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ABSTRACT

The paper reports on changes in the size and type of operation of residential facilities for persons with mental retardation in the United States over a recent decade (1977-1987). It also reports current (June, 1987) variability among states along these same dimensions. The decade saw a decrease of 9.6% in the number of mentally retarded persons in large state-operated institutions as well as a decrease in the rate of placement into all types of residential facilities for this population. Graphs provide detailed statistical data on utilization of various placement options. An increase in the number of small, nonstate, facilities is also noted as is the consistent size of the population served by the residential care system. Considerable progress is noted nationally in securing relatively small, community-based residential placements for persons with mental retardation. However, this progress was by no means uniformly realized among all states or with all types of facilities. Comments are made on standards for federal policy that would make the official national commitment to community-based services more consistently evident among all the states. Thirteen references are cited. (DB)

Center for Residential and Community Services

Populations of Residential Facilities for Persons with Mental Retardation: Trends by Size, Operation and State, 1977 to 1987

Brief Report #32 February 1989

Minnesota University Affiliated Program
University of Minnesota

The Center for Residential and Community Services, within the Minnesota University Affiliated Program in the Department of Educational Psychology at the University of Minnesota, has been a primary source of national data on residential services for people with developmental disabilities. The purpose of the Center is to collect and disseminate comprehensive information on residential, habilitative, employment, and support services for handicapped individuals and to develop policy analyses of related issues.

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Abstract

This paper reports on changes in the size and type of operation of residential facilities for persons with mental retardation in the United States over a recent decade (1977-1987). It also reports current (June 30, 1987) variability among states along these same dimensions. Considerable progress is noted nationally in securing relatively small, community-based residential opportunities for persons with mental retardation. However, this progress was by no means uniformly realized among all states or with all types of facilities. Comments are made on standards for federal policy that would make the official national commitment to community-based services more consistently evident among all the states.

Populations of Residential Facilities for Persons with Mental Retardation: Trends by Size, Operation, and State, 1977 to 1987

During the past 20 years a great deal of change has taken place in the provision of residential services to persons with mental retardation. The most visible aspect of this change has been the decreasing populations of state mental retardation institutions, from an average of 194,650 residents per day in Fiscal Year 1967 to 94,696 residents per day in Fiscal Year 1987 (White, Lakin, Hill, Wright, & Bruininks, 1988). The decreasing utilization of state institutions as the primary source of long-term care for people with mental retardation has been stimulated by a number of factors, including: 1) exposes of the dehumanizing, debilitating, and/or otherwise unsatisfactory conditions existing in public institutions; 2) parent-consumer advocacy for the right to live and participate in culturally typical communities; 3) demonstration by persons with mental retardation of their ability to adapt well to community settings; and 4) documentation of consistently better developmental gains associated with movement from public institutions to community settings (Lakin & Bruininks, 1985; Lakin, Hill, & Bruininks, 1985).

With the growing recognition of the limitations of care in state institutions has come a rapid "privatization" of residential care for persons with mental retardation. The residential care industry had about 85% of its clients in state-operated facilities in 1967 (Lakin, Hill, & Bruininks, 1985). By 1987 only about 40% of the residents of mental retardation facilities were in state-operated facilities. But the movement away from near exclusive use of large state institutions has by no means guaranteed protection from all the conditions that were found unacceptable in public institutions. For example, tens of thousands of those released from large public institutions were placed in nursing homes. There they received even less "active treatment" than is available in the large public facilities they left. It is estimated that in 1985 approximately 40,500 people with mental

retardation were living in nursing homes (Lakin, Hill, & Anderson, 1988). Tens of thousands of other people were moved to large private mental retardation facilities. With such inter-institutional movement have come questions regarding whether such movement among institutions has provided people with more individually oriented, socially integrated, and/or culturally typical experiences. Increasingly, relative size of facility has come to replace the state institution/other type of facility dichotomy as the better indicator of improved residential situations for persons with mental retardation.

There are a number of advantages to the use of size as a variable around which policy and policy related research in residential services can be structured. First, it is a unidimensional, reliable variable which is policy manipulable. All interested parties can agree on the number of people living in a facility. More importantly there are a number of desired aspects of the residential experience that have been linked to size. Among a short list of important factors empirically associated with relatively small size are cultural normalcy of the living environment, frequency of use of neighborhood and community resources, friendships with persons other than fellow residents, frequency of family contact, resident autonomy, development of adaptive behavior, and preferences of families who have members in both large and small facilities (Conroy & Bradley, 1985; Hill, Rotegard, & Bruininks, 1984; Rotegard, Bruininks, Gorder, & Lakin, 1985).

Because of its strong association with factors considered important to defining the quality of the residential experience, facility size is an increasingly evident variable in policy and planning activities at the federal, state, and local level. It is also the descriptor of residential facilities most widely used in efforts to describe the status and evolution of the nature of the residential settings in which persons with mental retardation live. Specific size categories for both policy and data analysis purposes are, of course, arbitrary. But because of a number of laws and program

regulations, the distinction between facilities of 15 and fewer residents and 16 and more residents has been most commonly used. Among the important areas in which distinctions are made between facilities of 15 and fewer and 16 and more residents are ICF-MR regulations, Food Stamp eligibility for facility residents, Fire Safety Code, S.S.I. regulations, as well as significant legislative proposals presently before the Congress. For these reasons, and despite the fact that facilities of 15 residents are not particularly small by contemporary standards, the research on which this paper is based has followed the general convention by distinguishing between facilities of 15 and fewer residents (termed "small") and 16 and more (termed "large" or "institutions").

