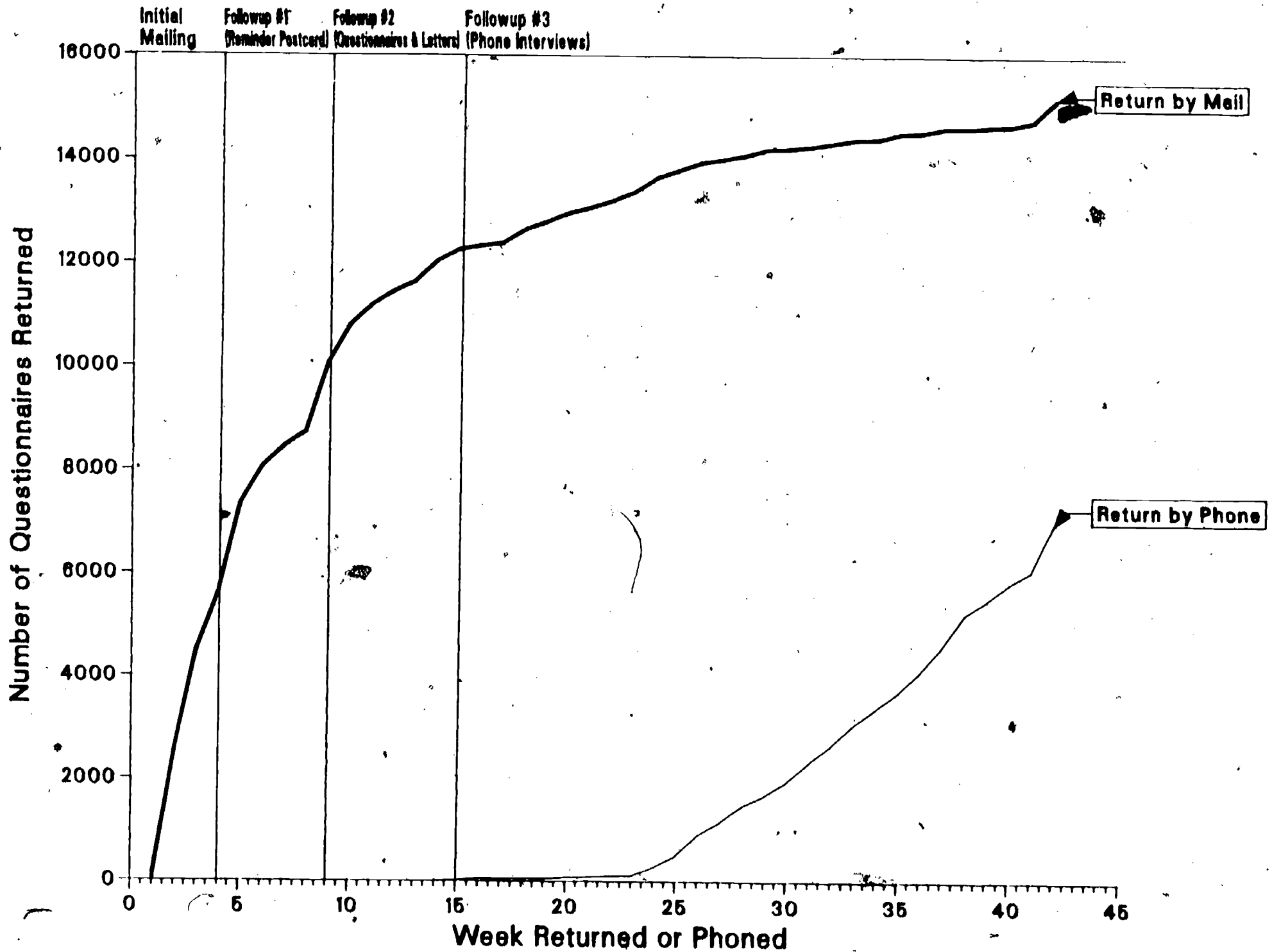


Figure 2. Cumulative Response over time related to data collection procedures

Response to the 1982 Census

Facility responses were classified into two major types of returns.

IN SCOPE

Completeds Facilities were "Completeds" if they met the operational definition of a Residential Facility and completed the questionnaire. In an effort to secure maximum coverage of the population, a small number of questionnaires (4.4%) were accepted as completeds if the facility/home had provided type of operator, type of facility, ICF-MR status, licensed bed capacity, number of residents, and number of mentally retarded residents.

Refusals Respondent refused to participate in the survey, either in writing or verbally. These facilities/homes did serve mentally retarded according to the state listings.

Unknown After all mail follow-up attempts, facility did not respond. Phone numbers were either unpublished or not listed. These facilities did serve mentally retarded residents according to the state listings and the address exists according to the Post Office.

OUT OF SCOPE

Duplicate Address Duplicate listing for a single facility.

Not Eligible Facilities/homes which did not fit the operational definition. For example:

- a. Facilities with no retarded residents
- b. Semi-independent living programs without 24-hour supervision.
- c. Facility or residential school which operates only five days a week.
- d. An administrative office or nonresidential service vendor.

Not Deliverable Facilities/homes not in operation as of June 30, 1982 (closed, never opened or opened after June 30, 1982) or questionnaires were returned by the post office as "Address Unknown" or "No Forwarding Address" and phone follow-ups were not productive.

A total of 15,633 facilities and homes (66.7%) met the inclusion criteria and were considered to be In Scope. (This number included 864 facilities that refused to participate, but whose state licensing agencies confirmed eligibility for inclusion.) Table 4 shows the number and Percent of Questionnaires by type of return.

Table 4
Number and Percent of Questionnaires by Type of Return

Type of Return	N	%
Total	22,150	100.0
In Scope		
Completed	14,769	66.7
Refusal	745	3.4
Unknown	119	0.5
Total	15,633	70.6
Out of Scope		
Duplicate Address	791	3.6
Noneligible	3,893	17.6
Not Deliverable	1,833	8.3
Total	6,517	29.4

A detailed breakdown showing type of return and response rates for each state is presented in Table 5. All facilities identified as Out of Scope were deleted in calculating response rates. Rates were derived using the following formula:

$$\left(\frac{\text{In Scope Completed}}{\text{In Scope Completed} + \text{In Scope Refusal} + \text{Unknown}} \times 100 \right)$$

Table 5

State Summary Status of 1982 Census Returns

State	In Scope			Out of Scope			RESPONSE RATE
	Completed	Nonresponse Refusal	Unknown	Duplicate Address	Non- Eligible	Non- Deliverable	
Alabama	68	0	0	2	3	10	100.00
Alaska	47	0	0	1	10	1	100.00
Arizona	234	21	0	5	81	10	91.76
Arkansas	48	0	0	3	36	2	100.00
California	2704	43	106	105	1492	914	94.78
Colorado	168	0	0	6	27	14	100.00
Connecticut	210	0	0	8	46	6	100.00
Delaware	80	0	0	0	68	2	100.00
Dist. of Columbia	43	0	0	0	7	4	100.00
Florida	506	2	0	14	72	40	99.61
Georgia	351	0	0	17	58	8	100.00
Hawaii	192	0	4	1	116	4	97.96
Idaho	52	0	0	0	7	2	100.00
Illinois	320	1	0	8	78	36	99.69
Indiana	189	1	0	17	27	11	99.47
Iowa	186	1	0	10	33	3	99.47
Kansas	115	0	0	9	36	24	100.00
Kentucky	100	0	0	2	22	3	100.00
Louisiana	62	0	0	3	18	2	100.00
Maine	192	0	0	2	40	15	100.00
Maryland	152	0	2	15	69	5	98.70
Massachusetts	488	10	0	29	59	17	97.99
Michigan	1334	8	4	36	176	160	99.11
Minnesota	318	0	0	9	28	5	100.00
Mississippi	45	0	0	3	5	0	100.00
Missouri	538	0	0	29	131	72	100.00
Montana	71	0	0	3	4	7	100.00
Nebraska	146	0	0	4	17	28	100.00
Nevada	46	0	0	0	6	11	100.00
New Hampshire	71	0	0	0	17	1	100.00
New Jersey	565	14	0	60	107	66	97.58
New Mexico	61	0	0	7	5	6	100.00
New York	1752	640	3	91	316	84	73.15
North Carolina	139	0	0	7	21	13	100.00
North Dakota	27	0	0	1	8	1	100.00
Ohio	653	2	0	101	119	36	99.69
Oklahoma	24	1	0	6	1	0	96.00
Oregon	62	0	0	1	2	4	100.00
Pennsylvania	1176	0	0	91	295	95	100.00
Rhode Island	64	0	0	0	4	2	100.00
South Carolina	38	0	0	4	4	1	100.00
South Dakota	61	0	0	5	7	3	100.00
Tennessee	194	0	0	14	19	23	100.00
Texas	196	0	0	13	17	31	100.00
Utah	38	0	0	2	38	4	100.00
Vermont	106	0	0	11	22	11	100.00
Virginia	70	0	0	7	14	4	100.00
Washington	137	0	0	3	11	11	100.00
West Virginia	20	0	0	2	0	1	100.00
Wisconsin	290	1	0	18	58	14	99.66
Wyoming	20	0	0	6	6	6	100.00
U.S. Total	14769	745	119	791	3893	1833	94.47

State response rates were extremely high. A majority (35 states) participated 100%. Among the remaining 15 states, 12 achieved response rates above 96%. The national response rate was 94.5%. State agencies were able to provide six essential items (type of operator, type of facility, ICF-MR status, licensed bed capacity, number of residents and number of mentally retarded residents) for all 864 nonresponding facilities. Statistics presented in this report are based on the total number of licensed facilities (15,633) unless otherwise noted.

Data Processing

Questionnaires were logged in and edited to ensure accuracy, completeness, and internal consistency (logical, conceptual, and administrative). For example, all foster homes with more than 10 residents, all semi-independent living programs with 3 or fewer residents or profoundly retarded residents, and all facilities classifying themselves as nursing homes were reviewed individually. Specific written editing and coding instructions were followed to: (a) assure that the facility responding met the inclusion criteria, (b) detect missing, inconsistent, or incompatible information, and (c) prepare questionnaire for data entry. When the editing process identified potential errors, respondents of questionnaires were phoned to solve the identified problems. As expected, given the complexity of the information requested on one standardized form and the heterogeneous nature of the census population, the number of phone follow-ups was high. Approximately 85% of all questionnaires required phone follow-ups to acquire missing information or explain incomplete or inconsistent information.

In an effort to coordinate data collection so that information gathered from the state-operated facilities surveyed by the National Association of Public Residential Facilities was comparable to that gathered by the CRCs, postcards were sent to the superintendents of 257 state-operated residential

facilities requesting certain missing data. All 257 superintendents were asked to provide the number of direct-care staff on duty at 7:30 p.m. on a typical weekday evening. (Respondents were supplied with the number of residents reported on roll on June 30, 1982.) In addition, the number of new admissions, readmissions, live releases, and deaths which occurred between July 1, 1981 and June 30, 1982 was requested from 61 facilities that had not previously provided the information. (Complete responses were received from 184 of the 257 facilities 72.0%).

The questionnaire data were entered via a key-to-disk system with 100% independent verification. In addition, the system was programmed to conduct a series of data consistency checks. An 11% random sample of the first 1,349 keyed questionnaires and a 6% random sample of the next 1,042 questionnaires were manually checked item-by-item with the original entry documents. Extensive computer edits were conducted on the final data tapes to detect remaining inconsistencies and illogical data.

Item Response Rates

Item response rates by type of ownership, by type of facility, and by size of facility are provided in Tables 6 through 9. The percent of facilities responding to each item are presented as well as the percent of residents represented by the responding facilities.

Overall facility response rates ranged from 82.0% (Residents 7:30 a.m.) to 100% (operator, member of group, type of facility, ICF-MR status, ICF-MR certified beds, licensed bed capacity, total number of residents and mentally retarded residents). The mean facility item response rate was 91.5% representing on the average 90.5% of the residents. Response rates for public facilities (Median=93.6%) were generally consistently higher than for private facilities (Median=88.7%).

Among types of facilities (Table 7), median facility response rates ranged from 80.8% (Special foster homes) to 97.6% (personal care homes). Representation of residents by type of facility (Table 8) was generally high (over 90%); median numbers of residents represented ranged from 83.9% (special foster homes) to 96.8% (personal care homes). Response rates and resident representation for functional limitations on items and staff/resident information were considerably lower among public group residences with 16 or more residents (Table 7 and 8) and among all facilities with 64 to 299 and 300 or more residents (Table 9) than any other type or size of facility. Facilities with 1 to 6 residents usually had smaller item response rates (median=84.9) than other size groups of facilities.

Table 6

Item Response Rate by Type of Ownership
(Percent of Facilities and Residents)

Item	Private		Public		Total	
	facilities (% of 14,605)	Residents (% of 115,032)	facilities (% of 1,028)	Residents (% of 128,637)	facilities (% of 15,633)	Residents (% of 243,669)
State	100.0	100.0	100.0	100.0	100.0	100.0
Week returned	100.0	100.0	100.0	100.0	100.0	100.0
Operator	100.0	100.0	100.0	100.0	100.0	100.0
Member of group	100.0	100.0	100.0	100.0	100.0	100.0
Type of facility	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR Status	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR certified beds	100.0	100.0	100.0	100.0	100.0	100.0
Population served	91.7	96.8	95.6	90.6	92.0	93.5
Licensed bed capacity	100.0	100.0	100.0	100.0	100.0	100.0
Total residents	100.0	100.0	100.0	100.0	100.0	100.0
Total MR residents	100.0	100.0	100.0	100.0	100.0	100.0
Sex MR residents	90.9	95.5	98.3	98.7	91.4	97.2
Level of retardation	88.7	93.3	95.3	91.8	89.2	92.5
Chronological age	88.7	92.6	94.9	91.1	89.1	91.8
Deaths	88.1	93.7	93.7	94.0	88.4	93.9
New admissions	87.2	92.1	93.6	96.1	87.6	94.2
Readmissions	87.2	92.0	92.7	91.7	87.6	91.9
Formerly released	87.1	92.0	93.6	96.1	87.5	94.1
Previous placement	86.8	89.7	88.9	85.7	87.0	87.6
Release placement	86.9	90.1	88.6	85.1	89.9	87.4
Year opened	89.3	95.2	98.0	99.7	90.0	97.6
Limitations:						
Work	87.6	92.3	89.8	77.5	87.7	84.5
Dress	87.4	91.5	88.7	75.0	87.5	82.8
Eat	87.4	91.6	88.7	74.5	87.5	82.5
Spoken word	87.4	91.2	87.3	67.0	87.4	78.5
Verbal	87.5	91.6	89.3	77.1	87.6	83.9
Toilet trained	87.4	91.8	88.9	75.5	87.5	83.2
Residents 7:30 p.m.	86.1	91.6	90.1	77.7	86.4	84.3
Staff 7:30 p.m.	86.4	91.8	89.8	77.6	86.7	84.3
Residents 7:30 a.m.	82.8	89.6	70.7	14.2	82.0	49.8
Staff 7:30 a.m.	85.8	91.2	71.4	14.2	84.9	50.5
Reimbursement	85.0	91.8	93.2	98.7	85.5	95.4
Reimbursement:						
Day prog.	90.8	93.7	95.3	97.8	91.1	95.9
pt./ot.	90.3	93.6	93.3	97.4	90.5	95.6
Med./nurs.	90.5	93.8	93.7	97.4	90.7	95.7

Table 7

Item Response Rate by Type of Facility
(Percent of Facilities)

Item	Special Foster	Group res.			Semi-	Boarding	Personal	Special	Total
	Homes (% of 6,587)	(1-15 res.) (% of 6,414)	(private 16+) (% of 886)	(Public 16+) (% of 369)	Independent (% of 306)	homes (% of 185)	care homes (% of 583)	nursing homes (% of 303)	facilities (% of 15,633)
State	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Week returned	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Operator	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Member of group	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of facility	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR Status	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR certified beds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Population served	84.3	98.0	98.0	90.5	98.7	94.1	97.4	98.3	92.0
Licensed bed capacity	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total MR residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex MR residents	82.7	97.7	97.2	97.0	99.3	97.3	98.1	98.0	91.4
Level of retardation	80.8	95.0	96.5	90.8	96.7	96.2	97.8	96.0	89.2
Chronological age	80.8	95.1	95.3	89.7	96.7	96.8	97.8	95.4	89.1
Deaths	79.6	94.6	95.4	91.6	96.4	95.1	97.3	95.7	88.4
New admissions	78.9	93.7	93.7	92.4	94.8	93.5	97.1	95.0	87.6
Readmissions	79.0	93.7	93.7	89.7	94.8	93.5	97.1	95.0	87.6
Formerly released	78.8	93.7	93.7	92.1	94.8	93.5	96.9	94.7	87.5
Previous placement	78.7	93.3	92.8	79.7	94.4	92.4	96.9	93.7	87.0
Release placement	78.7	93.4	92.8	79.4	94.4	93.0	96.9	93.4	89.9
Year opened	81.6	95.4	97.3	98.1	98.4	96.2	96.9	96.0	90.0
Limitations:									
Walk	79.2	94.4	94.5	77.0	96.1	94.6	97.6	94.7	87.7
Dress	79.0	94.3	94.1	74.5	96.1	94.6	97.6	94.4	87.5
Eat	79.0	94.3	94.2	74.5	96.1	94.6	97.6	94.4	87.5
Spoken word	79.1	94.2	94.0	70.5	96.1	94.6	97.6	93.4	87.4
Verbal	79.0	94.3	94.2	75.9	96.1	94.6	97.6	94.4	87.6
Toilet trained	79.0	94.3	94.4	75.1	96.1	94.6	97.6	94.4	87.5
Residents 7:30 p.m.	76.5	94.1	94.0	77.5	95.1	91.9	96.9	94.7	86.4
Staff 7:30 p.m.	76.8	94.4	93.9	77.5	95.1	93.0	96.9	94.7	86.7
Residents 7:30 a.m.	72.1	91.3	93.3	28.5	90.8	89.7	94.3	93.7	82.0
Staff 7:30 a.m.	76.4	93.6	93.8	28.5	90.2	93.5	96.7	93.7	84.9
Reimbursement	75.7	92.1	95.1	96.5	93.8	90.8	93.7	92.4	85.5
Reimbursement:									
Day prog.	87.0	93.5	96.0	95.9	94.4	96.8	96.2	91.1	91.1
PT./OT.	86.3	92.9	96.0	95.1	94.4	96.8	96.1	92.7	90.5
Med./nurs.	86.6	93.0	96.4	95.1	94.4	96.8	96.4	92.7	90.7