Method

This paper reports longitudinal trends and contemporary status in residential services based on a longitudinal data base developed by surveys of individual facilities and state agencies. In 1977 the Center for Residential and Community Services (CRCS), University of Minnesota, undertook a survey as of June 30, 1977 of all state-licensed, state-contracted, or state-operated residential facilities in the United States providing 24-hour a day care to persons who were mentally retarded. That survey obtained a count of 247,780 residents with mental retardation in 11,008 facilities nationwide. A replication of the survey in 1982 enumerated 243,699 residents with mental retardation in a total of 15,632 facilities. The surveys of both 1977 and 1982 permitted identification of individual facilities by type of operation, total number of residents, and number of residents with mental retardation. The survey methodology for these studies is described in Lakin, Hill, & Bruininks (1985).

In 1978 CRCS began a series of surveys of state mental retardation agencies. This Recurring Data Set Project initially included only data on state-operated residential facilities. In

1985 the scope of the survey was expanded to include ICF-MR residences, and in Fiscal Year 1986 to include nonstate facilities and residents. In this data collection both state and nonstate (private and local government) facilities and residents were further broken down by facility size 15 and fewer and 16 and more. In 1987, 100% response rates were obtained from states on state and nonstate-operated facilities and residents.

One difference exists between the 1987 and the 1977 and 1982 statistics presented. As in previous years, the 1987 statistics include residential placements of persons with mental retardation in facilities licensed, contracted, or operated by states for persons with mental retardation. However, previous surveys included only facilities providing 24-hours-a-day, seven days per week care. In 1986, to better reflect changing models of residential care, and specifically the greater use of supported independent living models, the operational definition of a "residential facility" was broadened to include facilities which offered less than constant supervision, provided they met the other criteria of inclusion. A few thousand additional persons were thereby included in the 1987 survey who would not have been included in 1982.

Results

The total population in large state-operated mental retardation facilities and units on June 30, 1987 was 95,052. States reported an additional 2,849 persons with a primary diagnosis of mental retardation in state-operated institutions other than mental retardation facilities (almost exclusively mental health facilities). Therefore, the total population of persons with a primary diagnosis of mental retardation in all state institutions was 97,901. This represented a decrease of 9.6% from July 1, 1984 when the combined large state institution population was 108,287 (Lakin, Hill, Street, & Bruininks, 1986). The continual decreases since 1967 (described later) have brought

the current number of residents with mental retardation in state institutions nearly back down to the number living in them 50 years ago. On January 1, 1936 there were 96,696 persons in state institutions, 91,754 in state mental retardation institutions and 4,942 in state psychiatric facilities (U.S. Bureau of the Census, 1937).

Although the total number of persons with mental retardation in state institutions is about the same as 50 years ago, residential services in general are obviously very different today. While a number of small community-based facilities existed in the 1930s (Lakin, Bruininks, & Sigford, 1981), they made up an extremely small part of the available residential placements at that time. In contrast, on June 30, 1987 facilities of 15 and fewer residents had a greater total population of persons with mental retardation than state institutions (118,570 vs. 97,901).

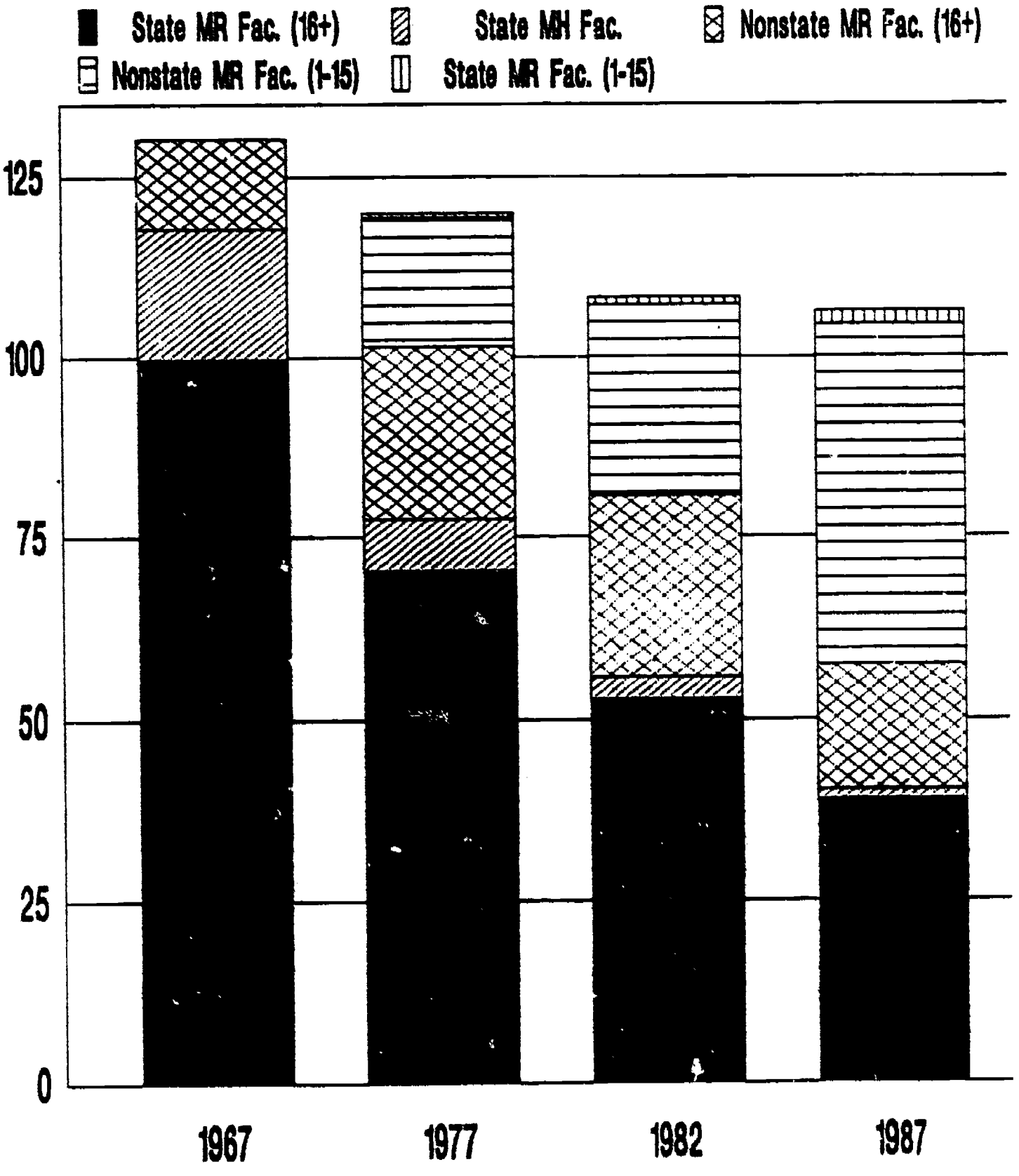
Changing Types of Placement

Figure 1 shows the number of persons with mental retardation in residential care per 100,000 of the general population in 1967, 1977, 1982, and 1987 for state mental retardation institutions, for state mental health institutions, for small (1-15 beds) state-operated group homes, and for small and large (16+ beds) nonstate mental retardation facilities. Two significant trends are evident in these statistics. The first is the dramatic decrease in the rate of placement into large public institutions; the second is the decrease in the rate of placement into all types of residential facilities for persons with mental retardation. In 1967 there were 99.7 persons in state mental retardation institutions per 100,000 of the U.S. population; 18.1 persons with mental retardation per 100,000 in state psychiatric facilities, and 12.5 per 100,000 in nonstate-operated facilities (all sizes) for persons with mental retardation (Lakin, Hill, & Bruininks, 1985). In 1977 data were collected by size for all facilities showing the placement rate per 100,000 of the general population to be 70.4 for state mental retardation institutions, 7.1 for state psychiatric institutions, 0.5 for small state-

operated group homes, 24.0 for large and 17.9 for small nonstate-operated residential facilities (Lakin, Hill, & Bruininks, 1985). By 1987, there were 39.1 placements per 100,000 of persons with mental retardation in state mental retardation institutions, 1.2 in state psychiatric facilities, 1.9 in small state-operated facilities, 17.3 in large nonstate-operated facilities, and 46.8 placements per 100,000 of the general population in small nonstate-operated residential facilities. In terms of total persons with mental retardation in these settings, in 1967 there were 194,650 persons with mental retardation in state mental retardation institutions, 35,452 in state psychiatric facilities, and 24,355 in nonstate facilities. On June 30, 1987 there were 95,052 persons with mental retardation in state mental retardation institutions, 2,849 in state psychiatric facilities, 4716 in small state-operated group homes, and 42,081 in large nonstate and 113,854 in small nonstate-operated residential facilities.

Figure 1 also shows a significant overall decrease in the rate of residential placement of persons with mental retardation since 1967. In 1967, there were 130.3 persons in state institutions and nonstate mental retardation facilities per 100,000 of the general population. By 1977 the placement rate had decreased to 119.9 and by 1982 it was down to 108.2 per 100,000. The 1987 placement rate per 100,000 was 106.3. The most significant factor in this reduction has been the decreased number of children and youth residing in mental retardation facilities. Looking only at state and nonstate mental retardation facilities, data being unavailable on psychiatric facilities, the number of children and youth (0-21 years) in mental retardation facilities decreased from 91,100 in 1977 to an estimated 48,500 in 1986 (Taylor, Lakin, & Hill, in press). This represents a decrease in placement rate for children and youth from 42.1 to 20.1 per 100,000. Conversely, and importantly, regarding the potential of "dumping" people in need of care into nonsupported, nonlicensed care to achieve deinstitutionalization goals, the placement rate of adults (22 years and

Figure 1
Placements per 100,000 of the U.S. Population in State Mental Retardation Facilities, State Mental Health Facilities, and Nonstate Mental Retardation Facilities by Size



Note. Data points for 1967 are based on average daily residents; for 1977, 1982, and 1987, on June 30, resident population. Statistics for 1967 do not include size of nonstate facilities.