Table 8

Item Response Rate by Type of Facility
(Percent of Residents)

Item	Special Foster	Group res.		Semi-	Boarding	Personal	Special	Total	
	Homes (% of 17,147)	(1-15 res.) (% of 42,018)	(private 16+) (% of 40,347)	(Public 16+) (% of 122,971)	Independent (% of 2,870)	homes (% of 1,264)	care homes (% of 4,070)	nursing homes (% of 12,982)	facilities (% of 15,633)
State	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Week returned	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Operator	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Member of group	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of facility	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR Status	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR certified beds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Population served	87.8	98.1	98.4	90.3	99.3	97.1	95.8	98.8	92.0
Licensed bed capacity	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total MR residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex MR residents	86.0	97.8	97.7	98.7	99.2	98.3	98.7	93.2	91.4
Level of retardation	84.0	95.8	95.4	91.5	97.3	97.4	98.4	90.0	89.2
Chronological age	83.9	96.0	93.7	90.8	97.3	98.2	98.4	88.7	89.1
Deaths	83.0	95.4	96.4	94.0	97.3	96.2	96.5	92.7	88.4
New admissions	82.5	94.4	93.5	96.2	95.0	93.4	95.8	91.8	87.6
Readmissions	82.5	94.3	93.5	91.6	95.0	93.4	95.8	91.8	87.6
Formerly released	82.4	94.4	93.5	96.1	95.0	93.4	95.6	91.1	87.5
Previous placement	82.3	93.8	89.3	85.3	93.7	92.2	95.7	86.0	87.0
Release placement	82.2	93.9	90.4	84.7	93.7	92.6	95.6	85.6	89.9
Year opened	85.1	96.5	97.9	99.8	99.3	97.2	95.5	95.5	90.0
Limitations:									
Walk	82.7	95.1	93.7	76.6	96.5	94.8	96.8	91.0	87.7
Dress	82.6	95.0	92.7	74.0	96.5	94.8	96.8	87.3	87.5
Eat	82.6	95.0	93.0	73.4	96.5	94.8	96.8	87.3	87.5
Spoken word	82.6	94.9	92.5	65.6	96.5	94.8	96.8	86.1	87.4
Verbal	82.7	95.0	93.0	76.2	96.5	94.8	96.8	87.3	87.6
Toilet trained	82.6	95.0	93.5	74.5	96.5	94.8	96.8	87.3	87.5
Residents 7:30 p.m.	80.4	94.9	93.9	76.7	94.2	93.9	96.6	89.1	86.4
Staff 7:30 p.m.	80.6	95.3	93.9	76.7	94.2	94.5	96.6	89.1	86.7
Residents 7:30 a.m.	76.0	92.2	93.3	10.4	91.0	91.8	94.9	87.9	82.0
Staff 7:30 a.m.	80.3	94.5	93.6	10.4	90.3	94.5	96.0	87.9	84.9
Reimbursement	78.2	92.9	96.3	98.9	94.5	93.7	93.5	91.7	85.5
Reimbursement:									
Day prog.	87.0	94.1	96.8	97.9	94.9	97.6	96.4	90.8	91.1
PT./OT.	86.2	93.5	97.0	97.6	94.9	97.6	96.5	92.0	90.5
Med./nurs.	86.5	93.6	97.1	97.5	94.9	97.6	96.8	92.8	90.7

Table 9

Item Response Rate by Size of Facility
(Percent of facilities and Residents)

Item	1-6		7-15		16-63		64-299		300+		Total facilities (% of 15,633)
	Facilities (% of 10,469)	Residents (% of 33,188)	Facilities (% of 3,393)	Residents (% of 30,515)	Facilities (% of 1,098)	Residents (% of 25,691)	Facilities (% of 495)	Residents (% of 45,709)	Facilities (% of 178)	Residents (% of 108,566)	
State	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Week returned	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Operator	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Member of group	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of facility	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR Status	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF-MR certified beds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Population served	89.4	92.9	97.6	97.9	97.8	98.1	96.2	94.9	88.8	90.8	92.0
Licensed bed capacity	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total MR residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex MR residents	88.2	91.6	97.9	98.0	98.5	98.6	99.0	99.2	93.3	97.6	91.4
Level of retardation	85.7	89.0	96.5	96.7	97.0	96.8	94.7	91.5	89.3	91.8	89.2
Chronological age	85.8	89.1	96.6	96.9	96.3	96.0	93.7	90.9	87.1	90.6	89.1
Deaths	84.9	88.4	96.0	96.1	95.5	94.9	95.2	94.0	92.1	94.6	88.4
New admissions	84.2	87.9	94.8	94.8	94.5	94.0	93.5	92.1	92.7	96.8	87.6
Readmissions	84.2	87.9	94.7	94.0	94.3	93.5	93.1	91.6	89.9	92.0	87.6
Formerly released	84.2	87.8	94.7	94.8	94.4	93.9	93.5	92.1	92.1	96.7	87.5
Previous placement	84.0	87.6	94.1	94.1	93.6	92.5	88.7	85.1	78.1	85.6	87.0
Release placement	84.0	87.7	94.2	94.2	93.5	92.2	88.7	85.2	77.5	85.3	89.9
Year opened	86.2	89.5	97.6	97.8	97.4	98.1	96.8	97.5	98.3	99.9	90.0
Limitations:											
Walk	84.6	88.2	95.6	95.8	94.6	93.9	90.5	85.7	73.6	77.4	87.7
Dress	84.4	88.2	95.4	95.6	94.4	93.7	89.9	84.8	69.7	74.1	87.5
Eat	84.4	88.1	95.4	95.7	94.4	93.7	90.1	85.0	69.7	73.5	87.5
Spoken word	84.5	88.1	95.4	95.6	94.2	93.2	89.1	83.5	62.4	65.1	87.4
Verbal	84.4	88.1	95.5	95.7	94.4	93.8	90.1	85.0	71.9	76.6	87.6
Toilet trained	84.4	88.1	95.5	95.7	94.5	93.8	90.1	85.5	70.2	74.7	87.5
Residents 7:30 p.m.	82.7	86.8	95.4	95.7	94.3	93.4	90.7	86.9	73.0	77.0	86.4
Staff 7:30 p.m.	83.0	87.0	95.7	96.0	94.3	93.4	90.7	86.9	73.0	77.0	86.7
Residents 7:30 a.m.	78.7	83.1	92.8	92.9	92.7	91.1	77.8	66.0	12.4	10.9	82.0
Staff 7:30 a.m.	82.4	86.5	94.8	95.1	92.8	91.2	77.8	66.0	12.4	10.9	84.9
Reimbursement	81.3	84.4	93.8	93.9	94.5	94.9	95.6	96.1	97.2	99.1	85.5
Reimbursement:											
Day prog.	89.2	89.9	94.6	94.8	95.9	96.3	94.9	95.8	95.5	97.9	91.1
PT./OT.	88.5	89.3	94.0	94.1	95.6	96.0	96.4	96.4	94.9	97.5	90.5
Med./nurs.	88.7	89.5	94.1	94.3	95.9	96.1	96.7	96.6	94.9	97.5	90.7

RESULTS

FACILITY CHARACTERISTICS

On June 30, 1982, the 15,633 residential facilities surveyed had a total of 279,095 residents, 243,669 of whom were mentally retarded. A licensed bed capacity of 304,216 included beds in dual purpose facilities that also served mentally ill, elderly, and other residents. Of the mentally retarded residents, 52.8% (128,637) lived in one of the 1,028 (6.6% of the total) publicly-operated (state, regional or county) facilities. Nearly half (115,032) of the mentally retarded residents lived in one of the 14,605 (93.4% of the total facilities) privately-operated residential programs.

Respondents were asked to self-select their facility type based on the following taxonomy:

- 1) A home or apartment owned or rented by a family, with one or more retarded people living as family members (e.g., foster home)
- 2) A residence with staff who provide care, supervision, and training of one or more mentally retarded people (e.g., group residence)
- 3) A residence consisting of semi-independent units or apartments with staff living in a separate unit in the same building (e.g., supervised apartments)
- 4) An independent residence supported by staff who may visit but do not provide day-to-day supervision (not eligible for inclusion in this survey).
- 5) A residence which provides sleeping rooms and meals but no regular care or supervision of residents (e.g., boarding home)
- 6) A residence in which staff provide help with dressing, bathing, or other personal care but no formal training of residents (e.g., personal care home)
- 7) A nursing home (e.g., ICF or SNF)

This taxonomy of facility types based on size, operator (public/private), and program model was developed by CRCS to permit uniform classification of

facilities across states (cf. Hill & Lakin, 1984).

Number and Type of Facilities

Table 10 shows the number of facilities and mentally retarded residents by type of facility in 1982 and in 1977 when a parallel national census was conducted (Bruininks, Hauber, & Kudja, 1980; Bruininks, Hill, & Thomsheim, 1980). Data collected in 1977 underrepresented the total facility population by 40% and the total resident population by 11%. (in 1977 states frequently lacked complete and/or retrievable licensing lists). The 1977 data presented in this report are adjusted to account for "missed" facilities. Estimates of the proportion of the facilities and residents missed were made by means of 1982 data gathered on year of opening and closure rates (see Hill, Bruininks, Lakin, Hauber, & McGuire, 1984 and Hill & Lakin, 1984).

Between 1977 and 1982, there was a substantial increase in the total number of facilities (41.8% increase). Group homes with 1-15 residents nearly doubled in number, from 3,225 to 6,414. The number of residents living in these group homes increased by 87%, while the number of residents in public group residences with 16 or more residents was reduced by one-fifth and boarding homes were reduced by one quarter. The overall population of residents was reduced by 1.7% during the five year interim.

The number of facilities in each facility category in 1982 are presented in Table 11 for all states and federal Health and Human Services (HHS) regions (geographic location of these regions is provided in Appendix C). Table 12 shows the number of mentally retarded residents by type of facility for these same geographical areas. The largest category of facilities in 1982 was "group residence" (7,669 or 49% of the total facilities). Of these, group residences with 16 or more residents, although comprising a relatively small proportion of the total facilities (8.0%), had 67.0% of the total residential population. The second largest category of facilities in 1982 (the largest

Table 10

National Summary Data by Type of Facility:
United States, 1977 and 1982

Type of facility	Number of facilities				Percent Change Since 1977 (%)	Number of Retarded Residents				Percent Change Since 1977 (%)
	1977		1982			1977		1982		
	N	%	N	%		N	%	N	%	
Special foster homes	5,332	48.4	6,587	42.1	23.5	14,418	5.8	17,147	7.0	18.9
Group residences (1-15 residents)	3,225	29.3	6,414	41.0	98.9	22,449	9.1	42,018	17.2	87.2
Group residences (private 16+)	850	7.7	886	5.7	4.2	36,998	14.9	40,347	16.6	9.1
Group residences (public 16+)	362	3.3	369	2.4	1.9	154,856	62.5	122,971	50.5	-20.6
Semi-independent living	236	2.1	306	2.0	29.7	1,993	.8	2,870	1.2	44.0
Boarding homes	210	1.9	185	1.2	-11.9	1,665	.7	1,264	.5	-24.1
Personal care homes	561	5.1	583	3.7	3.9	4,141	1.7	4,070	1.7	-1.7
Nursing homes	249	2.3	303	1.9	21.7	11,275	4.6	12,982	5.3	15.1
Total	11,025	100.1	15,633	100.0	41.8	247,796	100.0	243,669	100.0	-1.7

Note. 100% facilities reporting

Table 11

Number of Facilities by Facility Type:
United States, 1982

State/ HHS Regions	Spec foster	Group res 1-15	Group res priv 16+	Group res pub 16+	Semi- indep	Board & room	Personal care	Spec nursing	Total
Alabama	18	33	5	4	3	3	0	2	68
Alaska	20	20	0	1	2	0	1	3	47
Arizona	124	108	7	3	2	3	7	1	255
Arkansas	20	12	4	6	3	0	0	3	48
California	1,729	740	144	8	9	64	127	32	2,853
Colorado	40	95	17	3	11	0	1	1	168
Connecticut	97	74	9	14	5	7	3	1	210
Delaware	71	3	4	1	0	0	1	0	80
Dist. Columbia	27	28	2	1	0	0	1	0	59
Florida	191	226	57	9	11	2	11	1	508
Georgia	247	68	4	7	3	3	17	2	351
Hawaii	49	29	2	1	0	4	109	2	196
Idaho	11	21	7	1	1	1	8	2	52
Illinois	91	72	74	15	18	5	20	26	321
Indiana	84	72	4	9	9	1	3	8	190
Iowa	1	94	17	42	4	0	25	4	187
Kansas	15	69	11	4	6	6	1	3	115
Kentucky	59	22	6	5	4	2	0	2	100
Louisiana	0	35	15	11	1	0	0	0	62
Maine	74	52	8	2	1	30	18	7	192
Maryland	1	112	5	9	11	0	0	0	138
Massachusetts	188	268	14	11	17	0	0	0	498
Michigan	641	538	70	12	3	4	71	7	1,346
Minnesota	2	251	36	8	14	0	1	6	318
Mississippi	0	22	6	5	8	0	4	0	45
Missouri	191	190	33	10	4	14	10	86	538
Montana	6	61	0	2	0	1	1	0	71
Nebraska	7	129	5	3	1	0	0	1	146
Nevada	32	10	0	2	1	0	0	1	46
New Hampshire	26	31	2	1	0	1	10	0	71
New Jersey	399	94	16	10	16	14	27	3	579
New Mexico	16	39	2	2	2	0	0	0	61
New York	1,556	690	39	27	23	5	40	15	2,395
North Carolina	3	115	8	8	1	0	3	1	139
North Dakota	0	15	6	2	1	2	1	0	27
Ohio	191	332	46	23	23	2	5	33	655
Oklahoma	0	10	5	3	0	0	0	7	25
Oregon	2	40	8	2	0	2	5	3	62
Pennsylvania	237	803	47	18	56	1	5	9	1,176
Rhode Island	0	60	1	3	0	0	0	0	64
South Carolina	0	23	4	9	1	0	0	1	38
South Dakota	0	50	4	2	5	0	0	0	61
Tennessee	52	121	8	5	7	0	0	1	194
Texas	0	112	52	18	6	0	1	7	196
Utah	2	25	3	1	0	1	2	4	38
Vermont	32	33	0	2	0	4	34	1	106
Virginia	0	55	4	7	4	0	0	0	70
Washington	0	79	37	7	3	3	3	5	137
West Virginia	0	9	3	6	2	0	0	0	20
Wisconsin	34	209	22	3	4	0	7	12	291
Wyoming	1	15	3	1	0	0	0	0	20
U.S. Total	6,587	6,414	886	369	306	185	583	303	15,633
Region I	417	518	34	33	23	42	65	9	1,141
Region II	1,955	784	55	37	39	19	67	18	2,974
Region III	336	1,010	65	42	73	1	7	9	1,543
Region IV	570	630	98	52	38	10	35	10	1,443
Region V	1,043	1,474	252	70	71	12	107	92	3,121
Region VI	36	208	78	40	12	0	1	17	392
Region VII	214	482	66	59	15	20	36	94	986
Region VIII	49	261	33	11	17	4	5	5	385
Region IX	1,934	887	153	14	12	71	243	36	3,350
Region X	33	160	52	11	6	6	17	13	298

Note. 100% facilities reporting

Table 12

Number of Mentally Retarded Residents Facility Type:
United States, 1982

State/ HHS Regions	Spec foster	Group res 1-15	Group res priv 16+	Group res pub 16+	Semi- indep	Board & room	Personal care	Spec nursing	Total
Alabama	58	216	89	1,470	27	20	0	63	1,943
Alaska	30	82	0	88	10	0	8	30	248
Arizona	213	597	173	572	9	6	137	26	1,733
Arkansas	39	112	74	1,354	39	0	0	77	1,695
California	6,098	4,411	5,074	7,924	228	456	720	2,155	27,066
Colorado	80	700	690	1,264	88	0	5	2	2,829
Connecticut	204	645	370	3,161	82	11	30	50	4,553
Delaware	138	17	93	513	0	0	3	0	764
Dist. Columbia	54	158	60	611	0	0	3	0	886
Florida	598	1,686	2,084	3,334	146	5	188	19	8,060
Georgia	405	367	226	2,263	7	14	54	221	3,557
Hawaii	107	87	3	379	0	11	253	17	857
Idaho	55	160	143	350	3	3	99	47	860
Illinois	150	430	4,402	5,243	193	35	353	2,082	12,888
Indiana	231	418	265	2,378	69	1	21	578	3,961
Iowa	5	756	937	2,146	44	0	482	171	4,541
Kansas	59	561	624	1,371	37	29	3	191	2,875
Kentucky	59	85	800	797	30	2	0	87	1,860
Louisiana	0	265	1,271	3,514	5	0	0	0	5,055
Maine	179	317	154	364	2	213	112	123	1,464
Maryland	1	464	277	2,421	83	0	0	0	3,246
Massachusetts	297	1,668	675	3,931	151	0	0	0	6,722
Michigan	1,706	3,418	1,422	3,173	26	36	569	752	11,102
Minnesota	12	2,308	1,873	2,417	190	0	54	215	7,069
Mississippi	0	183	615	1,756	73	0	51	0	2,678
Missouri	451	1,368	1,467	2,015	27	140	74	709	6,251
Montana	39	439	0	273	0	8	2	0	761
Nebraska	16	714	398	582	4	0	0	8	1,722
Nevada	67	53	0	160	6	0	0	15	301
New Hampshire	77	173	27	621	0	5	41	0	944
New Jersey	752	587	621	6,299	134	108	221	9	8,721
New Mexico	30	248	49	503	16	0	0	0	846
New York	3,686	5,765	2,400	12,837	212	9	143	265	25,317
North Carolina	11	642	292	3,433	6	0	22	35	4,441
North Dakota	0	148	123	941	10	10	2	0	1,234
Ohio	544	2,216	1,797	4,630	209	6	93	1,377	10,872
Oklahoma	0	92	346	1,803	0	0	0	771	3,012
Oregon	6	439	205	1,627	0	11	50	142	2,480
Pennsylvania	393	2,931	4,239	7,117	374	7	51	455	15,567
Rhode Island	0	381	18	613	0	0	0	0	1,012
South Carolina	0	194	161	3,190	36	0	0	132	3,713
South Dakota	0	471	81	601	62	0	0	0	1,215
Tennessee	103	943	268	2,163	42	0	0	9	3,528
Texas	0	1,079	3,276	10,761	85	0	2	560	15,763
Utah	2	182	192	742	0	10	8	214	1,350
Vermont	88	189	0	314	0	60	141	6	798
Virginia	0	427	181	3,569	43	0	0	0	4,220
Washington	0	635	854	1,910	32	48	22	233	3,734
West Virginia	0	47	84	894	6	0	0	0	1,031
Wisconsin	102	1,436	796	2,138	24	0	53	1,136	5,685
Wyoming	2	108	78	441	0	0	0	0	629
U.S. Total	17,147	42,018	40,347	122,971	2,870	1,264	4,070	12,982	243,669
Region I	845	3,339	1,244	9,004	235	289	324	179	15,493
Region II	4,438	6,352	3,021	19,136	346	117	364	274	34,048
Region III	586	4,044	4,934	15,125	506	7	57	455	25,714
Region IV	1,234	4,316	4,535	18,406	367	41	315	566	29,780
Region V	2,745	10,226	10,555	19,979	711	78	1,143	6,140	51,577
Region VI	69	1,796	5,016	17,935	145	0	2	1,408	26,371
Region VII	531	3,399	3,426	6,114	112	169	559	1,079	15,389
Region VIII	123	2,048	1,164	4,262	160	28	17	216	8,018
Region IX	6,485	5,148	5,250	9,035	243	473	1,110	2,213	29,957
Region X	91	1,316	1,202	3,975	45	62	179	452	7,322

Note. 100% facilities reporting

category in 1977) was foster or family care (42% of the total facilities). However, in 1982 these 6,587 homes had only 7.0% of all residents.