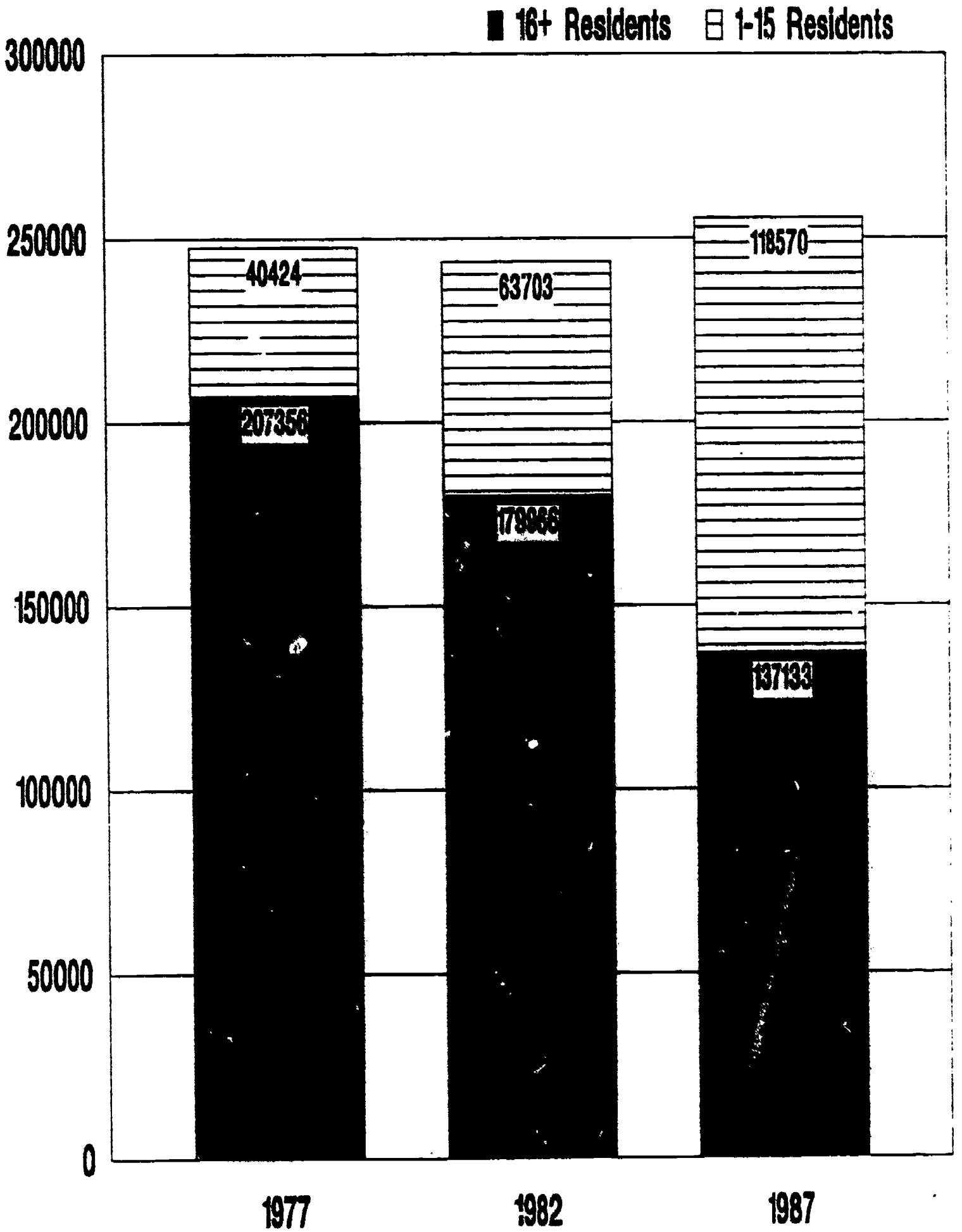
older) in mental retardation facilities actually increased between 1977 and 1987, from 72.4 per 100,000 in 1977 to 79.3 per 100,000 in 1982 to 85.2 per 100,000 in 1987.

Changing Sizes of Mental Retardation Facilities

In early efforts to depopulate state institutions, large private mental retardation facilities were frequently developed as alternative placements to public institutions. As a result, private mental retardation institutions (16 or more residents) increased in population from an estimated less than 25,000 in 1967 to more than 50,000 in 1977 (Lakin, Hill, & Bruininks, 1985). Statistics permitting size breakdowns of state and nonstate mental retardation facilities go back only to 1977. Despite the limited time period covered (the ten years between 1977 and 1987), very substantial changes are evident in the available statistics. Figure 2 shows national totals for the number of persons with mental retardation in state and nonstate mental retardation facilities broken down by 15 and fewer residents ("small") and 16 and more residents ("large") by 5 year intervals (1977, 1982, 1987).

In 1977 there were 40,424 persons with mental retardation in small residential facilities (16.3% of all residents). A total of 207,356 persons were in large facilities. By 1982, there were 63,703 residents in small facilities (26.1% of all residents) and 179,966 persons in large facilities. By 1987 there were 118,570 residents (46.4% of all state and nonstate facility residents) in small facilities. A total of 137,133 people were in large facilities. Although Figure 2 shows a pronounced trend toward smaller settings, the actual reduction in the number of residents in large facilities in ten years between 1977 and 1987 was only 34%.