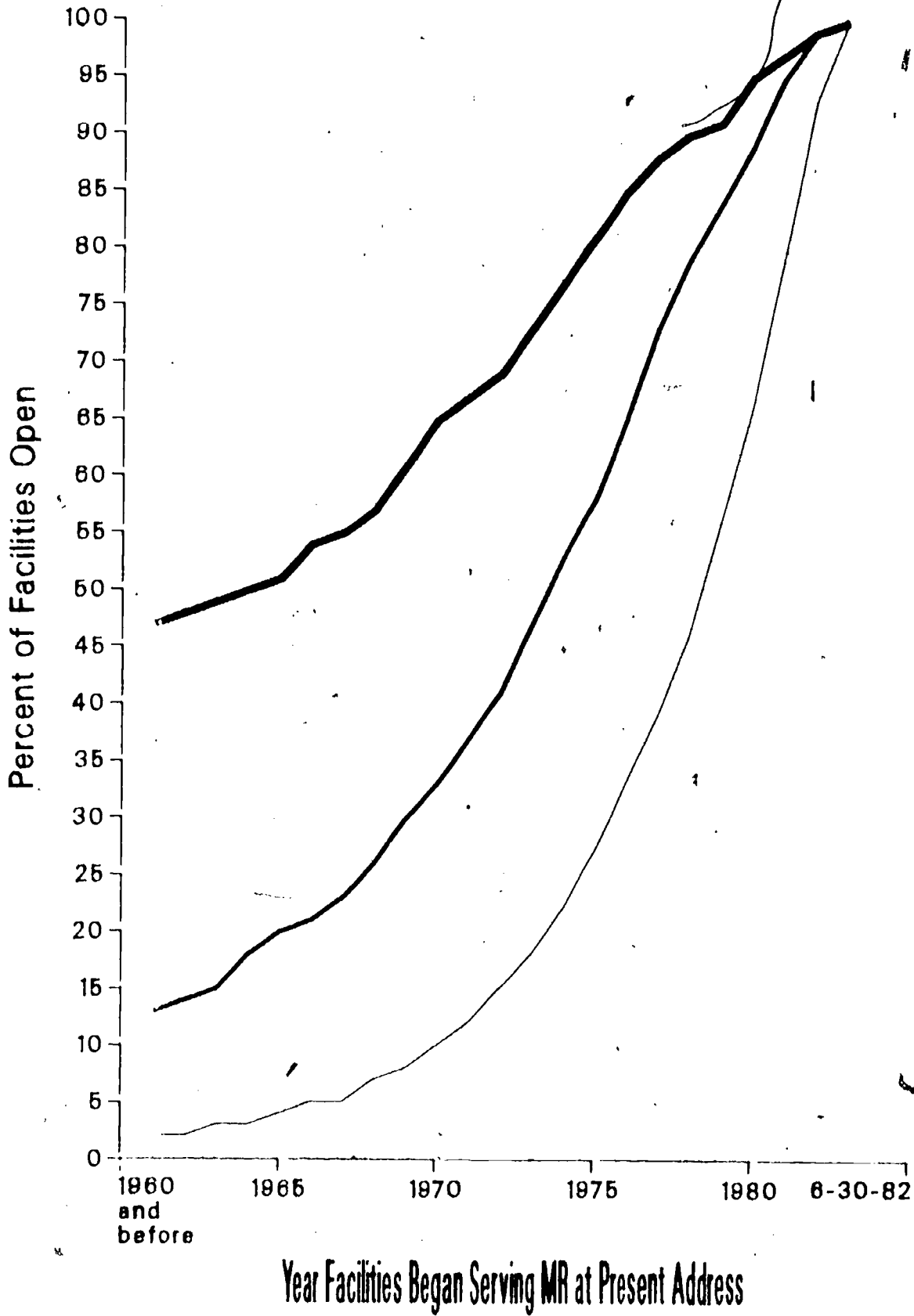
Year of Opening

Respondents were asked what year they accepted their first mentally retarded resident at the current address. Over one-half (8,065) of the 14,054 responding facilities (57.4%) opened after January 1, 1977. Most of those facilities that opened after 1977 (96%) were smaller residences (1 to 15 residents), with a median of 4 residents. Among 2,280 responding group residences with 1 to 5 residents, over 70% (1,625) opened between January 1, 1978 and June 30, 1982. Only 8.5% (38) of 446 group residences with 64 or more residents opened after January 1, 1978. Figure 3 shows successive entry into the residential services system of facilities operating on June 30, 1982 with categories of smaller residences (1 to 15 residents, n = 12,697), larger privately-operated residences (16+ residents, n = 983), and larger publicly-operated group residences (16+ residences, n = 374) annually since 1960. One-third (4,297) of 12,697 responding smaller residences opened between January 1, 1980 and June 30, 1982, compared to 11.0% (108) of larger private and 5.2% (20) of larger public facilities. These numbers do not, of course, include the facilities operating in those years that have since closed or moved. Taking closure rates into account, the Center estimates that there were 11,025 residential facilities actually open on June 30, 1977. Only 57.5% of these facilities were still open and able to report year of opening on June 30, 1982 (Hill, et al, 1984).

Table 13 shows average facility size by year of opening. Again, this figure is influenced by closure rates. Because smaller facilities are more likely to close or move, a retrospective report of size by year of opening produces an overestimate of size in earlier years. Nevertheless, in 1977

Figure 3

Year of Opening for 14,054 Facilities.
United States, 1982
(90% Reporting)



Facility Size
1-15

Private 18+

Public 18+

facilities opening in the previous five years reported an average size of 9.8 residents, whereas in 1982 facilities opening in the previous five years reported a mean size of 6.7, confirming the well known trend toward increased development of smaller facilities.

Table 13

Average Size of Facility by Year of Opening:

United States, 1977, 1982

Year of Opening	1977 (N=10,038)	1982 (N=13,753)
1953-57	68.6	94.7
1958-62	49.7	57.3
1963-67	25.5	39.4
1968-72	16.6	22.6
1973-77	9.8	13.1
1978-82	---	6.7

Note. 1977 data are weighted estimates.

Type of Operator

The number of facilities and mentally retarded residents by facility operator for all states and Health and Human Service (HHS) regions are presented in Tables 14 and 15. Of the facilities operating on June 30, 1982, proprietary organizations (including foster families) operated 62%, private nonprofit organizations 31%, and governments operated 7% of the facilities. However, 53% (128,637) of mentally retarded residents lived in government-operated facilities compared to 23% (59,413) in private nonprofit and 24% (58,619) in proprietary facilities. A national breakdown of facilities and mentally retarded residents by type of operator and system membership is shown

Table 14
Number of Facilities by Facility Operator:
United States, 1982

State/ HHS Regions	Private Profit	Private Non-profit	Government	Total
Alabama	29	35	4	68
Alaska	21	25	1	47
Arizona	165	77	13	255
Arkansas	21	21	6	48
California	2,578	267	8	2,853
Colorado	67	98	3	168
Connecticut	130	41	39	210
Delaware	75	3	2	80
Dist. Columbia	29	29	1	59
Florida	324	175	9	508
Georgia	272	18	61	351
Hawaii	182	12	2	196
Idaho	42	9	1	52
Illinois	156	149	16	321
Indiana	103	77	10	190
Iowa	13	102	72	187
Kansas	33	76	6	115
Kentucky	64	28	8	100
Louisiana	8	41	13	62
Maine	144	44	4	192
Maryland	1	127	10	138
Massachusetts	211	275	12	498
Michigan	941	363	42	1,346
Minnesota	174	136	8	318
Mississippi	11	16	18	45
Missouri	432	84	22	538
Montana	14	55	2	71
Nebraska	11	40	95	146
Nevada	34	8	4	46
New Hampshire	50	19	2	71
New Jersey	491	77	11	579
New Mexico	16	43	2	61
New York	1,627	571	197	2,395
North Carolina	13	111	15	139
North Dakota	2	22	3	27
Ohio	336	241	78	655
Oklahoma	6	16	3	25
Oregon	19	39	4	62
Pennsylvania	437	698	41	1,176
Rhode Island	2	50	12	64
South Carolina	3	10	25	38
South Dakota	1	58	2	61
Tennessee	58	122	14	194
Texas	60	63	73	196
Utah	14	23	1	38
Vermont	78	26	2	106
Virginia	2	40	28	70
Washington	73	57	7	137
West Virginia	1	13	6	20
Wisconsin	155	127	9	291
Wyoming	1	18	1	20
U.S. Total	9,730	4,875	1,028	15,633
Region I	615	455	71	1,141
Region II	2,118	648	208	2,974
Region III	545	910	88	1,543
Region IV	774	515	154	1,443
Region V	1,865	1,093	163	3,121
Region VI	111	184	97	392
Region VII	489	302	195	986
Region VIII	99	274	12	385
Region IX	2,959	364	27	3,350
Region X	155	130	13	298

Note. 100% facilities reporting

Table 15

Number of Mentally Retarded Residents by Operator:
United States, 1982

State/ HHS Region	Private profit	Private nonprofit	Public	Total
Alabama	130	343	1,470	1,943
Alaska	32	128	88	248
Arizona	575	433	825	1,733
Arkansas	50	291	1,354	1,695
California	15,216	3,926	7,924	27,066
Colorado	650	915	1,264	2,829
Connecticut	694	388	3,471	4,553
Delaware	213	28	523	764
Dist. Columbia	61	214	611	886
Florida	2,058	2,668	3,334	8,060
Georgia	626	167	2,764	3,557
Hawaii	423	47	387	857
Idaho	442	68	350	860
Illinois	2,952	4,686	5,250	12,888
Indiana	906	667	2,388	3,961
Iowa	443	1,407	2,691	4,541
Kansas	719	767	1,389	2,875
Kentucky	506	537	817	1,860
Louisiana	433	1,105	3,517	5,055
Maine	763	311	390	1,464
Maryland	1	814	2,431	3,246
Massachusetts	771	2,012	3,939	6,722
Michigan	4,773	2,961	3,368	11,102
Minnesota	2,735	1,917	2,417	7,069
Mississippi	651	164	1,863	2,678
Missouri	2,698	1,451	2,102	6,251
Montana	92	396	273	761
Nebraska	67	582	1,073	1,722
Nevada	82	47	172	301
New Hampshire	186	134	624	944
New Jersey	1,443	984	6,304	8,731
New Mexico	30	313	503	846
New York	4,584	6,499	14,234	25,317
North Carolina	85	876	3,480	4,441
North Dakota	28	255	951	1,234
Ohio	2,423	3,246	5,203	10,872
Oklahoma	734	475	1,803	3,012
Oregon	264	570	1,646	2,480
Pennsylvania	2,264	6,066	7,237	15,567
Rhode Island	14	311	687	1,012
South Carolina	70	186	3,457	3,713
South Dakota	16	598	601	1,215
Tennessee	272	1,040	2,216	3,528
Texas	2,798	1,750	11,215	15,763
Utah	447	161	742	1,350
Vermont	336	148	314	798
Virginia	11	481	3,728	4,220
Washington	1,165	659	1,910	3,734
West Virginia	40	97	894	1,031
Wisconsin	1,645	1,838	2,202	5,685
Wyoming	2	186	441	629
U.S. Total	58,619	56,413	128,637	243,669
Region I	2,764	3,304	9,425	15,493
Region II	6,027	7,483	20,538	34,048
Region III	2,590	7,700	15,424	25,714
Region IV	4,398	5,981	19,401	29,780
Region V	15,434	15,315	20,828	51,577
Region VI	4,045	3,934	18,392	26,371
Region VII	3,927	4,207	7,255	15,389
Region VIII	1,235	2,511	4,272	8,018
Region IX	16,296	4,553	9,108	29,957
Region X	1,903	1,425	3,994	7,322

Note. 100% facilities reporting

in Table 16. Less than half (41%, n = 6,369) of the respondents indicated that their facilities or homes were members of a system that operated more than one residential facility. Approximately 76% (184,907) retarded residents lived in facilities which were members of a system. All government operated facilities were considered part of a system.

Table 16
System Members by Type of Operator:
United States, 1982

Type of Operator	Number of facilities		Number of Retarded Residents	
	N	%	N	%
Private nonprofit				
Member of system	4,076	26.1	39,006	16.0
Nonsystem	799	5.1	17,407	7.1
Proprietary				
Member of system	1,406	9.0	20,318	8.3
Nonsystem	8,324	53.2	38,301	15.7
Government (Public)				
Member of system	887	5.7	125,583	51.5
Nonsystem	141	0.9	3,054	1.3

Note. Foster homes were coded as proprietary nonsystem members; 100% facilities reporting.

Eleven percent (1,853) of the residential facilities were partially or totally certified for participation in the Medicaid Intermediate Care facility-Mental Retardation (ICF-MR) program under Medicaid. However, 57% (138,738) of all mentally retarded residents were in ICF-MR reimbursed beds. Over 75% (1,403) of ICF-MR certified facilities were privately-operated; 24% (450) were publicly operated. Most of the residents who were in ICF-MR

reimbursed beds (80%) were residents of large publicly-operated facilities.

Rate of Placement by Size of Facility

The number of mentally retarded people per 100,000 of the general population of each state living in large public (16 or more residents), large private (16 or more residents), and smaller facilities (1 to 15 residents) is presented in Figure 4. In this figure, states are rank ordered according to the per capita rate of placement in large facilities. Approximately 105 of every 100,000 people in the U.S. were placed in facilities with state licenses to provide residential care for mentally retarded people, with 76 of these individuals placed in facilities of 16 or more residents. State placement rates in larger (16 or more residents) publicly-operated facilities ranged from 18 to 140 per 100,000 people, in larger (16 or more) privately-operated from 0 to 59, and in smaller facilities (15 or less) from 3 to 87 per 100,000 people.

Table 17 shows national rates of placement per 100,000 people for selected sizes of facilities in 1977 and 1982. National placement rates for facilities with 300 or more residents have dropped (66.1 to 46.9 per 1,000) while rates for facilities with fewer than 300 residents have stabilized or increasing during the years between 1977 and 1982.

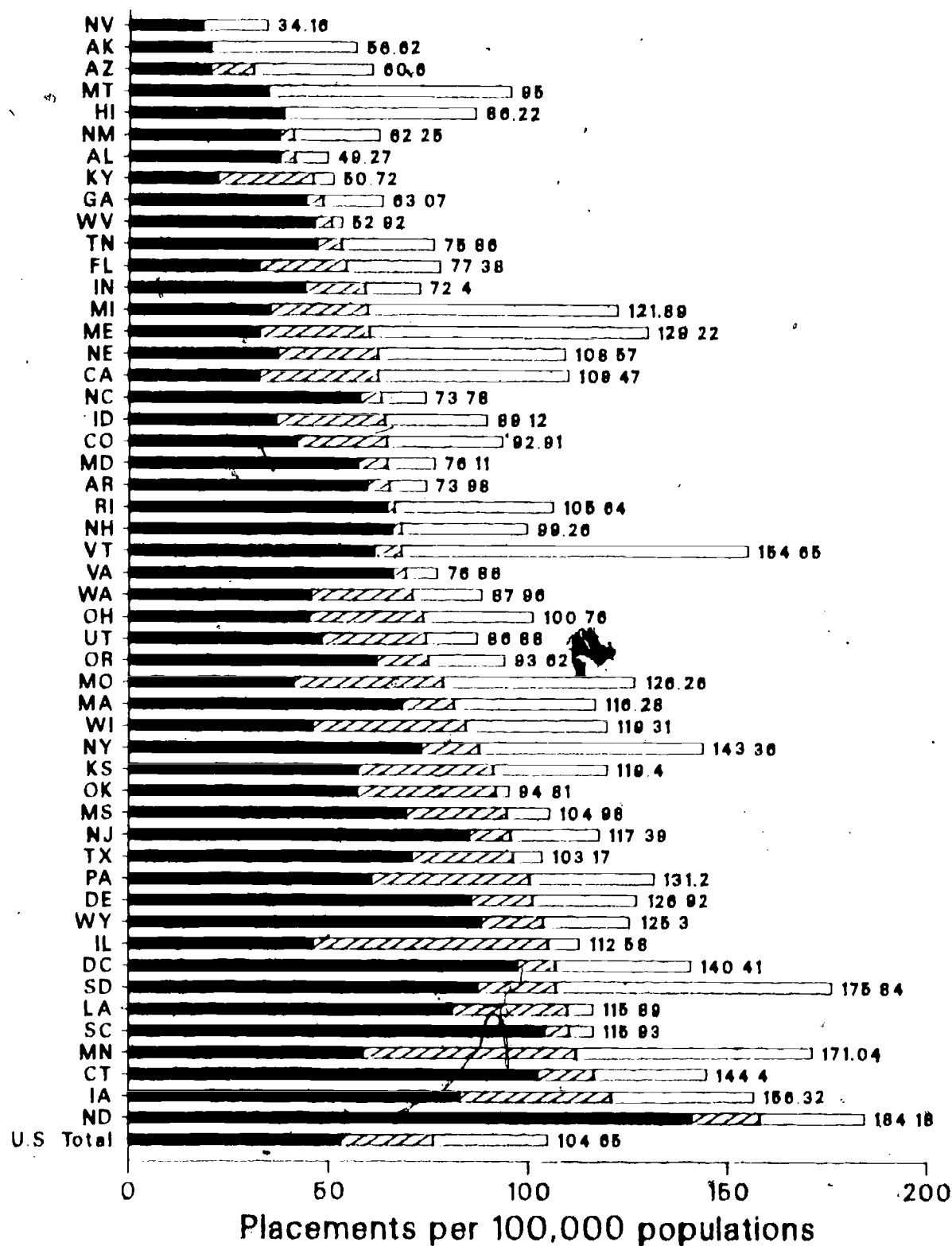
Table 17

Rate of Placement Per 100,000 Population by
Size of Facility: United States, 1977-1982

Size	1977	1982	Change
1 to 6	9.4	14.3	4.9
7 to 15	9.3	13.2	3.9
16 to 63	11.0	11.1	.1
64 to 299	18.7	19.7	1.1
300+	66.7	46.9	-19.2
U.S. Total	114.5	105.2	-9.3

Figure 4

Mentally Retarded People in Residential Care per 100,000
State Population By Size of Facility
United States, 1982 (100% Reporting)



Facility Size

□ 1-15

▨ Private 16+

■ Public 16+

The national distribution of facilities and mentally retarded residents by size and type of ownership is presented in Table 18. The total number of mentally retarded residents in private facilities ranged from 1 to 710. Over half of these facilities served 4 or fewer residents and only 5% served more than 20 residents. Almost equal numbers of residents lived in facilities serving 10 or fewer residents as in facilities serving more than 20 residents (44.5% and 42.7%, respectively). Over half of the public facilities served 10 or fewer residents, and nearly one-fourth served 250 or more retarded residents. However, only 2.8% of publicly-placed residents lived in facilities with 10 or fewer people, and 83.5% lived in facilities serving 250 or more. The total number of mentally retarded residents in publicly-operated facilities ranged from 1 to 1,896; half of these residents lived in facilities serving 626 residents or more.

Table 19 presents the number of facilities by facility size for all states and HHS regions; Table 20 presents the number and rate of mentally retarded residents per 100,000 general population by facility size for the same geographical locations. Nearly two-thirds of the 15,633 facilities served 1 to 6 residents. Only 19.3% of all facilities served 16 or more residents. Not surprisingly, the proportion of all residents who lived in facilities serving 300 or more residents was much higher (44.6%) than any other size category. As shown in Table 20, state placement rates in facilities with 300 or more residents varied from 0 to 113.1 mentally retarded residents per 100,000 general population. The smallest proportion of residents (10.5%) lived in facilities with 16-63 residents where state placement rates varied from 0 to 42.1 per 100,000 people. Considerable difference was found across states in overall rates of placement; reported rates ranged from as low as 34.2 per 100,000 people to a high of 184.2 per 100,000 people.

Table 18
 Distribution of Facilities and Mentally Retarded
 Residents by Size and Type of Ownership:
 United States, 1982

Size	Facilities		Retarded Residents	
	N	%	N	%
<u>Privately Operated</u>				
1 to 4	7,889	54.0	17,737	15.4
5 to 10	4,911	33.6	33,395	29.0
11 to 15	805	55.1	10,314	9.0
16 to 20	250	1.7	4,421	3.8
21 to 30	199	1.4	5,093	4.4
31 to 40	115	.8	4,113	3.6
41 to 50	91	.6	4,169	3.6
51 to 60	67	.5	3,722	3.2
61 to 70	39	.3	2,565	2.2
71 to 80	35	.2	2,646	2.3
81 to 90	42	.3	3,602	3.1
91 to 100	45	.3	4,340	3.8
101+	117	.8	18,915	16.4
<u>Publicly Operated</u>				
1-10	561	54.6	3,660	2.8
11-20	118	11.5	1,671	1.3
21-30	24	3.5	924	.7
31-40	24	2.3	852	.7
41-50	14	1.4	632	.5
51-100	49	4.8	3,659	2.8
101-250	58	5.6	9,836	7.6
251-500	73	7.1	27,402	21.3
501-750	47	4.6	29,015	22.6
751-1000	22	2.1	17,975	14.0
1001-1500	22	2.1	26,097	20.3
1501-2000	4	.4	6,914	5.4

Note. 100% facilities responding

Table 19

Number of Facilities by Facility Size:
United States, 1982

State/ HHS Regions	1-6	7-15	16-63	64-299	300+	Total
Alabama	32	24	6	4	2	68
Alaska	42	4	0	1	0	47
Arizona	218	17	15	4	1	255
Arkansas	21	14	8	4	1	48
California	2,344	299	149	53	8	2,853
Colorado	65	81	14	6	3	168
Connecticut	134	49	18	6	2	210
Delaware	74	1	4	0	1	80
Dist. Columbia	46	10	2	0	1	59
Florida	278	157	58	9	6	508
Georgia	320	18	3	6	4	351
Hawaii	187	2	6	0	1	196
Idaho	10	24	16	1	1	52
Illinois	140	41	75	53	12	321
Indiana	139	29	7	9	6	190
Iowa	40	60	58	27	2	187
Kansas	44	50	12	6	3	115
Kentucky	77	9	6	5	3	100
Louisiana	19	17	10	13	3	62
Maine	147	16	28	0	1	192
Maryland	103	19	8	6	2	138
Massachusetts	330	138	19	6	5	498
Michigan	977	250	98	16	5	1,346
Minnesota	109	155	36	13	5	318
Mississippi	13	20	2	8	2	45
Missouri	266	133	71	64	4	538
Montana	16	53	1	1	0	71
Nebraska	92	46	5	2	1	146
Nevada	42	2	0	2	0	46
New Hampshire	46	21	3	0	0	71
New Jersey	469	59	35	8	8	579
New Mexico	38	19	2	1	1	61
New York	1,744	581	33	18	19	2,395
North Carolina	99	22	10	4	4	139
North Dakota	2	14	8	2	1	27
Ohio	370	178	66	36	5	655
Oklahoma	1	9	3	9	3	25
Oregon	3	45	10	2	2	62
Pennsylvania	962	133	40	30	11	1,176
Rhode Island	35	25	2	1	1	64
South Carolina	1	22	10	1	4	38
South Dakota	2	50	7	1	1	61
Tennessee	98	81	10	2	3	194
Texas	16	102	38	26	14	196
Utah	12	17	5	3	1	38
Vermont	82	19	4	1	0	106
Virginia	30	28	6	4	2	70
Washington	36	47	45	6	3	137
West Virginia	6	5	5	1	3	20
Wisconsin	88	166	18	14	5	291
Wyoming	4	12	3	0	1	20
U.S. Total	10,469	3,393	1,098	495	178	15,633
Region I	774	268	74	14	11	1,141
Region II	2,213	640	68	26	27	2,974
Region III	1,221	196	65	41	20	1,543
Region IV	918	353	105	39	28	1,443
Region V	1,823	819	300	141	38	3,121
Region VI	95	161	61	53	22	392
Region VII	442	289	146	99	10	986
Region VIII	101	227	38	13	6	385
Region IX	2,791	320	170	59	10	3,350
Region X	91	120	71	10	6	298

Note. 100% facilities reporting

Table 20

Number and Rate of Mentally Retarded Residents per 100,000 General Population
by Facility Size: United States, 1982

State	State pop. (100,000)	Number						Rate					
		1-6	7-15	16-63	64-299	300+	Total	1-6	7-15	16-63	64-299	300+	Total
Alabama	39.43	121	183	116	375	1,148	1,943	3.1	4.6	2.9	9.5	29.1	49.3
Alaska	4.38	122	38	0	88	0	248	27.9	8.7	.0	20.1	.0	56.6
Arizona	28.60	689	137	240	354	313	1,733	24.1	4.8	8.4	12.4	10.9	60.6
Arkansas	22.91	42	148	209	670	626	1,695	1.8	6.5	9.1	29.2	27.3	74.0
California	247.24	8,759	2,592	3,457	4,334	7,924	27,066	35.4	10.5	14.0	17.5	32.0	109.5
Colorado	30.45	199	670	359	587	1,014	2,829	6.5	22.0	11.8	19.3	33.3	92.9
Connecticut	31.53	353	540	585	541	2,534	4,553	11.2	17.1	18.6	17.2	80.4	144.4
Delaware	6.02	148	10	93	0	513	764	24.6	1.7	15.4	.0	85.2	126.9
Dist. Columbia	6.31	139	76	60	0	611	886	22.0	12.0	9.5	.0	96.8	140.4
Florida	104.16	937	1,474	1,356	1,231	3,062	8,060	9.0	14.2	13.0	11.8	29.4	77.4
Georgia	56.39	709	138	80	568	2,062	3,557	12.6	2.4	1.4	10.1	36.6	63.1
Hawaii	9.94	445	12	21	0	379	857	44.8	1.2	2.1	.0	38.1	86.2
Idaho	9.65	41	180	205	4	350	860	4.2	18.7	29.5	.4	36.3	89.1
Illinois	114.48	331	387	1,709	5,125	5,336	12,888	2.9	3.4	14.9	44.8	46.6	112.6
Indiana	54.71	487	243	237	754	2,240	3,961	8.9	4.4	4.3	13.8	40.9	72.4
Iowa	29.05	211	588	1,224	1,250	1,268	4,541	7.3	20.2	42.1	43.0	43.6	156.3
Kansas	24.08	184	482	423	568	1,218	2,875	7.6	20.0	17.6	23.6	50.6	119.4
Kentucky	36.67	112	63	244	634	807	1,860	3.1	1.7	6.7	17.3	22.0	50.7
Louisiana	43.62	85	185	356	1,618	2,811	5,055	1.9	4.2	8.2	37.1	64.4	115.9
Maine	11.33	524	179	430	0	331	1,464	46.2	15.8	38.0	.0	29.2	129.2
Maryland	42.65	352	163	267	897	1,567	3,246	8.3	3.8	6.3	21.0	36.7	76.1
Massachusetts	57.81	911	1,129	540	590	3,552	6,722	15.8	19.5	9.3	10.2	61.4	116.3
Michigan	91.09	3,529	1,868	1,480	1,867	2,358	11,102	38.7	20.5	16.2	20.5	25.9	121.9
Minnesota	41.33	652	1,805	1,218	1,389	2,005	7,069	15.8	43.7	29.5	33.6	48.5	171.0
Mississippi	25.51	67	210	56	1,185	1,160	2,678	2.6	8.2	2.2	46.5	45.5	105.0
Missouri	49.51	740	1,180	1,225	1,446	1,660	6,251	14.9	23.8	24.7	29.2	33.5	126.3
Montana	8.01	73	415	51	222	0	761	9.1	51.8	6.4	27.7	.0	95.0
Nevada	15.86	344	398	138	304	538	1,722	21.7	25.1	8.7	19.2	33.9	108.6
Nevada	8.81	116	25	0	160	0	301	13.2	2.8	.0	18.2	.0	34.2
New Hampshire	9.51	152	141	30	0	621	944	16.0	14.8	3.2	.0	65.3	99.3
New Jersey	74.38	1,076	439	346	757	6,113	8,731	14.5	5.9	4.7	10.2	82.2	117.4
New Mexico	13.59	139	155	49	138	365	1,846	10.2	11.4	3.6	10.2	26.9	62.3
New York	176.59	4,271	5,609	937	2,916	11,584	25,317	24.2	31.8	5.3	16.5	65.6	143.4
North Carolina	60.19	484	179	283	407	3,088	4,441	8.0	3.0	4.7	6.8	51.3	73.8
North Dakota	6.70	12	146	132	186	758	1,234	1.8	21.8	19.7	27.8	113.1	184.2
Ohio	107.91	1,347	1,587	1,848	3,361	2,729	10,872	12.5	14.7	17.1	31.1	25.3	100.8
Oklahoma	31.77	6	86	116	1,001	1,803	3,012	.2	2.7	3.7	31.5	56.8	94.8
Oregon	26.49	11	490	198	154	1,627	2,480	.4	18.5	7.5	5.8	61.4	93.6
Pennsylvania	118.65	2,588	1,075	1,036	3,650	7,218	15,567	21.8	9.1	8.7	30.8	60.8	131.2
Rhode Island	9.58	153	228	75	74	482	1,012	16.0	23.8	7.8	7.7	50.3	105.6
South Carolina	32.03	3	191	315	132	3,072	3,713	.1	6.0	9.8	4.1	95.9	115.9
South Dakota	6.91	8	471	135	146	455	1,215	1.2	68.2	19.5	21.1	65.8	175.8
Tennessee	46.51	343	729	251	218	1,987	3,528	7.4	15.7	5.4	4.7	42.7	75.9
Texas	152.80	76	1,053	1,317	2,796	10,521	15,763	.5	6.9	8.6	18.3	68.9	103.2
Utah	15.54	50	145	200	213	742	1,350	3.2	9.3	12.9	13.7	47.7	86.9
Vermont	5.16	322	120	76	280	0	798	62.4	23.3	14.7	54.3	.0	154.7
Virginia	54.91	161	281	269	768	2,741	4,220	2.9	5.1	4.9	14.0	49.9	76.9
Washington	42.45	194	473	997	619	1,451	3,734	4.6	11.1	23.5	14.6	34.2	88.0
West Virginia	19.48	29	24	156	89	733	1,031	1.5	1.2	8.0	4.6	37.6	52.9
Wisconsin	47.65	324	1,282	388	1,043	2,648	5,685	6.8	26.9	8.1	21.9	55.6	119.3
Wyoming	5.02	17	93	78	0	441	629	3.4	18.5	15.5	.0	87.8	125.3
U.S. Total	2315.35	33,188	30,515	25,691	45,709	108,566	243,669	14.3	13.2	11.1	19.7	46.9	105.2
Region I	124.92	2,415	2,337	1,736	1,485	7,520	15,493	19.3	18.7	13.9	11.9	60.2	124.0
Region II	250.97	5,347	6,048	1,283	3,673	17,697	34,048	21.3	24.1	5.1	14.6	70.5	135.7
Region III	248.02	3,417	1,629	1,881	5,404	13,383	25,714	13.8	6.6	7.6	21.8	54.0	103.7
Region IV	400.89	2,776	3,167	2,701	4,750	16,386	29,780	6.9	7.9	6.7	11.8	40.9	74.3
Region V	457.17	6,670	7,172	6,880	13,539	17,316	51,577	14.6	15.7	15.0	29.6	37.9	112.8
Region VI	264.69	348	1,627	2,047	6,223	16,126	26,371	1.3	6.1	7.7	23.5	60.9	99.6
Region VII	118.50	1,479	2,648	3,010	3,568	4,684	15,389	12.5	22.3	25.4	30.1	39.5	129.9
Region VIII	72.63	359	1,940	955	1,354	3,410	8,018	4.9	26.7	13.1	18.6	47.0	110.4
Region IX	294.59	10,009	2,766	3,718	4,848	8,616	29,957	34.0	9.4	12.6	16.5	29.2	101.7
Region X	82.97	1,181	1,480	865	3,428	7,322	7,322	4.4	14.2	17.8	10.4	41.3	88.2

Note. 100% facilities reporting

Reimbursement Rates

Table 21 presents the average per day reimbursement per resident by type of facility. Size categories for group residences are based on total number of residents. Average reimbursements for facility types ranged from a low of \$16.15 for foster homes to a high of \$85.94 for public facilities with 64 or more residents. Standard deviations were generally very high within facility types; exceptions being reimbursement estimates for boarding homes, personal care homes, foster homes and public group residences where the coefficients of variation were relatively low. The average national per diem for all residents was \$63.04. Per diem reimbursements reported for semi-independent living are probably less reliable than those reported for other types of facilities because of differences used in accounting procedures and differing amounts of client responsibility for living expenses.

Larger facilities and nursing homes reported the highest rates. These facilities had considerably higher proportions of Medicaid certified beds, served a highly disproportionate number of severely and profoundly handicapped clients, and were more likely to include day programs and medical costs than less costly and generally smaller facilities. Subject to these limitations, Table 22 shows average per day reimbursement per resident by type of operator and size of facility. Average reimbursements for profit facilities were generally lower than non-profit and government facilities. Smaller facilities (1-15 residents) within each operator type category consistently had lower reimbursement rates than facilities with more residents in the same operator type category.

Table 21

Average Per Day Reimbursement Per Resident
By Type of Facility: United States, 1982

Type of facility	\$/Day Per Resident		Coefficient of Variation
	Mean	SD	
Foster homes	16.15	6.43	.40
Group residences (1-5 residents)	40.29	27.30	.68
Group residences (6-15 residents)	37.88	26.05	.69
Group residences (16-63 residents)	45.06	31.73	.70
Private group residences (64+ residents)	49.33	34.79	.71
Public group residences (64+ residents)	85.94	28.38	.33
Semi-independent living	27.40	14.90	.54
Boarding homes	15.97	4.37	.27
Personal care homes	17.05	8.07	.47
Nursing homes	49.81	20.10	.40
U.S. Total	63.04	36.96	.59

Note. 85.5% reporting, representing 95.4% of 243,669 residents.

The average per day reimbursement per resident by facility type for all states is presented in Table 23. The average per diem per residents was computed from average facility per diems weighted by the number of residents per facility. State totals were further adjusted to compensate for unequal response rates among facility types. Average reimbursement rates per resident ranged from \$44.37 to \$98.89 per day across states.