Figure 2
Changing Utilization of Small and Large Residential Facilities for Persons with Mental Retardation, 1977, 1982, and 1987



Interstate Variability

In addition to major variations nationally in the sizes and types of facilities providing care at different points in the evolution of residential services systems in the past decade, there also have been and remain major differences among states at any one time. Table 1 provides a summary of the state-by-state and national distribution of residents of state-licensed, contracted, or operated mental retardation facilities on June 30, 1987. Statistics are provided for large and small mental retardation facilities that are operated by state agencies and by nonstate (private and local government) agencies. These statistics show major differences among states in their total number of residents in large and small, state and nonstate facilities, as well as in percentage of residents in nonstate facilities, percentage of residents in facilities of 15 and fewer residents, and average number of residents per facility.

Percentage of residents in nonstate facilities. There has been very substantial growth in nonstate residential programs for persons with mental retardation in recent years. On June 30, 1987, 61% of the residents in mental retardation facilities in the United States were in nonstate facilities. That compared with about 37% in 1977 (Lakin, Hill, & Bruininks, 1985). Interstate variations were found to be large, with four states over 80% (Maine, New Hampshire, Alaska, and Minnesota) and six states below 35% (Virginia, Mississippi, Arkansas, South Carolina, Alabama, and Wyoming). A total of 37 states had more than half their residents in private facilities on June 30, 1987.

Percentage of residents in small facilities. Accompanying the privatization of residential services for persons with mental retardation has been a rapid growth in the number of persons in relatively small facilities. Persons moved to private facilities from state facilities tend to go from large facilities to small facilities (nonstate facilities averaged only 4.7 residents on June 30, 1987).

On June 30, 1977 only 16.3% of persons in mental retardation facilities resided in facilities of 15 or fewer residents. By June 30, 1987, 46.4% of all residents were in small facilities. Despite such rapid change 53.6% of persons with mental retardation in residential care were still in large facilities, with enormous variability among the states. On June 30, 1987, eight states had over 70% of the residents in small facilities (New Hampshire, Arizona, Montana, Idaho, Alaska, District of Columbia, Rhode Island, and Michigan); three states had less than 20% of their residents in small facilities (Mississippi, Texas, and Virginia). Just over half of all states (26) had reached the point at which more persons were in small residential facilities than were in large ones.

Average number of residents per facility. Nationwide there has been a dramatic increase in the number of very small facilities since 1982, causing a rapid reduction in the average number of residents per facility. In 1977 there was an average of 22 persons per state licensed, contracted, or operated residential facility. By 1987 that average had decreased to 8. Although a limited portion of that decrease can be accounted for by the inclusion in the 1987 survey of supported living arrangements (less than 24 hour supervision), these decreases were primarily caused by two factors: 1) rapidly decreasing average population among a relatively stable number of large facilities, and 2) a rapidly increasing number of small facilities of a relatively stable average size. While the total number of facilities with 16 or more residents increased from 1,730 in 1977 to 2,097 in 1987, their total residents decreased from 207,363 to 137,133, from an average size of 120 in 1977 to 65 in 1987. The average number of residents in small facilities decreased only from 4.3 to 3.7 but the total number of small facilities increased from 9,300 to 31,820. Interstate variations in average facility size were large, from over 30 residents in three states (Virginia, Mississippi, and Arkansas) to less than 5 residents in 13 states. While the national average number of residents per facility was 7.5, the average of the state averages was 10.0. This difference was the result of a