Table 22

Average Per Day Reimbursement Per Resident By Type of Operator and Size of Facility: United States, 1982

Type of Operator	Number of Facilities	\$/Day Per Resident		Coefficient of Variation
		Mean	SD	
Profit	9,730	30.18	19.15	.63
1-6	7,812	19.65	13.43	.68
7-15	1,101	24.27	15.26	.63
16-63	586	33.01	19.22	.58
64-299	228	42.92	14.43	.34
300+	3	84.11	57.93	.69
Nonprofit	4,875	44.41	30.47	.69
1-6	2,387	44.56	24.42	.55
7-15	1,946	37.67	26.17	.69
16-63	394	44.36	26.35	.59
64-299	142	48.06	37.07	.77
300+	6	66.44	35.94	.54
Government	1,028	84.30	30.34	.36
1-6	270	43.15	36.93	.00
7-15	346	50.44	39.93	.79
16-63	118	74.41	49.39	.66
64-299	125	93.22	40.54	.43
300+	169	84.68	26.08	.31

Note. 85.5% reporting, representing 95.4% of 243,669 residents

RESIDENT CHARACTERISTICS

Age and Level of Retardation

National demographic information obtained for over 90% of the resident population, is presented in Table 24 by type of facility. State age and level of retardation distributions are shown in Tables 25 and 26 respectively. Percentages reported in these tables are weighted by the number of residents within facility types. Among all residents, 55.5% were males and 44.5% were females. Approximately 25% of all residents were under 22 years of age. Special foster homes and nursing homes tended to serve proportionately more of these young people (under 22 years of age). Approximately half of the

Table 23

Average Per Day Reimbursement per Resident by Facility Type and by State:
United States, 1982

State	Spec foster	Group res 1-15	Group res priv 16+	Group res pub 16+	Semi-indep	Board & room	Personal care	Spec nursing	Avg per resident
Alabama	\$12.98	\$23.33	\$15.70	\$94.61	\$23.53	\$14.04	-	\$36.46	\$76.93
Alaska	\$41.27	\$47.30	-	\$197.46	\$21.00	-	N/A	\$174.00	N/A
Arizona	\$15.13	\$38.34	\$35.08	\$123.81	\$24.00	\$10.80	\$11.77	N/A	N/A
Arkansas	\$9.52	\$21.10	\$18.31	\$73.30	\$12.87	-	-	\$53.32	\$63.68
California	\$19.56	\$28.07	\$32.36	\$110.49	\$17.34	\$18.86	\$19.40	\$45.53	\$52.00
Colorado	\$17.55	\$29.80	\$37.76	\$77.97	\$24.12	-	\$10.40	\$32.76	\$52.71
Connecticut	\$14.44	\$52.06	\$44.04	\$73.77	\$41.89	\$14.82	\$15.03	\$37.27	\$64.11
Delaware	\$10.82	\$16.82	\$35.24	\$64.24	-	-	\$14.90	-	\$49.81
Dist. Columbia	\$12.22	\$44.85	\$81.44	\$90.00	-	-	N/A**	-	N/A
Florida	\$11.63	\$19.41	\$42.32	\$75.66	\$19.03	\$14.89	\$20.17	\$44.37	\$48.09
Georgia	\$11.21	\$34.10	\$34.00	\$98.43	\$9.55	\$11.51	\$9.41	\$98.29	\$75.89
Hawaii	\$13.46	\$22.80	\$25.00	\$90.71	-	\$14.10	\$15.03	\$119.52	\$51.19
Idaho	\$14.66	\$33.38	\$21.62	\$90.63	\$13.00	\$15.63	\$13.88	\$62.95	\$52.76
Illinois	\$14.44	\$34.92	\$30.20	\$95.66	\$22.67	\$10.47	\$20.01	\$45.45	\$58.82
Indiana	\$8.93	\$35.71	\$48.50	\$65.16	\$32.75	\$8.88	\$9.22	\$37.19	\$52.70
Iowa	\$27.53	\$31.41	\$50.54	\$65.31	\$25.92	-	\$18.41	\$84.17	\$51.93
Kansas	\$11.25	\$20.25	\$36.41	\$77.73	\$19.77	\$9.83	\$8.71	\$38.43	\$52.06
Kentucky	\$26.25	\$31.61	\$48.63	\$89.43	\$12.19	\$7.57	-	\$56.61	\$64.37
Louisiana	-*	\$46.62	\$45.18	\$67.54	\$42.50	-	-	-	\$60.80
Maine	\$13.47	\$39.85	\$28.78	\$111.43	\$6.00	\$16.58	\$15.00	\$61.48	\$49.74
Maryland	\$11.35	\$36.62	\$41.31	\$65.03	\$30.66	-	-	-	\$58.05
Massachusetts	\$16.64	\$45.48	\$58.03	\$137.51	\$27.98	-	-	-	\$98.89
Michigan	\$17.96	\$40.94	\$31.42	\$132.42	\$33.49	\$13.70	\$14.72	\$53.52	\$61.74
Minnesota	\$41.72	\$49.32	\$50.45	\$89.27	\$38.23	-	\$45.35	\$59.04	\$63.23
Mississippi	-	\$31.09	\$40.61	\$52.99	\$11.96	-	\$10.30	-	\$46.72
Missouri	\$13.72	\$27.10	\$27.16	\$84.28	\$30.67	\$16.52	\$16.57	\$28.29	\$44.37
Montana	\$11.96	\$24.34	-	\$119.18	-	\$10.98	\$10.00	-	\$57.55
Nebraska	\$25.33	\$18.83	\$69.54	\$84.74	N/A	-	-	\$105.00	N/A
Nevada	\$13.90	\$22.90	-	\$112.19	\$35.00	-	-	\$135.00	\$74.18
New Hampshire	\$12.26	\$29.40	\$53.38	\$65.68	-	\$11.01	\$11.85	-	\$51.69
New Jersey	\$14.50	\$39.23	\$50.09	\$68.45	\$43.31	\$11.65	\$12.87	\$42.78	\$58.01
New Mexico	\$14.82	\$29.17	\$21.44	\$93.42	\$27.00	-	-	-	\$66.37
New York	\$11.18	\$54.86	\$87.46	\$99.92	\$25.81	\$10.98	\$12.00	\$100.90	\$74.42
North Carolina	\$15.95	\$25.03	\$65.94	\$95.76	\$18.19	-	\$16.50	\$86.00	\$82.80
North Dakota	-	\$25.04	\$17.88	\$66.00	\$20.50	\$15.75	\$20.00	-	\$55.44
Ohio	\$22.51	\$38.74	\$44.81	\$91.59	\$38.97	\$8.93	\$25.84	\$54.10	\$63.26
Oklahoma	-	\$20.67	\$30.76	\$59.55	-	-	-	\$30.04	\$47.50
Oregon	\$12.25	\$26.53	\$32.26	\$65.28	-	\$10.00	\$24.63	\$44.88	\$53.33
Pennsylvania	\$11.81	\$52.92	\$66.36	\$109.91	\$26.87	\$8.00	\$13.09	\$67.47	\$81.25
Rhode Island	-	\$62.79	\$33.00	\$112.60	-	-	-	-	\$92.43
South Carolina	-	\$42.00	\$52.41	\$56.43	\$17.00	-	-	\$64.00	\$55.38
South Dakota	-	\$29.26	\$31.09	\$59.60	\$38.23	-	-	-	\$44.85
Tennessee	\$11.50	\$23.80	\$48.17	\$70.53	\$11.39	-	-	\$26.80	\$53.80
Texas	-	\$47.99	\$42.00	\$58.53	\$44.92	-	\$16.00	\$46.22	\$53.86
Utah	\$14.08	\$21.54	\$37.85	\$67.78	-	\$14.40	\$10.60	\$40.21	\$52.10
Vermont	\$12.94	\$44.07	-	\$97.26	-	\$12.27	\$12.62	\$107.00	\$54.09
Virginia	-	\$35.48	\$40.27	\$68.59	\$21.72	-	-	-	\$63.55
Washington	-	\$30.89	\$26.94	\$89.15	\$29.69	\$18.19	\$15.73	\$48.00	\$60.59
West Virginia	-	\$26.16	\$39.27	\$51.85	\$18.61	-	-	-	\$49.46
Wisconsin	\$13.22	\$24.12	\$48.79	\$95.78	\$22.80	-	\$19.38	\$45.26	\$58.50
Wyoming	\$14.53	\$26.61	\$33.44	\$74.66	-	-	-	-	\$61.11
Avg/resident	\$16.15	\$38.31	\$45.15	\$85.84	\$27.40	\$15.97	\$17.05	\$49.81	\$61.89

Note. Publicly operated group residences with 16 or more residents typically include day program and medical costs in per diems. 85.5% reporting representing 75.4% of 243,669 residents.

* " " = no facility occurred in that category.

** "N/A" = facilities occurring in that category did not provide reimbursement information.

residents in group residences with 1-15 residents and in public residences with more than 16 residents were young adults between the ages of 22 and 29; about 65% of the residents in semi-independent living were between 22 and 39 years of age.

One-half of all facilities served only adults (22 years of age or older) and close to one-fifth (19%) served only children. Those facilities serving only adults were most often group homes with 1 to 15 residents (47%), whereas those serving only children were typically foster homes (65%). Only 3% of all foster home residents were children, however.

The percentage of mentally retarded residents who were under 9 years old or over 62 years old were fairly constant across all states. The proportion of individuals age 22 to 39 in residential facilities, however, varied tremendously among states; ranging from 19.5% to 59.4% of the resident population.

Approximately 40% of all mentally retarded residents were classified as borderline, mildly, or moderately retarded, while 60% were severely or profoundly retarded. About three-quarters of the resident population in nursing homes with mental retardation program licenses and public group residences serving 16 or more residents were severely or profoundly retarded, as compared with approximately one-third of the residents in group residences serving 1 to 15 residents and in specialized foster homes. With the exception of semi-independent living arrangements, the proportion of severely retarded (I.Q. 20 to 35) persons within the populations of the different types of facilities is highly uniform: 26.0% for foster care, 23.2% for group residences of 1-15, 24.0% for private group residences of 16 or more, 24.3% for public group residences of 16 or more, 17.6% for board and care, 20.6% for personal care and 26.2% for specialized nursing facilities.

Table 24

Age and Level of Retardation of Mentally Retarded Persons
in Residential Facilities: United States, 1982

Resident Characteristics	Special foster home (n=17,147)	Group residence (1-15) (n=42,018)	Group residence (Private 16+) (n=40,347)	Group Residence (Public 16+) (n=122,971)	Semi-Independent Living (n=2,870)	Board and Care (n=1,264)	Personal Care Home (n=4,070)	Special Nursing Homes (n=12,982)	U.S. Total (n=243,669)
Age ^a									
Birth ^a	6.1%	.4%	1.0%	.4%	.0%	.7%	.5%	3.7%	.8%
5-9	6.2%	1.4%	3.8%	1.5%	.2%	.6%	1.6%	8.0%	2.5%
10-14	10.0%	4.0%	9.5%	4.5%	.1%	.6%	2.5%	10.9%	5.8%
15-21	18.1%	14.0%	17.8%	15.6%	7.3%	4.0%	5.6%	15.6%	15.5%
22-39	32.0%	53.3%	41.8%	50.2%	65.4%	38.3%	31.6%	33.6%	47.0%
40-62	23.1%	23.8%	22.1%	22.9%	25.5%	40.5%	41.1%	21.8%	23.3%
63+	7.6%	3.0%	4.1%	5.0%	1.5%	15.3%	17.1%	6.4%	4.8%
Level of Retardation ^b									
Borderline/mild	25.9%	29.3%	26.8%	7.0%	61.8%	47.1%	31.2%	9.2%	16.8%
Moderate	37.7%	37.9%	29.9%	12.9%	32.5%	3.6%	39.8%	16.2%	22.8%
Severe	26.0%	23.2%	24.0%	24.3%	5.3%	17.6%	20.6%	26.2%	24.0%
Profound	10.4%	9.5%	19.3%	55.8%	.1%	1.7%	8.4%	48.5%	36.5%

^a89.1% facilities reporting representing 91.8% of 243,669 residents

^b89.2% facilities reporting representing 92.5% of 243,669 residents

Table 25

Age of Mentally Retarded Persons in Residential Facility by State:

United States 1982

State	Birth-4	5-9	10-14	15-21	22-39	40-62	63+
Alabama	.8%	1.0%	1.7%	11.1%	47.9%	31.9%	5.7%
Alaska	.8%	6.5%	10.1%	32.7%	48.0%	2.0%	.0
Arizona	1.5%	5.0%	9.8%	14.9%	54.5%	13.0%	1.2%
Arkansas	3.2%	2.8%	9.4%	24.3%	55.7%	4.2%	.3%
California	1.7%	4.0%	7.4%	16.8%	47.0%	20.2%	2.9%
Colorado	.7%	2.2%	6.7%	19.1%	52.3%	16.8%	2.1%
Connecticut	1.3%	2.5%	4.2%	14.3%	51.3%	23.1%	3.2%
Delaware	.1%	.8%	4.2%	16.9%	42.4%	26.4%	9.2%
Dist. Columbia	N/A*	N/A	N/A	N/A	N/A	N/A	N/A
Florida	1.4%	3.4%	7.7%	16.5%	51.5%	17.5%	2.1%
Georgia	.3%	2.6%	4.1%	13.7%	53.5%	23.6%	2.4%
Hawaii	3.8%	8.9%	17.3%	13.4%	19.5%	25.7%	11.5%
Idaho	.9%	3.1%	4.2%	12.5%	42.0%	28.6%	8.6%
Illinois	1.1%	3.2%	7.7%	18.1%	45.0%	21.5%	3.4%
Indiana	1.4%	2.7%	7.0%	15.2%	48.3%	23.1%	2.2%
Iowa	.4%	2.1%	4.4%	12.7%	46.1%	26.5%	7.9%
Kansas	1.0%	3.7%	8.9%	16.9%	46.9%	20.8%	1.5%
Kentucky	.0	1.3%	5.4%	22.3%	59.1%	11.7%	.1%
Louisiana	1.8%	3.9%	9.2%	22.9%	44.4%	14.9%	2.8%
Maine	1.3%	3.4%	3.3%	8.9%	42.8%	31.8%	8.5%
Maryland	.5%	1.6%	5.8%	16.8%	50.5%	21.8%	3.0%
Massachusetts	.1%	.3%	3.6%	14.5%	49.1%	27.1%	5.1%
Michigan	.8%	1.5%	3.9%	12.8%	47.2%	27.8%	6.1%
Minnesota	.2%	1.9%	4.4%	13.9%	49.0%	25.4%	5.3%
Mississippi	.2%	2.8%	5.9%	16.5%	41.0%	27.3%	6.2%
Missouri	1.0%	3.3%	8.2%	15.2%	37.8%	25.7%	8.7%
Montana	.0	1.6%	4.3%	13.3%	56.7%	20.6%	3.8%
Nebraska	.3%	1.6%	5.3%	13.7%	50.8%	26.0%	2.2%
Nevada	1.3%	4.7%	14.0%	25.9%	47.2%	6.6%	.3%
New Hampshire	.7%	1.7%	2.0%	10.6%	45.9%	31.0%	8.0%
New Jersey	.2%	1.1%	3.8%	10.4%	42.0%	31.4%	11.2%
New Mexico	.4%	2.5%	5.8%	21.5%	55.9%	11.6%	2.3%
New York	.3%	1.4%	3.1%	12.6%	44.1%	28.7%	9.5%
North Carolina	.9%	2.6%	6.5%	17.2%	53.3%	17.2%	2.2%
North Dakota	.4%	.9%	2.2%	9.1%	49.5%	29.4%	8.6%
Ohio	1.0%	2.8%	5.6%	13.0%	46.3%	25.2%	6.3%
Oklahoma	.0	3.0%	12.8%	29.3%	39.9%	11.2%	4.1%
Oregon	.1%	1.5%	4.6%	15.7%	59.4%	17.7%	1.1%
Pennsylvania	.6%	2.4%	6.9%	15.1%	42.4%	27.0%	5.5%
Rhode Island	.9%	1.9%	2.4%	6.5%	52.3%	28.8%	7.3%
South Carolina	.8%	2.6%	5.4%	16.3%	52.3%	19.6%	3.1%
South Dakota	.0	.4%	2.2%	16.0%	55.7%	23.5%	2.1%
Tennessee	.5%	3.1%	5.3%	14.8%	46.3%	25.4%	4.7%
Texas	.9%	2.8%	6.7%	17.3%	47.9%	20.4%	4.1%
Utah	.9%	3.7%	5.6%	15.8%	51.6%	20.7%	1.7%
Vermont	.0	.4%	2.9%	11.3%	38.5%	35.3%	11.5%
Virginia	1.0%	1.5%	4.0%	14.8%	47.9%	25.3%	5.4%
Washington	.2%	1.7%	5.2%	17.2%	55.5%	16.8%	3.4%
West Virginia	.7%	2.5%	7.7%	20.7%	49.6%	12.3%	N/A
Wisconsin	1.0%	1.6%	4.3%	15.4%	44.8%	27.9%	4.0%
Wyoming	.7%	3.2%	4.9%	13.5%	41.8%	26.7%	9.2%
U.S. Total,	.9%	2.5%	5.9%	15.5%	47.0%	23.3%	4.9%

Note. 89.1% facilities reporting representing 91.8% of 243,669 residents

* "N/A"=facilities occurring in that category did not provide age information

Table 26

Level of Retardation of Mentally Retarded Persons in Residential Facilities by State: United States, 1982

State	Borderline/			
	Mild	Moderate	Severe	Profound
Alabama	9.8%	17.9%	23.3%	49.1%
Alaska	N/A*	N/A	N/A	N/A
Arizona	19.0%	29.6%	28.6%	22.8%
Arkansas	13.4%	18.4%	22.7%	45.6%
California	19.9%	27.7%	20.5%	31.9%
Colorado	20.2%	29.5%	18.2%	32.1%
Connecticut	20.8%	20.9%	23.2%	35.1%
Delaware	12.2%	18.4%	19.6%	49.8%
Dist. Columbia	N/A	N/A	N/A	N/A
Florida	17.5%	20.7%	20.7%	41.0%
Georgia	12.0%	19.9%	25.0%	43.1%
Hawaii	8.8%	17.1%	25.7%	48.4%
Idaho	14.0%	27.7%	37.7%	20.7%
Illinois	15.8%	21.7%	22.8%	39.7%
Indiana	17.1%	22.8%	20.7%	39.4%
Iowa	22.7%	31.5%	18.9%	26.9%
Kansas	24.0%	22.0%	17.5%	36.5%
Kentucky	17.5%	21.5%	27.2%	33.7%
Louisiana	14.8%	15.7%	24.7%	44.7%
Maine	17.7%	25.6%	29.0%	27.9%
Maryland	9.2%	20.8%	22.4%	47.6%
Massachusetts	19.7%	23.9%	28.1%	28.2%
Michigan	17.3%	23.7%	23.8%	35.2%
Minnesota	20.0%	22.6%	28.0%	29.4%
Mississippi	19.2%	23.0%	24.1%	33.8%
Missouri	22.2%	27.1%	26.4%	24.3%
Montana	19.0%	29.8%	14.5%	36.7%
Nebraska	12.6%	24.4%	27.3%	35.7%
Nevada	17.9%	24.6%	20.6%	36.9%
New Hampshire	16.3%	25.2%	30.0%	28.5%
New Jersey	16.1%	19.1%	27.9%	36.9%
New Mexico	13.3%	24.0%	26.1%	36.6%
New York	15.0%	21.8%	24.8%	38.3%
North Carolina	7.2%	12.6%	22.1%	58.1%
North Dakota	22.7%	22.1%	24.7%	30.4%
Ohio	15.4%	22.8%	23.1%	38.7%
Oklahoma	18.9%	27.7%	24.2%	29.2%
Oregon	17.4%	22.6%	24.1%	35.9%
Pennsylvania	16.3%	21.5%	26.8%	35.4%
Rhode Island	5.3%	24.5%	39.8%	30.4%
South Carolina	12.6%	15.1%	21.8%	50.5%
South Dakota	22.3%	25.3%	17.2%	35.2%
Tennessee	13.1%	19.5%	N/A	46.5%
Texas	14.8%	22.2%	25.6%	37.5%
Utah	19.3%	16.4%	24.1%	40.2%
Vermont	27.9%	28.7%	26.8%	16.6%
Virginia	9.5%	19.4%	27.4%	43.6%
Washington	17.4%	18.0%	22.6%	42.1%
West Virginia	5.6%	21.4%	22.8%	50.1%
Wisconsin	22.9%	25.0%	23.9%	28.2%
Wyoming	18.4%	24.8%	12.2%	44.6%
U.S. Total	16.8%	22.8%	24.0%	36.5%

Note. 89.2% facilities reporting representing 92.5% of 243,669 residents

* "N/A" = facilities occurring in that category did not provide level of retardation

Nationally among all facilities, 16% served only severe or profoundly retarded individuals, compared to 39% serving only borderline, mild, or moderately retarded individuals, and 45% serving all levels of retardation.

The proportion of residents categorized by level of retardation were not homogeneous across states. In particular, states differed a great deal in the proportion of individuals in residential facilities who were classified as profoundly retarded. Percentages as low as 16.6% and as high as 58.1% of the state resident population were reported.

Functional Limitations

Table 27 presents the percentage of mentally retarded residents with limitations in specific adaptive behavior by type of facility. Inability to dress without assistance was the most frequently reported client limitation in all but three types of facilities. Inability to communicate verbally was the second most frequently reported limitation, and the most frequently mentioned limitation of residents of facilities with 1 to 15 residents and in semi-independent living settings. Approximately one quarter of all residents were not toilet trained and one quarter could not eat without assistance. Consistent with findings presented earlier on level of mental retardation, public group residences serving 16 or more residents and nursing homes served residents with the most severe deficits in adaptive behavior.

Resident Movement

To assess resident movement between July 1, 1981 and June 30, 1982, respondents were asked to indicate the number of retarded residents who were admitted, readmitted, released, or who had died during that time period. Table 28 summarizes national resident movement by type of facility using

Table 27

Percent Residents with Functional Limitations by Type of Facility
United States, 1982

Behavior	Type of Facility									
	Foster home	Group residence (1-5)	Group residence (6-15)	Group residence Private 16+	Group residence Public 16+	Semi-independent Living	Boarding homes	Personal care homes	Nursing homes	U.S. Total
Cannot walk without assistance ^a	9.3%	7.5%	4.8%	14.4%	25.5%	3.6%	2.7%	5.4%	4.8%	18.9%
Cannot dress without assistance ^b	29.9%	18.9%	14.9%	30.6%	53.1%	2.3%	9.7%	19.0%	67.7%	39.1%
Cannot eat without assistance ^c	11.9%	7.3%	5.7%	16.5%	35.0%	.5%	3.5%	6.6%	50.3%	23.8%
Cannot understand the spoken word ^d	10.4%	6.6%	4.3%	11.9%	24.9%	1.5%	2.1%	6.8%	36.2%	16.9%
Cannot communicate verbally ^e	24.9%	21.3%	16.2%	24.1%	49.1%	3.7%	4.8%	16.1%	54.0%	35.4%
Are not toilet trained ^f	13.1%	9.1%	6.0%	16.1%	38.0%	.1%	3.9%	6.5%	49.0%	25.3%

^a 87.7 facilities reporting representing 84.5% of all residents

^b 87.5 facilities reporting representing 82.8% of all residents

^c 87.5 facilities reporting representing 82.5% of all residents

^d 87.4 facilities reporting representing 78.5% of all residents

^e 87.6 facilities reporting representing 83.9% of all residents

^f 87.5 facilities reporting representing 83.2% of all residents

Table 28

National Summary Data on Movement of Mentally Retarded
Residents Living in Residential Facilities Between
July 1, 1981 and June 30, 1982

Type of facility	New admissions ^a	Readmissions ^b	Formal Releases ^c	Deaths ^d	Annual Close/move Rate	Net 12 Month Change
U.S. Total	12.7%	1.7%	11.5%	1.2%	2.7%	-1.0%
Special foster homes	19.0%	.9%	7.9%	.9%	8.8%	2.3%
Group residences (1-15 residents)	25.7%	1.2%	13.4%	.5%	5.8%	7.3%
Group residences (Private 16+ residents)	15.7%	1.3%	12.0%	.8%	2.4%	1.7%
Group residences (Public 16+ residents)	5.9%	1.9%	11.4%	1.5%	.5%	-5.6%
Semi-independent living	31.9%	1.0%	18.5%	.3%	9.4%	4.9%
Boarding homes	12.7%	.9%	13.0%	.9%	6.8%	-7.1%
Personal care homes	14.7%	2.3%	8.5%	.8%	5.7%	2.0%
Nursing homes	14.4%	2.7%	8.0%	2.3%	2.6%	4.3%

Note. Percentages are based on the total number of mentally
residents at the end of the year

^a 87.6% facilities reporting (representing 94.2% of 243,669 residents); includes
newly opened facilities

^b 87.6% facilities reporting (representing 91.9% of 243,669 residents)

^c 87.5% facilities reporting (representing 94.1% of 243,669 residents)

^d 88.4% facilities reporting (representing 93.9% of 243,669 residents)

percentages based on the total number of mentally retarded residents on June 30, 1982. Approximately 45% of the residential facilities reported no movement of residents. Among facilities reporting movement into their facilities/homes, public group residences with 16 or more residents had the smallest rate of new admissions (5.9%), while supervised apartments had the largest rate (31.9%). Privately-operated facilities had a larger rate of new admissions (19.5%) than publicly-operated facilities (6.9%).

Facilities that closed or moved during the 12 months prior to June 30, 1982 were not surveyed; residents transferring from these facilities, however, were reported as new admissions. Estimated annual closure rates were calculated through an analysis of stability rates from 1977 to 1982 (Hill, et al, 1984) and used in deriving an estimated net annual change in facility resident population. Net annual changes were low across types of facilities, with a median net change of 2.15%. Boarding homes and private group residences had decreased numbers of residents whereas group residences with 1-15 residents had increased resident population.

Among the estimated 30,897 new admissions, 36.8% moved into group residences with 1 to 15 residences, and 41.8% were in group residences with 16 or more residents. Table 29 shows previous placement of new admissions by type of facility. The largest number of new admissions came from homes of parents or relatives (31.6%), closely followed by those coming from state institutions with 64 or more residents (29.9%). The largest single previous placement of new admissions to public residential facilities was from other state facilities with 64 or more residents (37.12%), followed by individuals from homes of parents or relatives (31.30%). The two largest previous placements for new admissions to private residential facilities were also individuals from home (31.13%) and state facilities with 64 or more residents (26.21%).

Table 29

Previous Placement of New Admissions
by Type of Facility: United States, 1982

Previous Placement	Spec foster	Group res 1-15	Group res priv 16+	Group res pub 16+	Semi-indep	Board & room	Personal care	Sp/c nursing	Total
Parent/relative	25.5%	27.9%	39.9%	33.6%	31.1%	18.9%	20.9%	33.1%	31.6%
Foster home	30.4%	5.7%	4.6%	2.3%	6.6%	7.1%	15.1%	2.6%	7.2%
Group res. (1-15)	11.0%	17.0%	5.8%	3.5%	22.0%	13.6%	8.1%	2.2%	10.3%
Group res. (16-63)	3.3%	5.0%	5.0%	5.2%	4.5%	8.6%	3.7%	4.4%	4.8%
Private 64+	1.9%	3.3%	4.8%	2.5%	4.7%	.7%	2.0%	5.7%	3.5%
Public 64+	17.6%	32.3%	28.1%	36.8%	17.6%	20.0%	17.7%	27.8%	29.9%
Boarding home	2.3%	1.4%	1.2%	.7%	1.8%	22.5%	12.0%	1.0%	1.6%
Nursing home	1.5%	2.1%	2.3%	1.8%	2.7%	2.9%	3.9%	14.6%	2.8%
Semi-indep	.6%	.8%	.6%	.6%	2.6%	1.4%	.9%	.2%	.7%
Independent	.7%	.6%	.5%	.4%	2.6%	2.1%	1.2%	.3%	.6%
Mental health fac.	3.7%	2.8%	4.2%	6.0%	2.9%	1.4%	13.0%	2.8%	4.1%
Corrections	.5%	.8%	.9%	1.2%	.6%	.0	1.4%	.0	.8%
Medical hospital	.6%	.0	.5%	N/A	.1%	.0	.0	5.2%	.5%
Other	.3%	.2%	1.6%	5.5%*	.4%	.7%	.2%	.3%	1.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note. Data available for 94.7% of reported new admission

* Original data not available for recoding

Privately and publicly-operated facilities had similar rates of residents released (11.26% and 11.70%, respectively). Among the estimated 24,137 total formal releases, nearly half (48.4%) were released from public group residences with 16 or more residents. Table 30 shows subsequent placement of releases by type of facility. The group home with 1 to 15 residents was the single most frequent subsequent placement for released residents (24.6%). Home of parents or relatives (18.1%) and public facilities with 64 or more residents (15.0%) were the second and third most common subsequent placements. Publicly-operated facilities placed a much larger percentage (24.12%) of released residents in state and private facilities with 64 or more residents than did privately-operated facilities (12.61%).

Table 30
 Subsequent Placement of Releases
 by Type of Facility: United States, 1982

Subsequent Placement	Spec foster	Group res 1-15	Group res priv 16+	Group res pub 16+	Semi-indep	Board & room	Personal care	Spec nursing	Total
Parent/relative	20.2%	17.2%	25.2%	16.0%	14.3%	9.5%	14.3%	18.0%	18.1%
Foster home	28.6%	7.9%	6.4%	6.3%	3.7%	7.5%	9.0%	7.8%	7.7%
Group res. (1-15)	16.5%	27.8%	18.5%	27.8%	12.8%	13.6%	17.4%	12.9%	24.6%
Group res. (16-63)	3.8%	3.2%	6.9%	5.7%	1.6%	1.4%	3.4%	4.4%	5.1%
Private 64+	1.3%	1.6%	4.5%	6.5%	.4%	.7%	1.3%	7.6%	4.7%
Public 64+	7.0%	8.8%	13.5%	20.2%	5.9%	10.9%	6.3%	9.5%	15.0%
Boarding home	3.4%	2.3%	.9%	3.3%	4.6%	16.3%	8.8%	2.8%	2.8%
Nursing home	5.0%	2.8%	5.7%	4.0%	1.6%	4.8%	10.8%	18.7%	4.6%
Semi-indep	5.4%	17.2%	9.1%	2.0%	19.0%	12.9%	7.3%	2.5%	7.2%
Independent	3.9%	7.5%	4.6%	1.9%	32.7%	21.8%	7.5%	.9%	4.5%
Mental health fac.	3.6%	2.4%	2.7%	1.8%	2.3%	.7%	11.0%	2.0%	2.3%
Corrections	.5%	.8%	.6%	.3%	.8%	.0	.3%	.2%	.5%
Medical hospital	.5%	.2%	.6%	N/A	.0	.0	2.5%	12.4%	.6%
Other	.4%	.3%	1.0%	4.3%*	.4%	.0	.3%	.4%	2.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note. Data available for 91.5% of reported releases

* Original data not available for recoding

DISCUSSION

National facility and resident data from a 1982 census of licensed residential facilities for retarded people were summarized in this paper. It was found that an extended array of residential alternatives has been developed in this country to serve mentally retarded people who are unable to live at home. Nearly one-third of the states had residential programs represented by each of six general facility types. Over three-fourths of the states had established semi-independent living programs, and the number of specially licensed foster homes for mentally retarded people ($n = 6,587$) had grown in recent years to match the number of group residences serving 1 to 15 residents ($n = 6,565$). Only 8.5% of the group residences with 64 or more residents opened in the previous 4-1/2 years. For a complete discussion of changes that took place between 1977 and 1982, see Hill, Lakin, and Bruininks (1984).

Despite remarkable growth in smaller community-based facilities in recent years, the primary provider of residential services is still the large group residence. On June 30, 1982 over 58% of all mentally retarded residents of the surveyed facilities were living in group settings of 64 or more residents; only 28% were in settings of 15 or fewer total residents. Only six states have more mentally retarded residents in facilities smaller than 16 than in facilities with 16 or more residents. However, while efforts toward depopulating public institutions still leave over 70% of mentally retarded residents in rather large facilities, there has been a substantial shift in the direction of private operation of facilities and smaller facility sizes. Nationally, nearly as many residents lived in privately-operated facilities (47.2%) as in publicly-operated (52.8%).

The characteristics of residents varied considerably by type and size of facility. Larger facilities with 64 or more residents, particularly public facilities and nursing homes, serve a high proportion of severely and profoundly retarded residents and residents with severe limitations in adaptive behavior skills. Indeed, nearly half (46.8%) of the residents of facilities of 16 or more are profoundly retarded. However, severely or profoundly retarded individuals are also found in foster care, small group residences, and personal care homes with profoundly retarded people making up about 10% of the total population of the community-oriented placements. Future deinstitutionalization efforts will need to further focus on appropriate community-based residential programs for these severely and profoundly disabled clients.

Facility size does not appear to be a barrier to serving severely and profoundly retarded residents. Specialized foster homes, the smallest of all facilities, actually served a greater proportion of severely and profoundly retarded residents (36.4%) than did staffed group residences with 15 or fewer residents (32.7%).

Only 24.8% of the resident population was under 22 years of age. This finding supports trends toward increased age at first admissions to residential care noted elsewhere (Lakin et al, 1982). The decrease in out-of-home placement of children, particularly in public facilities, is in sharp contrast to statistical trends in the early 1960's when children comprised a very high proportion of new admissions (Butterfield, 1976).

Clearly the residential service system is experiencing considerable change toward decentralization of living arrangements. Nevertheless, there are many significant issues yet to confront in considering the continuation of this trend and in evaluating its impact on states and communities, clients and their families. The residential services system is becoming increasingly cost

driven, partially because of widespread use of Medicaid funding to support care for 58% of all residents nationally. Yet there is relatively little correspondence between reimbursement rates and resident characteristics. Foster homes and small group residences (1-5 residents), for example, provide similar services to similar populations, but are reimbursed at \$16.15 and \$40.29 per day per resident, respectively. Both researchers and policy makers have been content to examine "cost based reimbursement" (foster care reimbursement includes no salaries or capital costs). There have been few efforts to develop resident based reimbursement systems, resisting what might be termed a competitive market for the provision of care as inconsistent with high quality. Focus in the next few years should be increasingly upon the impact of such trends upon quality of life and care for retarded citizens (Landesman-Dwyer, in press), areas that have received only limited attention of researchers.

Statistical patterns from this survey also highlight the importance of addressing more specifically the residential living of thousands of severely and profoundly disabled people in residential facilities. Future deinstitutionalization and decentralization of services in community settings will largely involve accommodating people with rather severe disabilities. Persons with severe deficits in adaptive functioning are apparently being served in large numbers in many different types of small private facilities. With state implementation of the Medicaid Home and Community Waiver provision, and the possible influence of other legislative changes, these trends will doubtless continue.

Over 20 years ago, the President's Panel on Mental Retardation recommended many of the structural changes reflected in current statistics on residential services. Further research is needed to assess more fully the

scope and impact of these trends on government and private services and on mentally retarded citizens and their families.

REFERENCES

- Baker, B.L., Seltzer, G.B., & Seltzer, M.M. (1977). As close as possible: Community Residences for Adults. Boston: Little, Brown.
- Bruininks, R.H., Hauber, F.A., & Kudla, M.S. (1980). National survey of community residential facilities: A profile of facilities and residents in 1977. American Journal of Mental Deficiency, 84(5), 470-478.
- Bruininks, R.H., Hill, B.K., & Thorsheim, M.S. (1982). Deinstitutionalization and foster care for mentally retarded people. Social Work, 7(3), 198-205.
- Butterfield, E. (1976). Some basic changes in residential facilities. In R. Kiegel & A. Shearer (Eds.), Changing patterns in residential services for the mentally retarded. Washington, DC: President's Committee on Mental Retardation, 1976.
- Hill, B.K., Bruininks, R.H., Lakin, K.C., Hauber, F.A., & McGuire, S.P. (1984). Stability of residential facilities for mentally retarded people: 1977-1982. Minneapolis: Center for Residential and Community Services, Department of Educational Psychology, University of Minnesota.
- Hill, B.K., Lakin, K.C., & Bruininks, R.H. (1984). Trends in residential services for mentally retarded people: 1977-1982. Minneapolis: Center for Residential and Community Services, Department of Educational Psychology, University of Minnesota.
- Hill, B.K., Lakin, K.C. (1984). Classification of Residential Facilities for Mentally Retarded People. Minneapolis: Center for Residential and Community Services, Department of Educational Psychology, University of Minnesota.
- Lakin, K.C., Bruininks, R.H., Doth, D., Hill, B., & Hauber, F. Sourcebook on long-term care for developmentally disabled people. Minneapolis: University of Minnesota, Department of Educational Psychology, 1982.
- Landesman-Dwyer, S. Describing and evaluating residential environments. In R.H. Bruininks & K.C. Lakin (Eds.), Living and learning in the least restrictive alternative. Baltimore: Paul H. Brookes, in press.
- O'Connor, G. (1976). Home is a good place: A national perspective of community residential facilities for developmentally disabled persons (monograph no. 2). Washington, DC: American Association on Mental Deficiency, 1976.
- O'Connor, G., & Sitkei, E.G. (1975). Study of a new frontier in community services: Residential facilities for the developmentally disabled. Mental Retardation, 13(4), 35-39.
- Janicki, M.P., Mayeda, T., & Epple, W.A. (1983). Availability of group homes for persons with mental retardation in the United States. Mental Retardation, 21(2), 45-51.