Table 1

All Facilities and Residents for 1987

State	Facilities					Residents								
	Nonstate		State			Nonstate			State					
	15-	16+	15-	16+	Total Fac.	15-	16+	Total	15-	16+	Total	Total Res.	% Res. Priv.	% Res. in 15-	Avg. Res. per Fac.
ALABAMA	126	22	0	5	153	529	139	668	0	1,308	1,308	1,976	33.81%	26.77%	12.9
ALASKA	125	5	0	1	129	247	23	270	0	60	60	330	81.82%	74.85%	2.6
ARIZONA	436	0	19	3	458	1,662	0	1,662	134	423	557	2,219	74.90%	74.90%	4.8
ARKANSAS	45	7	0	6	58	455	134	589	0	1,337	1,337	1,926	30.53%	23.62%	33.2
CALIFORNIA	3,584	807	0	7	4,398	17,849	4,174	22,023	0	6,880	6,880	28,903	76.20%	61.75%	6.6
COLORADO	360	6	0	3	369	1,699	346	2,045	0	901	901	2,946	69.42%	57.67%	8.0
CONNECTICUT	924	4	54	13	995	2,053	86	2,139	383	2,298	2,681	4,820	44.38%	42.60%	4.8
DELAWARE	165	0	0	1	166	297	0	297	0	383	383	680	43.68%	43.68%	4.1
D.C.	180	0	0	1	181	731	0	731	0	258	258	989	73.91%	73.91%	5.5
FLORIDA	649	82	0	6	737	4,247	2,891	6,138	0	2,061	2,061	8,199	74.86%	59.60%	11.1
GEORGIA	630	2	0	8	640	1,242	138	1,380	0	2,089	2,089	3,469	39.78%	35.80%	5.4
HAWAII	434	0	1	1	436	573	0	573e	8	260	268	841e	68.13%	69.08%	1.9
IDAHO	220	2	0	1	223	973	58	1,031	0	263	263	1,294	79.67%	75.19%	5.8
ILLINOIS	965	97	0	13	1,075	3,021	5,989	9,010	0	4,436	4,436	13,446	67.01%	22.47%	12.5
INDIANA	644	5	0	9	658	2,523	593	3,116	0	2,270	2,270	5,386	57.85%	46.84%	8.2
IOWA	214	35	0	2	249	1,168	1,126	2,294e	0	1,057	1,057	3,351e	68.46%	34.86%	13.5
KANSAS	226	10	0	4	240	1,781	676	2,457	0	1,298	1,298	3,755	65.43%	47.43%	15.6
KENTUCKY	312	6e	0	3	321	1,430	513	943e	0	686	686	1,629e	57.89%	26.40%	5.1
LOUISIANA	406	25e	6	9	446	1,172	1,547	2,719	33	2,889	2,922	5,641	48.20%	21.36%	12.6
MAINE	379	11	2	2	394	1,280	278	1,558	25	290	315	1,873	83.18%	68.34%	4.8
MARYLAND	972	3	1	7	983	2,612	80	2,692	12	1,452	1,464	4,156	64.77%	62.86%	4.2
MASSACHUSETTS	986	16	3	7	1,012	3,738	63	3,801	24	3,367	3,391	7,192	52.85%	52.31%	7.1
MICHIGAN	1,213	7	0	8	1,228	5,506	675	6,181e	0	1,658	1,658	7,839e	78.85%	70.24%	6.4
MINNESOTA	1,211	54e	7	7	1,279	4,989	2,119	7,108e	28	1,653	1,681	8,789	80.87%	57.08%	6.9
MISSISSIPPI	33	5	28	5	71	135	605	740e	182	1,522	1,704	2,444e	30.28%	12.97%	34.4
MISSOURI	414	147	2	10	573	2,264	1,797	4,061	16	1,874	1,890	5,951	68.24%	38.31%	10.4
MONTANA	243	0	0	2	245	913	0	913	0	254	254	1,167	78.23%	78.23%	4.8
NEBRASKA	448	3	0	1	452	1,349	344	1,693	0	472	472	2,165	78.20%	62.31%	4.8
NEVADA	82	0	0	2	84	258	0	258	0	175	175	433	59.58%	59.58%	5.2
NEW HAMPSHIRE	248	1	0	2	251	913	21	934	0	190	190	1,124	83.10%	81.23%	4.5
NEW JERSEY	1,087	2	0	10	1,099	3,018	72	3,090	0	5,304	5,304	8,394	36.81%	35.95%	7.6
NEW MEXICO	142	0	0	2	144	902	0	902	0	500	500	1,402	64.34%	64.34%	9.7
NEW YORK	3,486	35	422	34	3,977	12,825	1,252	14,077	3,218	10,022	13,240	27,317	51.53%	58.73%	6.9
NORTH CAROLINA	291	9	0	5	305	1,229	541	1,770	0	2,720	2,720	4,490	39.42%	27.37%	14.7
NORTH DAKOTA	202	2	1	2	207	959	43	1,002	12	398	410	1,412	70.96%	68.77%	6.8
OHIO	1,039	102	0	14	1,155	4,438	3,960	8,398e	0	2,900	2,900	11,298e	74.33%	39.28%	9.8
OKLAHOMA	128	22	0	3	153	817	1,738	2,555	0	1,276	1,276	3,831	66.69%	21.33%	25.0
OREGON	378	11	0	2	391	1,666	331	1,997	0	1,145	1,145	3,142	63.56%	53.02%	8.0
PENNSYLVANIA	2,703	122	0	17	2,842	6,654	3,024	9,678	0	5,127	5,127	14,805	65.37%	44.94%	5.2
RHODE ISLAND	218	2	25	2	247	686	32	718	175	280	455	1,173	61.21%	73.40%	4.7
SOUTH CAROLINA	302	3	2	5	312	1,229	76	1,305	22	2,534	2,556	3,861	33.80%	32.40%	12.4
SOUTH DAKOTA	237	0	0	2	239	1,076	0	1,076	0	485	485	1,561	68.93%	68.93%	6.5
TENNESSEE	288	6	0	5	299	1,486	234	1,720	0	2,074	2,074	3,794	45.33%	39.17%	12.7
TEXAS	409	51	59	16	535	1,570	2,958	4,528	444	7,936	8,380	12,908	35.06%	12.60%	24.1
UTAH	189	9	0	1	199	560	581	1,141	0	554	554	1,695	67.32%	33.04%	8.5
VERMONT	188	0	0	1	189	381	0	381	0	196	196	577	66.03%	66.03%	3.1
VIRGINIA	83	3	0	5	91	754	108	862	0	2,970	2,970	3,832	22.49%	19.68%	42.1
WASHINGTON	968	48	0	6	1,022	2,726	1,013	3,739	0	1,810	1,810	5,549	67.38%	49.13%	5.4
WEST VIRGINIA	497	3	0	3	503	868	43	911e	0	480	480	1,391e	65.49%	62.40%	2.8
WISCONSIN	1,453	19	0	3	1,475	4,190	1,660	5,850	0	1,868	1,868	7,718	75.80%	54.29%	5.2
WYOMING	28	0	0	1	29	211	0	211	0	409	409	620	34.03%	34.03%	21.4
U.S. Total	31,188	1,809	632	288	33,917	113,854	42,081	155,935	4,716	95,052	99,768	255,703	60.98%	46.37%	7.5

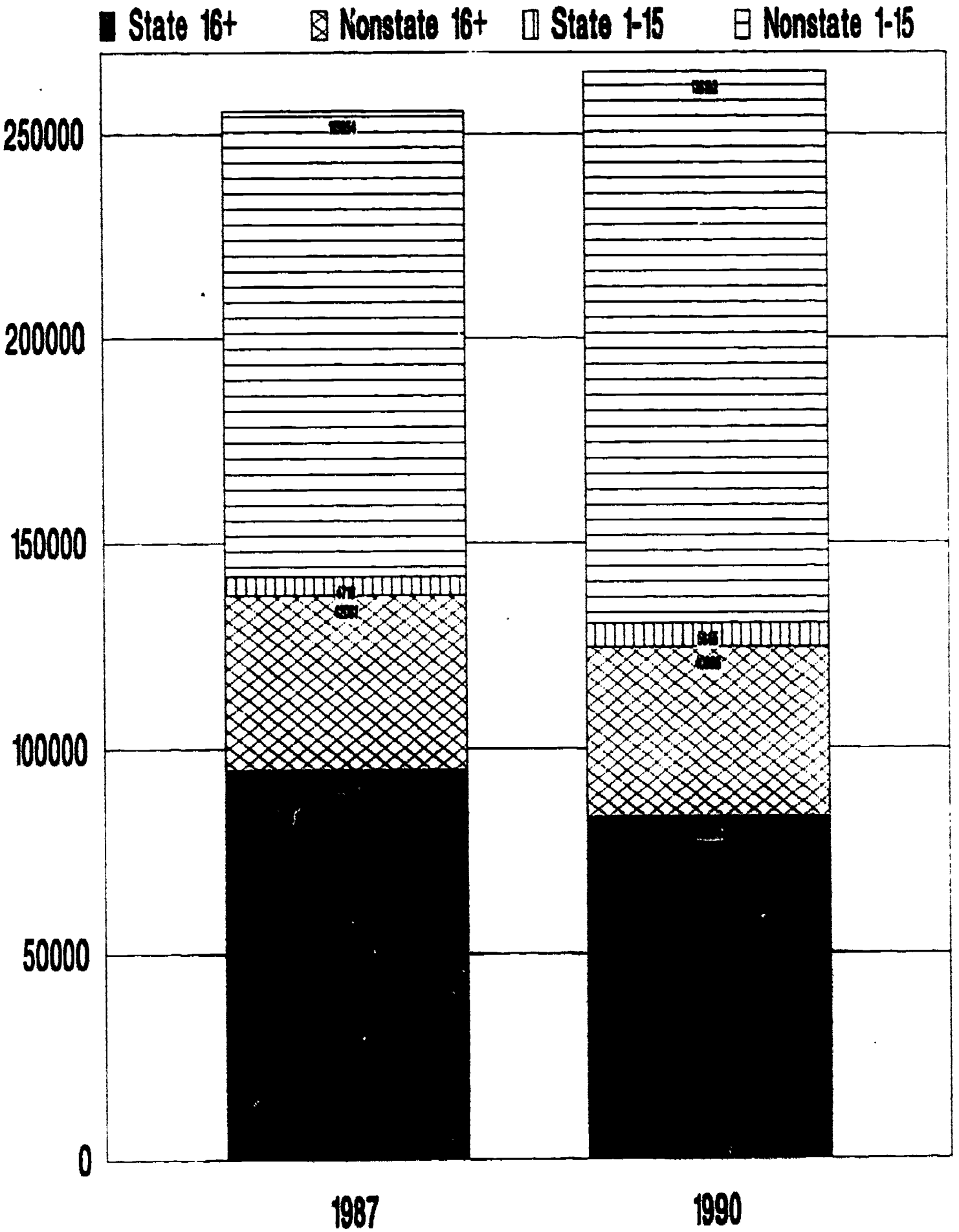
tendency for the relatively large residential care systems to have a smaller average number of residents per facility.

Projected Utilization in 1990

State respondents were also asked to present current state projections estimates for changing utilization of small and large, state and nonstate facilities between June 30, 1987 and June 30, 1990. These projected changes are shown in Figure 3. In general, state projections showed continuation of the trends described in this report, although at a slightly slower pace. Two states (California and Missouri) projected increased populations in state institutions, and both cited the anticipated pressure to discharge persons with mental retardation from nursing homes under the OBRA-1987 (PL100-207) requirements as a key factor. Still in all state institutions were projected to experience steadily decreasing populations from 95,052 on June 30, 1987 (37.2% of all residents) to 83,334 (31.4% of all residents) on June 30, 1990.