Scheerenberger, R.C. (1983). Public residential services for the mentally retarded: 1982. Madison, WI: National Association of Superintendents of Public Residential Facilities for the Mentally Retarded.

APPENDIX A

Data Collection Materials

CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

Dear Director:

In 1977 your home/facility completed a questionnaire entitled "1977 National Survey of Residential Facilities." The Center for Residential and Community Services is planning to conduct this survey again this summer. This survey will provide the only available current trends describing the national residential service system for mentally retarded people.

Your 1977 address, which appears on the back side of the enclosed postcard, was not included on a list of residential facilities we obtained recently from your state. Please complete and return the enclosed card soon so we can determine if this address is still a residential facility/home that has one or more mentally retarded residents.

Sincerely,



Robert Bruininks
Center Director

RH:vb
encl.

CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

August 30, 1982

Dear Director:

The Center for Residential and Community Services (formerly the Developmental Disabilities Project on Residential Services and Community Adjustment) is conducting a national study to gather information on residential programs for mentally retarded people. This study is supported by a grant from the Health Care Financing Administration and is endorsed by the Administration on Developmental Disabilities, the National Association for Retarded Citizens and the President's Committee on Mental Retardation.

If the study results are to be truly representative and provide accurate information on the trends and status of residential services available to mentally retarded children and adults, it is important that every facility and home complete and return the enclosed questionnaire. Please return your completed questionnaire as soon as you can in the enclosed pre-addressed envelope.

Your participation is, of course, voluntary, but your contribution is extremely important since recommendations for public policy will be developed from this study. You may be assured of complete confidentiality. Information that you provide in this questionnaire will be treated with strict confidence and summarized in ways which ensure that your individual facility or home cannot be identified.

Almost 6,500 residential facilities and foster homes participated in our 1977 national survey. The information requested on the enclosed questionnaire will permit an analysis of changes in residential services during the past five years and will be used to affect decisions regarding the future of the community service system. All participants will receive a summary of the study results.

If you received more than one questionnaire, were included inappropriately, or need more copies of the questionnaire, please return the questionnaire with a note letting us know.

The Center will be most happy to answer any questions you might have. Please call or write. The telephone number is (612) 376-5283. Thank you for your assistance!

Sincerely,


Robert Bruininks, Ph.D.
Center Director

Dr. Robert H. Bruininks, Director, Department of Psychoeducational Studies, College of Education.

SPECIAL NOTE FOR SUPERVISED APARTMENTS

Apartment programs and semi-independent living programs are included in the study only if a staff person is present (24-hour staffing provided) in the same building in which the residents are living. If staff are shared by several apartment units in one building, please view all of these apartments with the same staff member(s) as one program and complete one questionnaire. If apartment units are completely autonomous (each has their own live-in staff) then please complete one questionnaire for each separate living unit.

SPECIAL NOTE FOR FOSTER HOMES

This study involves both large and small residences, including certain foster homes and family care homes. A similar questionnaire survey conducted in 1977 found that foster homes served many residents who would otherwise live in group homes or institutions and that these foster parents often faced problems with reimbursement, community attitudes toward residents and getting needed services, especially respite care.

When completing Numbers 18 and 19 on the enclosed questionnaire, please interpret "direct-care staff" to mean "family members 18 years old or more."

SPECIAL NOTE TO AGENCIES RECEIVING QUESTIONNAIRES
FOR MORE THAN ONE FACILITY/HOME

The 1982 mail survey of residential programs for mentally retarded persons includes a five-year follow-up of approximately 5,000 facilities and special foster homes that participated in a similar 1977 survey, as well as an additional 15,000 potential sites identified as of June 30, 1982. The 1977 study demonstrated that the questionnaire can be reliably completed by facility staff/foster parents themselves.

It is our hope that the enclosed questionnaires and return envelopes can be forwarded to the individual facilities (operating as of June 30, 1982). It is virtually impossible for us to prevent duplicate surveys of some homes and facilities unless we have their actual street address. If questionnaires are forwarded to the homes/facilities, providers themselves can determine whether to provide their names and addresses. All respondents may request (page 4) that their addresses be kept confidential by CRCS staff and this request will be strictly honored. All respondents will receive a report summarizing the results of the survey.

If you do complete the questionnaires at a central office and have a question regarding whether a facility may be listed separately on the facility registry, we can check your state's list in response to your telephone call.

Please call collect if you need additional questionnaires. Do not report several, non-adjacent sites on a single form. Please return unused questionnaires since non-responding forms will receive a follow-up mailing in several weeks.

Your agency personnel will be placed on CRCS mailing list by returning the enclosed pre-addressed postcard. (Do not use the postcard to list residential facilities that should be added to the survey list.) Summary reports of results will then be mailed to you, as well as to all responding facilities, as soon as they are available.

STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229

ZYGMOND L. SLEZAK
 Commissioner

PAUL S. PUCCIO
 Deputy Commissioner
 Program Planning and Policy Analysis

September 28, 1982

To: Associate Commissioners
 District Office Directors

From: Matthew P. Janicki, Ph.D. *Y*
 Director
 Bureau of Program Research and Planning

RE: National Survey of Community Facilities

As you may be aware the Center for Residential and Community Resources at the University of Minnesota has been involved in a series of national surveys of institutional and community residential facilities, the most recent of which was conducted in 1978. Recently the University received a grant from HCFA to conduct a follow-up of the 1978 survey and again will be sending questionnaires to all known residential facilities in the country. To assist them in New York, we have agreed to support and participate in this survey. Since New York has about 10 percent of all community residential programs and about 50% of all family care homes nationally, the survey results will be very useful to us.

We are assisting the University in two ways. First, to protect confidentiality, we agreed to conduct the mailing of a short survey form to all family care providers. Second, to ensure a reasonably productive return rate, we are requesting your cooperation in urging the state and voluntary residential programs in your district to return their completed survey forms.

The family care surveys will be mailed during the week of October 4th. The other surveys have already been sent directly from Minnesota. Should questions arise, please encourage your providers to complete the forms and return them in the envelopes provided. We agreed to assist the University because the survey is relatively short and should not take much time to complete (a copy is attached).

If you have any questions related to this project please feel free to call either John Jacobson (518-474-4904) of my staff or Tom O'Brien (518-473-4200) of the Bureau of Residential Services.

MPJ/lg

89

OMRDD STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229

ZYGMOND L. SLEZAK
Commissioner

PAUL S. PUCCIO
Deputy Commissioner
Program Planning and Policy Analysis

September 23, 1982

Dear Family Care Provider:

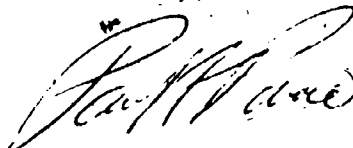
In 1977, the University of Minnesota conducted a national survey of family care homes such as yours. New York was one of the states which participated in that survey. The University is again conducting a similar survey and is asking that providers fill out a questionnaire and send it to the address given on the form which is enclosed. I am requesting your cooperation with this request, because over one-half of all the family care homes in the United States are in New York and the results of the survey are very important to all of us.

The questionnaire that is in this packet asks for your name and mailing address. However, you do not have to give this information. If you don't want to provide this information, I am asking that you at least provide the city, town or village in which you live, the zip code, and your phone number. The city, town or village will let the University know what part of the state you're located in and the phone number will give the people in Minnesota a chance to call you if they don't understand something written on the questionnaire. However, to assist the University, it is preferable that you do supply a name and address. Your doing so would be greatly appreciated.

Enclosed also is a second short questionnaire, which asks about which newspapers you read or television programs you watch. We are asking these types of questions because we need to get a better idea of how and when we should advertise to recruit more family care providers. This second questionnaire should also be returned in the envelope addressed to the University of Minnesota. The University will then send it to OMRDD.

If there are questions that are unclear, or you have questions about the surveys, please do not hesitate to call your local family care coordinator, case manager or case coordinator for further information. We feel that these surveys are very important and hope that you will complete them and return them as soon as possible.

Yours truly,



Paul S. Puccio
Deputy Commissioner



Being retarded never stopped anyone from being a good neighbor.

SPECIAL NOTE FOR FOSTER HOMES

This study involves both large and small residences, including certain foster homes and family care homes. A similar questionnaire survey conducted in 1977 found that foster homes served many residents who would otherwise live in group homes or institutions and that these foster parents often faced problems with reimbursement, community attitudes toward residents and getting needed services, especially respite care.

When completing Numbers 18 and 19 on the enclosed questionnaire, please interpret "direct-care staff" to mean "family members 18 years old or more."

The Center for Residential and Community Services recently sent you a questionnaire asking for your participation in our 1982 national study of residential services for mentally retarded people. If you have already returned the questionnaire, please consider this card a "thank you" for your valuable help. If you have not had a chance to do so as yet, may we ask you to complete and return the questionnaire as soon as possible. This study is collecting information that will be useful to both providers and policy-makers. Your participation is vital! You will want information about your facility or home represented in the national summary of the study results. We will protect the confidentiality of all respondents and you will receive a summary of the study results.

Please read the options listed on the attached postcard, check those which apply to you, and return it to us.

FROM:

- I did not receive your questionnaire.
- I received the questionnaire and will send it soon.
- My home or facility does not serve mentally retarded people.
- Other (please write in) _____

Respondent (name) _____

CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

207 Pattee Hall
150 Pillsbury Drive S E
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

October 18, 1982

Dear Director:

Several weeks ago your residential facility or home received a questionnaire from the Center for Residential and Community Services. As of today we have not yet received your completed questionnaire.

The Health Care Financing Administration has financed this study because of the need for current information about public and community residential programs for mentally retarded people. Each of the 50 state mental retardation program directors is working with us in completing this study. Enclosed are letters from the Commissioner of the Administration on Developmental Disabilities and the Executive Director of the National Association of State Mental Retardation Program Directors. They attest to the importance of this 1982 study for policymakers from all levels of government. Many state mental retardation program offices and care-providers were able to use the results from the 1977 study to aid in the development of residential programs.

I am writing to you again because each questionnaire is important to the quality and representativeness of this study. In case you were away or too busy to complete the questionnaire before, we would be most grateful if you would do so now. It is possible that our original request went astray in the mail or was misplaced. We have enclosed another copy of the questionnaire and a self-addressed envelope for your convenience. The information you provide will be kept confidential and you will receive a summary of the study results.

If you have any questions or desire clarification on any aspect of the survey, please call collect at (612) 376-5283. Your cooperation is greatly appreciated.

Sincerely,

Robert H. Bruininks

Robert H. Bruininks, Ph.D.
Center Director

Dr. Robert H. Bruininks, Director, Department of Psychoeducational Studies, College of Education

SPECIAL NOTES

All Homes

Question
20.a.

This item asks you "What was your average per diem (per day) cost per resident between July 1, 1981 - June 30, 1982?" If you don't know the actual cost, enter the amount of expenses reimbursed to you each month.

Foster Homes

Question*
9.b.

"Total number of residents" means all foster children and adults placed in your home. Do not count members of your own family.

Questions
18 and 19

These questions ask you "How many residents and how many direct-care staff are in the home/facility" at certain times. "Residents" means all foster children and adults; "staff" means you and/or your spouse and any of your own family members 18 years old or more.

Supervised Apartments

Question
5

Apartment programs and semi-independent living programs are included in the study only if a staff person is present in the same building at all times that residents are home. If staff are shared by several apartment units in one building, please view all of these apartments with the same staff member(s) as one program and complete one questionnaire. If apartment units are completely autonomous (each has its own live-in staff), then please complete one questionnaire for each separate living unit.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development ServicesAdministration on
Developmental Disabilities
Washington DC 20201

Dear Colleague:

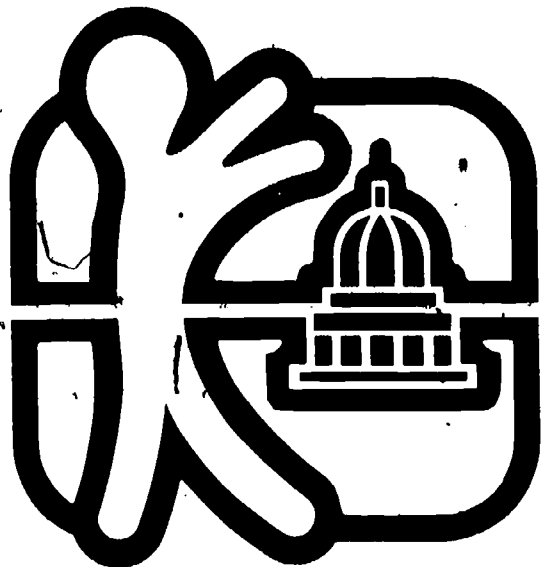
Since 1976 the Center for Residential and Community Services, formerly the Developmental Disabilities Project on Residential Services and Community Adjustment, has been a primary source of national data on residential services for developmentally disabled people. As "deinstitutionalization" led to major changes in residential care provision in the 1970's, the Center provided needed information on these changes through national studies of public and community residential facilities.

This year the Center is beginning a second cycle of research which will provide the first longitudinal data on the community residential services system. This information will tell us much about how well we are progressing toward the goals we set for residential services in the past decade. This study will also be important in formulating goals for the future.

I urge your cooperation in the Center research. Its success will provide much needed information on the ever-changing system of services for mentally retarded and other developmentally disabled people.

Sincerely,

Jean K. Elder, Ph.D.
Commissioner
Administration on Developmental
Disabilities



NATIONAL ASSOCIATION OF STATE MENTAL RETARDATION PROGRAM DIRECTORS, INC.

113 Oronoco Street Alexandria, VA 22314

Robert M. Gettings, Executive Director

703/683-4202

Dear Colleague:

Over the next three years, the Center for Residential and Community Services at the University of Minnesota (formerly the Developmental Disabilities Project on Residential Services and Community Adjustment) will be continuing its research concerning residential services for developmentally disabled people. In the past the research of this organization has been funded by the federal Office of Developmental Disabilities. However, the bulk of the Center's present funds come from the Health Care Financing Administration, within the U.S. Department of Health and Human Services. This change reflects in part the interest in and concern for the growing use of federal funds in providing residential services in the United States. It also is a recognition that there is a multi-agency need for longitudinal and replicative data on both public and community-based residential services such as those being gathered by the Center.

Over the past three years I have frequently referred to the reports of the Center. I have found the products of the Center's research to be extremely helpful in the struggle to influence the direction of federal and state policies governing the provision of out-of-home care for mentally retarded people. I am, therefore, pleased that this work is being continued.

I know that responding to the requests of researchers can be a time consuming activity. Nevertheless, I urge you to participate in the research of the Center for Residential and Community Services. This is critical research and will help all of us in developing our programs.

Sincerely,

Robert M. Gettings
Executive Director

RMG:md

PRESIDENT.
Garath Thorne
Commissioner
Department of Mental Retardation
342 N. Main Street
West Hartford, CT 06117

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STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229

ZYGMOND L. SLEZAK
Commissioner

PAUL S. PUCCIO
Deputy Commissioner
Program Planning and Policy Analysis

March 15, 1983

Dear Family Care Coordinator:

For the purpose of following-up once again on the national survey of family care homes by the Center on Residential Services at the University of Minnesota, we have enclosed a listing of B/DDSOs and the percent of surveys returned from each borough/district as the result of the first two mailings.

As you will note, overall 64% of family care providers have returned completed questionnaires as the result of the two mailings. We have enclosed mailing labels and survey materials for providers who did not already respond. Please review the mailing labels and discard the labels for persons who are no longer providers (you do not need to notify us of these individuals).

We would like to make one final attempt to encourage providers to respond to the questionnaire. The procedure you use in order to obtain a better response is at your discretion, but discussion of the survey at the time of home visits is encouraged. Similarly, we cannot, because of the nature of the survey, require providers to participate, but as a matter of course the importance of the New York information to adequately portray the family care program should be stressed. As we mentioned in an earlier letter to you, over 50 percent of all MRDD family care homes nationally are located in New York.

If you have any questions regarding this survey, please contact Beth Barbarian (518-473-4299) or John Jacobson (518-474-4904).

Sincerely,

Thomas O'Brien
Director, Family Care Program
Residential Services

John W. Jacobson
Associate Planner
Program Research and
Planning



Being retarded never stopped anyone from being a good neighbor.

CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

February 7, 1983

Dear California Providers:

The Center for Residential and Community Services is near completion of the 1982 national survey of family care homes and residential facilities for mentally retarded people. Only 55% of the questionnaires sent to California have been returned so far, leaving 2,000 yet to be accounted for.

If you were not a family care home or residential facility serving one or more mentally retarded people on June 30, 1982, please just check the box on the bottom of page 1 and return the questionnaire. If the questionnaire is too long, just complete page 2 and return it. We will phone everyone who does not return it, a very time consuming process.

As a foster parent myself, I suspect that you are asked to complete many forms and seldom see any results. In this survey you will be mailed a copy of the results early this summer.

Thank you for your help.

Sincerely,

Bradley K. Hill

Bradley K. Hill
Assistant to the Director

BKH:vb
encl.

Dr. Robert H. Bruininks, Director, Department of Educational Psychology, College of Education.

10-25-82

TELEPHONE SCRIPT

Introduction for phonebacks on incomplete questionnaires

1. Hello. May I please speak with (name on questionnaire) or the Director?
If yes, go on to #2.
If no, ask for the telephone number of the director or the time to call back.

2. This is (phoner's name) from the University of Minnesota with the 1982 National Survey of Residential Facilities. We recently sent you a questionnaire which you kindly filled out and returned to us. There are a few items on which I need some help (or one item, or a couple of items). Could you tell me: (go on to script)

Introduction for complete phonebacks

1. Hello. May I speak with the Director or (name on questionnaire)?
If yes, go on to #2.
If no, ask for the telephone number of the Director or the time of day to call back.

2. This is (phoner's name) from the University of Minnesota with the 1982 National Survey of Residential Facilities. Several weeks ago, we sent your facility (home) a questionnaire. We are conducting a study of all residential programs for mentally retarded people throughout the United States under a grant from the Health Care Financing Administration.
Are you a provider of residential services for mentally retarded people?
If no, code the questionnaire "NE" (non eligible) on the upper right hand corner of the front page and write in reason for noneligibility.
If yes, continue.
We would like to include you in our survey. Your participation is completely voluntary and your answers will be kept confidential. Would you have 15 minutes right now, to answer some questions about the services you provide?
If yes, go on to script.
If no, ask for a more convenient time.

Why are you
doing this?

The purpose of this study (survey) is to obtain information about what kinds of residential services are available to retarded individuals (to gather information about every public and community residential program). Right now, it is impossible even to say how many group homes or other residential facilities there are in the United States. Your help and cooperation is very important for the study results to be representative and to provide accurate information on the trends and status of residential services available to mentally retarded people.

How did you
get my name?

A listing of all residential facilities and homes was obtained from your state (State Mental Retardation Coordinator).

I have answered
tons of sur-
veys; what
can this
survey do?

We are quite confident that the results of this survey will be used to improve funding as well as the state and federal policies that affect your program and many others. Our reports will be submitted to federal funding agencies in preparation of budget requests to the congress. We are also confident that many states will be able to use the information to improve policies and to prepare necessary budget requests in their particular states.

What did the
// study do
for anybody?

Contributed to the development of new respite care programs in several states (respondents listed respite care as a major problem in 1977; this data was presented to state legislatures to support need for respite care programs.

Contributed toward increasing per diem reimbursement in foster home programs and toward the development of new foster programs (77 data showed foster homes were serving the same type of residents and providing the same services as community residential programs at half the cost. Some state legislatures took the community cost as true cost and increased the amount of foster home reimbursement).

Contributed toward development of community programs for severe and profoundly retarded individuals (77 data was used in court to prove these individuals could live outside state institutions since one third of the community population were severely or profoundly retarded).

What the 82
survey can
do for you

You, as a provider, as well as state, federal or private agencies can ask for special computer runs of the 82 data that you can use to support your budget requests at the state legislature.

This study cuts down the number of surveys you receive. Many agencies used our data instead of mailing you another questionnaire. Less paper work for you.

You will receive a summary of the survey results.

3. Is your address (address on questionnaire)?

If yes, go on to #5.

If no, ask for the correct Mailing Address.

NOTE: If you come across a multiple facility, get information for each facility on separate forms.

NOTE: Write the name of the respondent on the back page if different from the name on the label.

Sequence of questions

5, 9, 6a, 6c, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

5. Does your facility or home provide 24-hour, 7 days-a-week responsibility for room, board and supervision for mentally retarded persons?

The purpose for this question is to determine whether the facility is eligible for the survey. The following facilities are not eligible:

1. No mentally retarded residents on June 30, 1982.
2. All residents always leave the facility for the weekend.
3. Staff does not live in; staff not always present when residents are home (split-shifts).
4. Facility primarily intended for short stays of 30 days or less.

Facilities with residents in day programs, school or work activities, etc. are eligible (facility is still responsible for them).

Apartment programs and semi-independent living programs are included in the study only if a staff person is present (24-hour staffing provided) in the same building in which the residents are living whenever the residents are home or when they are sleeping.

If staff are shared by several apartment units in one building, all of these apartments with the same staff member(s) are viewed as one program and covered by one questionnaire.

If apartment units are completely autonomous (each has its own live-in staff) then a questionnaire is completed for each separate living unit.

Facilities on adjacent lots are considered as one facility if they share direct care staff or meals or laundry services.

b. Who operates your facility?

A facility operator is defined as the person or company who is in charge of hiring staff and setting day to day policies.

6c. Is your facility a member of a group of facilities operated by the same individual or organization?

Are there other facilities operated by the same person or corporation (we do not mean an association or club to which the home belongs).

NOTE: Record exactly what the respondent says. When you complete the phone interview edit this item according to the established rules.

7a. NOTE: This question is reworded.

Which of these labels best describes your facility (home): foster home, group home, or something else?

Use these probes to determine the most appropriate classification.

- 01 foster Do you have any paid staff (except for family and a part time baby-sitter)? Do resident(s) eat with the family?
- 02 group home Are there written training plans for residents? (should be "yes" for group home and "no" for personal care)
- 03 semi-indep Are staff in the building whenever residents are home? Do residents have their own units; staff live in separate units in the same building?
- 04 indep Discontinue the interview and code the questionnaire as "NE" on the front cover.
- 05 boarding
06 pers care Do you provide any residents with personal care such as help bathing or getting dressed?
"Yes" = 06 Personal Care
"No" = 05 Boarding Home
- 07 nursing Do you have a nurse on duty 24 hours?

8. NOTE: This question is reworded.

Does your home/facility serve only children or only adults or both? By children I mean individuals 18 year or younger and by adults I mean individuals 19 years and older.

We are interested in the resident age groups facility will serve. They may not have child residents on June 30, 1982 but are licensed and would be willing to have children live in their facility/home.

9. As of June 30, 1982 what was your

9a. Licensed (rated) bed capacity?

If the facility or home has no licensed bed capacity we are interested in How many people can you serve without increasing staff or size of the facility? or: How many people are you allowed to take? or: How many will you take?

9b. Total number of residents (exclude respite care)

Respite care is defined as temporary care for 30 days or less. This service provides a temporary residence available to the individuals when his/her family is experiencing stress, personal crisis or a need for a vacation.

9c. Total number of mentally retarded residents (exclude respite care)

How many residents on June 30, 1982 were mentally retarded?

Number male

Number female

10. NOTE: This question is reworded.

As of June 30, 1982, how would you classify your mentally retarded residents according to level of retardation?

or

Of the (NO.) of MR residents, how many are classified as borderline? mild? moderate? severe? profound?

If the respondent doesn't know IQ classification and total number of residents (MR) is 6 or less, use attached level of retardation chart. Ask for ages first.

11. Note: This question is reworded.

As of June 30, 1982, how would you classify your mentally retarded residents according to age?

Either tally individual ages or ask: How many MR residents were between the ages of birth-4, 5-9, 10-14, etc..

12. Between July 1, 1981 and June 30, 1982 how many mentally retarded residents of your facility died?

13. Excluding temporary placements (trial placements, respite care, etc.), between July 1, 1981 and June 30, 1982, how many mentally retarded people were:

New Admissions - were admitted to this facility for the first time.

Readmissions - admitted to this facility for at least the second time after having been released more than 30 days earlier.

Formally released - left this facility.

A trial placement is one that lasted 30 days or less.

Please be careful to distinguish between facility and system of facilities operated by the same individual or organization. We want moves from one facility to another even if they are within the same system (agency).

14. NOTE: this question is reworded.

Where did your (NO.) new residents live before coming to you?

We are interested in the last placement before the resident was admitted to this facility.

15. NOTE: This question is reworded.

Where did the (NO.) resident(s) move to when they left you home/facility?

We are interested in the immediate place after the resident was released from this facility.

A formal release or discharge is defined as a move to another residence with the intention of not returning and stayed at the new residence for at least 30 days.

16. When did your facility or home accept its first mentally retarded resident at its current address?

Get the date of the current address, not the date the present program may have begun.

A facility opening after June 30, 1982 is not included in this survey, nor is a facility which closed before June 30, 1982.

17. NOTE: This question is reworded.

How many of your (MR) residents:

Cannot walk without assistance?

Assistance is defined as help from another person or use of a wheelchair. A walker or cane is not assistance.

Cannot dress without assistance?

Assistance in getting dressed and tying shoes.

Cannot eat without assistance?

Someone has to hold spoon. Help cutting or messy doesn't count.

Cannot understand the spoken word?

Does not respond to simple sentences.

Cannot communicate verbally?

Needs a signboard or sign language.

Are not toilet trained?

Always has 1 or more daytime accidents per week.

18. On an average weekday evening at 7:30 p.m., how many residents and how many direct-care staff are in the home/facility?

"Residents" includes all residents except family members or visiting relatives.

"Direct-care staff" means "family members 18 years old or more" for foster homes.

19. On an average weekday morning at 7:30 a.m., how many residents and how many direct-care staff are in the home/facility?

Same definitions as in 18.

- 20a. What was your average per diem (per day) cost per resident between July 1, 1981 to June 30, 1982? or:

Can you tell me how much money you receive for (room and board), (cost of care)? Do you receive any other money? or;

How much are you reimbursed per month for each resident?

For each facility we are interested in the average per diem (per day) cost of care per resident (if that statistic is available) or per diem reimbursement received for care for each resident (excluding personal spending money over which the resident has control).

20b. Does this per diem figure include the cost of:

Day Programs?

A day program is defined as a formal program involving special staff and training, education, or activities that are offered in a special room at the facility or on a separate site that the resident attends on a regular basis.

Residents must participate in this program at least four hours daily on weekdays.

Physical or Occupational Therapy?

Includes therapy provided by a licensed or accredited professional. Such therapy may be given at the facility or at a separate location.

Medical expenses or nursing care?

Includes doctor bills or a nurse who works at least 40 hours per week.

APPENDIX B

1982 Census Questionnaire

**1982 NATIONAL SURVEY OF RESIDENTIAL FACILITIES
CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES**

ADMINISTRATIVE OFFICE LABEL

**RETURN COMPLETED
QUESTIONNAIRE TO:**

**Center for Residential and
Community Services
207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283**

FACILITY OFFICE LABEL

IDENTIFICATION OF ADMINISTRATIVE OFFICE

<p>1. Is the NAME AND MAILING ADDRESS shown in the label above correct for your administrative office? (If no label, please enter correct information)</p> <p>1 <input type="checkbox"/> Yes — Go to Question 2 2 <input type="checkbox"/> No — Please enter correct information</p> <p>2. Enter TELEPHONE NUMBER of your administrative office</p> <p>Area code _____ Number _____</p>	<p align="center">CORRECT NAME AND MAILING ADDRESS</p> <p>Name _____</p> <p>Number, Street _____</p> <p>P.O. Box, Route, Etc. _____</p> <p>City or Town _____</p> <p>State _____ Zip Code _____</p>
---	--

IDENTIFICATION OF FACILITY

<p>3. Is the NAME AND STREET ADDRESS shown in the label above correct for your facility?</p> <p>1 <input type="checkbox"/> Yes — Go to Question 4 2 <input type="checkbox"/> No — Please enter correct information</p> <p>4. Enter TELEPHONE NUMBER of your facility</p> <p>Area code _____ Number _____</p>	<p align="center">CORRECT NAME AND STREET ADDRESS</p> <p>Name _____</p> <p>Number, Street _____</p> <p>P.O. Box, Route, Etc. _____</p> <p>City or Town _____</p> <p>State _____ Zip Code _____</p>
--	---

GENERAL INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS. If your answer is **None**, please put a "0" in the appropriate space. If a question does not apply to your facility, please indicate that it is **Not Applicable** by putting "NA" in the appropriate space.

If you receive more than one set of questionnaires for your facility, **PLEASE COMPLETE ONE QUESTIONNAIRE ONLY AND RETURN ALL DUPLICATES.**

Please include in this questionnaire information for the facility on the mailing label only. **If your facility is a branch or has branches or parts at a different address, report only for those units at the address on the label.**

IF YOUR FACILITY WAS NOT SERVING MENTALLY RETARDED PEOPLE ON JUNE 30, 1982, PLEASE CHECK HERE AND RETURN THE QUESTIONNAIRE

FACILITY INFORMATION

5. On June 30, 1982 was your facility (or home) providing 24-hour, 7 days-a-week responsibility for room, board and supervision for one or more mentally retarded persons?

- 1 Yes 2 No

If no, please list which of the above services your facility or home does not offer.

6. a. Who operates your facility? (Check one)

- | | |
|--|--|
| 01 <input type="checkbox"/> Individual, partners or family | 06 <input type="checkbox"/> Region |
| 02 <input type="checkbox"/> For profit corporation | 07 <input type="checkbox"/> County |
| 03 <input type="checkbox"/> Non-profit corporation (has tax exempt status) | 08 <input type="checkbox"/> City |
| 04 <input type="checkbox"/> Religious organization | 09 <input type="checkbox"/> Other (please specify) |
| 05 <input type="checkbox"/> State | |

b. Who owns/rents your facility? (Check one)

- | | |
|--|--|
| 01 <input type="checkbox"/> Individual, partners or family | 06 <input type="checkbox"/> Region |
| 02 <input type="checkbox"/> For profit corporation | 07 <input type="checkbox"/> County |
| 03 <input type="checkbox"/> Non-profit corporation (has tax exempt status) | 08 <input type="checkbox"/> City |
| 04 <input type="checkbox"/> Religious organization | 09 <input type="checkbox"/> Other (please specify) |
| 05 <input type="checkbox"/> State | |

c. Is your facility a member of a group of residential facilities operated by the same individual or organization?

- 1 Yes 2 No 3 Don't know

7. a. Which of the following statements best describes your home/facility? (Check one)

- 01 A home or apartment owned or rented by a family, with one or more retarded people living as family members (e.g., foster home)
- 02 A residence with staff who provide care, supervision and training of one or more mentally retarded people (e.g., group residence)
- 03 A residence consisting of semi-independent units or apartments with staff living in a separate unit in the same building (e.g., supervised apartments)
- 04 An independent residence supported by staff who may visit, but do not provide day-to-day supervision
- 05 A residence which provides sleeping rooms and meals, but no regular care or supervision of residents (e.g., boarding home)
- 06 A residence in which staff provide help with dressing, bathing or other personal care, but no formal training of residents (e.g., personal care home)
- 07 A nursing home (e.g., ICF or SNF)

b. Is your facility or a unit of your facility a certified Intermediate Care Facility for the Mentally Retarded (ICF-MR)?

- 1 Yes 2 No 3 Don't know

If yes, please indicate how many of your facility's beds were ICF-MR certified on June 30, 1982:

Number

8. Does your home/facility serve? (Check one)

- | | | |
|---|---|--|
| 01 <input type="checkbox"/> Only children
(18 years and younger) | 02 <input type="checkbox"/> Only adults
(19 years and older) | 03 <input type="checkbox"/> Both children and adults |
|---|---|--|

9. As of June 30, 1982, what was your:

- a. Licensed (rated) bed capacity
- b. Total number of residents (exclude respite care)
- c. Total number of mentally retarded residents (exclude respite care)
- 1 Male (mentally retarded)
- 2 Female (mentally retarded)

108

10. Please indicate the number of your mentally retarded residents by level of retardation on June 30, 1982.

Level of Retardation (IQ)	Number
Borderline (69-84)	
Mild (52-68)	
Moderate (36-51)	
Severe (20-35)	
Profound (below 20)	
Unknown	
Total (should = number given in 9c)	

11. Please indicate the number of your mentally retarded residents by chronological age on June 30, 1982.

Age	Number
birth-4	
5-9	
10-14	
15-21	
22-39	
40-62	
63+	
Total (should = number given in 9c)	

12. Between July 1, 1981 - June 20, 1982 how many mentally retarded residents of your facility died?

Deaths

13. Excluding temporary placements (trial placements, respite care, etc.), between July 1, 1981 - June 30, 1982 how many mentally retarded people were:

- a New admissions (admitted to your facility for the first time)
- b Readmissions (admitted to your facility for at least the second time)
- c Formally released (discharged) from your facility

14. Please indicate the number of new admissions listed on line 13a according to their previous placements.

NUMBER	Previous residential placement
a	Home of parents or relatives
b	Foster/Family Care Home
c	Group home with 1-15 residents
d	Community residential facility with 16-63 residents
e	Private residential facility (private institution) with 64 or more residents
f	Public residential facility (state institution) with 64 or more residents
g	Boarding home (Board & Lodge; Board & Care)
h	Nursing home
i	Semi-independent living (part-time supervision)
j	Independent living (no supervision)
k	Hospital for mentally ill
l	Correctional facility (e.g., jail, detention center)
m	Don't know
n	Other (Please specify)
o	Total (Should = number in 13a)

15. Please indicate the number of formal releases (discharges) listed on line 13c according to their new placement.

NUMBER	New residential placement
a	Home of parents or relatives
b	Foster/Family Care Home
c	Group home with 1-15 residents
d	Community residential facility with 16-63 residents
e	Private residential facility (private institution) with 64 or more residents
f	Public residential facility (state institution) with 64 or more residents
g	Boarding home (Board & Lodge; Board & Care)
h	Nursing home
i	Semi-independent living (part-time supervision)
j	Independent living (no supervision)
k	Hospital for mentally ill
l	Correctional facility (e.g., jail, detention center)
m	Don't know
n	Other (Please specify)
o	Total (Should = number in 13c)

16. When did your facility or home accept its first mentally retarded resident at its current address?

Year

17. Please indicate the number of your mentally retarded residents who:

NUMBER

- a. Cannot walk without assistance
- b. Cannot dress without assistance
- c. Cannot eat without assistance
- d. Cannot understand the spoken word
- e. Cannot communicate verbally
- f. Are not toilet trained

18. On an average weekday evening at 7:30 p.m., how many residents and how many direct-care staff are in the home/facility?

NUMBER

- a. residents
- b. direct-care staff

19. On an average weekday morning at 7:30 a.m., how many residents and how many direct-care staff are in the home/facility?

NUMBER

- a. residents
- b. direct-care staff

20. a. What was your average per diem (per day) cost per resident between July 1, 1981 - June 30, 1982?

\$

b. Does this per diem figure include the cost of:

- | YES | NO |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

- 1 Day Programs (4 or more hours daily)?
- 2 Physical or Occupational Therapy?
- 3 Medical expenses or nursing care?

For the purposes of following up on any issues encountered in the analysis of this information, please give us your name, phone number, and the date you completed this questionnaire:

Name _____ Phone No. (____) _____ Completion Date _____

Check here if you do not wish to be included in a directory of residential facilities.

THANK YOU FOR YOUR TIME AND COOPERATION!

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APPENDIX C

U.S. Health and Human Services Regions

U.S. Health and Human Services Regions

Region I

Connecticut
 Maine
 New Hampshire
 Vermont
 Rhode Island

Region VI

Arkansas
 Louisiana
 New Mexico
 Oklahoma
 Texas

Region II

New Jersey
 New York

Region VII

Iowa
 Kansas
 Missouri
 Nebraska

Region III

Delaware
 Maryland
 Pennsylvania
 Virginia
 West Virginia
 Washington, D.C.

Region VIII

Colorado
 Montana
 North Dakota
 South Dakota
 Utah
 Wyoming

Region IV

Alabama
 Florida
 Georgia
 Kentucky
 Mississippi
 North Carolina
 South Carolina
 Tennessee

Region IX

Arizona
 California
 Hawaii
 Nevada

Region V

Illinois
 Indiana
 Michigan
 Minnesota
 Ohio
 Wisconsin

Region X

Alaska
 Idaho
 Oregon
 Washington

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