All states projected growth in the number of people in small facilities during the 1987 to 1990 period, from a total of 118,570 to 141,027. The 1990 projection includes 135,182 persons in small nonstate facilities (50.9% of all residents) and 5,845 persons in state operated small facilities (2.2% of all residents). About 57% of the increase in small facilities would be in response to decreased populations of state institutions and large private facilities (projected to decrease from 42,081 to 40,986), but 43% would be the result of the 9,600 "beds" being added to residential care systems in the various states during the 1987 to 1990 period.

Figure 3
June 30, 1987 and Projected June 30, 1990 National Distribution of Residents with Mental Retardation Among Facilities by Size and Operator



Discussion

Residential care for persons with mental retardation in the United States is continuing a steady evolution from an institutionally dominated system to a system primarily serving people in relatively small facilities. The three most important aspects of this process have been 1) the stable size of the total system, 2) the decreasing number of people in large state facilities, and 3) the rapid increase in number of small, almost exclusively nonstate, facilities.

When one looks at the total size of the public and private residential care system for persons with mental retardation over the past two decades it is hard not to be impressed with the stability of its size. Since 1967, including public mental retardation and psychiatric facilities (the latter being used in 1967 for residential care of 33,850 persons with mental retardation) and nonpublic facilities, the residential population of persons with mental retardation between 1967 and 1987 increased only from 254,500 (Lakin, Hill, Bruininks, 1985) to 258,500. Populations of state institutions continue to decrease at a fairly steady rate of 4,000-5,000 per year, a rate that has been maintained for two decades. A small reduction in this rate is projected for the period from June 30, 1987 to June 30, 1990 (an average of 3,906 per year). A factor in the projected slow down is the potential need to secure residential alternatives for persons now in nursing homes, whose placements must be reviewed for appropriateness under PL100-203. Since 1977 capacity building in community settings has remained in relative synchrony with institution depopulation; that is, new places in community settings have been approximately equal to the decreasing state institution populations. However an additional nearly 10,000 new residential placements were projected by states between June 1987 and June 1990.

A number of significant challenges are evident in the national statistics. First, the population of residential care systems has changed little in 20 years, although the total number of persons with mental retardation has increased in general proportion to the increasing population of the nation as a whole. Much of the anticipated demand for residential services has been largely attenuated by the nation's remarkable success in reducing the total number of children and youth in residential care, but much demand simply has been left unmet. A survey by the Association for Retarded Citizens-U.S. (Davis, 1987) reports a nationwide need for over 50,000 residential placements. While it is important in each individual case to explore alternatives to long-term care placements, it is probable, too, that there is a significant need to increase the overall capacity of community residential care systems to meet the legitimate needs of tens of thousands of people in the United States. State projections of development of residential capacity through June 1990 give evidence of recognition of these needs, although projected supply will fall considerably short of reported demand.

Second, while progress in the depopulation of large state institutions has been significant, reducing populations by 37% from about 150,000 in 1977 to 95,000 in 1987, reductions among large private institutions have been slower, decreasing only 19% from 51,600 in 1977 to 42,000 in 1987. An even slower rate of large private facility population decreases is projected for 1987 to 1990. Nursing homes have been estimated by the National Nursing Home Survey to house nearly the same number of people with mental retardation in 1985 (40,500) as they did in 1977 (Lakin, Hill, & Anderson, 1988). Pressure will be exerted under the OBRA-1987 (PL100-207) legislation to reduce these nursing home populations by some as yet unknown degree. In anticipation of bringing thousands of new clients into the state mental retardation service systems, it is hard for states to project maintaining their existing rates of depopulating the larger congregate care facilities.

Despite consistent progress in moving people with mental retardation into smaller, community based facilities, the decade of the 1990's will almost assuredly begin with nearly one-half of the people with mental retardation in long-term care settings living in facilities of 16 and more residents. A number of states will begin the 1990s with a statistical appearance that is very similar to where the nation was on average in 1977. In 1977 the average number of residents per facility was about 22; five states remain above that average today.

In its "Findings and Purposes" of the 1987 Developmental Disabilities Assistance and Bill of Rights Act, Congress agreed that, "it is in the national interest to offer persons with developmental disabilities the opportunity, to the maximum extent feasible, . . . to live in typical homes and communities where they can exercise their full rights and responsibilities as citizens" (Sec. 101(a)(8)). Clearly in terms of the physical relocation of individuals with mental retardation to community living arrangements a great deal of progress has been made in the past decade in responding to this interest. A number of major challenges threaten the maintenance of this momentum in the next few years. First, states will need to find a place in their mental retardation systems for thousands of people who will need to move to residential alternatives to nursing homes. Second, although states project a significantly increasing supply of residential capacity in the next few years, the new capacity falls considerably below the existing demand. Under these pressures it will be difficult for states to continue their patterns and pace of depopulating large, congregate care facilities without additional resources for community program development.

It must, too, be observed that the national interest noted by the federal Congress in securing typical homes for persons with developmental disabilities is by no means uniformly recognized or realized among the various states. Some states fall far below the national norm in finding a place for their citizens with mental retardation in community settings. Therefore, if Congress takes

seriously its finding regarding the national interest in community living it may need to consider a more concerted, proactive policy regarding the obligations of states participating in federal funding programs. But variability among states notwithstanding, clearly the nation as a whole continues to move steadily toward an increased community presence for citizens with mental retardation.

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