



Establishment of the need for residential facilities for the mentally retarded is, at best, complicated. Many variables, some not so apparent, must be taken into consideration. Perhaps the most obvious and frequently cited variable is area population; others would include length of the waiting list for admission to state schools, rate of space availability, existing services, and access to necessary support services. All these variables are greatly influenced by the philosophy under which the Texas Department of Mental Health and Mental Retardation, Division of Mental Retardation, is currently operating. Each of the cited variables will be briefly discussed in relation to the philosophy of the Department and preferred treatment modalities.

The Denton State School currently serves a thirty-county geographic area of North Central and Northeast Texas, including Dallas and Tarrant Counties (see Addendum I). According to the Population Research Center, Department of Sociology, the University of Texas at Austin, the estimated population of this 30-county area in April of 1969 totaled 2,831,800. Of this area, an estimated 1,977,300 people live in two of the thirty counties, i.e., Dallas and Tarrant. Taking into consideration the Standard Metropolitan Statistical Areas, the Dallas and Fort Worth area serves an estimated population of 2,251,300.*

The accepted incidence of mental retardation for the general population is 3%. Assuming that the incidence of mental retardation in the Denton State School service area is in keeping with the 3% rate, there would be an estimated 84,954 retardates in the thirty-county area. Dallas and Tarrant Counties would have an estimated 59,319 retardates; and the Dallas-Fort Worth SMSA would contain an estimated 67,539 retardates.

Not all retardates require institutionalization. The number of retardates requiring residential placement at any given time rarely exceeds 4% of the retarded population, this percentage serving as the accepted figure for computing necessary bed space.

*SMSA for Dallas includes Collin, Dallas, Denton, Ellis, Kaufman, and Rockwall Counties. SMSA for Fort Worth includes Johnson and Tarrant Counties.

Using the 4% figure, it is estimated that there are approximately 3,398 retardates who will require institutionalization sometime during their life, in the thirty-county Denton service area. In Dallas and Tarrant Counties, it is estimated that there are 2,373 retardates that will require institutionalization sometime during their lives. The Dallas-Fort Worth SMSA would contain approximately 2,702 retardates who will require institutionalization sometime during their lives (see Addendum II).

The question is frequently raised, why do 4% of the retarded require institutionalization? The largest percentage of the mentally retarded (estimated 80%) are classified generally as cultural-familial retardates. These individuals will eventually mature to a mental level of about that of ten to twelve-year-old children. While their ability to function in today's ever increasingly technical society will be somewhat limited, most can become an integral part of our society, assuming that they can obtain the necessary training in vocational and social skills. Few of these retardates will require institutionalization; indeed, few of these retardates will come to the attention of mental retardation service facilities.

On the other hand, there is an estimated twenty percent of the retarded who suffer moderate to profound brain damage sometime during their developmental period from a variety of causes, including metabolic disorders, prenatal influences, perinatal influences, and postnatal influences. These retardates tend to be severely and profoundly retarded; and while their existence can be somewhat improved to the extent that some can care for their own personal needs, it is not reasonable to assume that they can become totally self-sufficient or even semi-independent. It is among this group that there is the highest mortality rate and most will require institutionalization eventually. Care and treatment of these individuals require constant supervision and attention, and frequently constant medical attention. The availability of this type of service is limited, if not non-existent, and always expensive. It is among this group of retardates that the State can be of most service.

Addendum III indicates that the estimated number of Dallas/Tarrant County residents requiring institutionalization number approximately 2,373. Currently, there are 1,717 Dallas/Tarrant County residents in all state schools for the retarded. There remain approximately 656 retardates who ultimately will require institutionalization, less than 240 of whom have already applied for admission.

The construction and opening of three new schools for the retarded in the past three years has revealed an interesting sociological phenomenon. The announcement of the appropriation of funds for a new state school in a given area initiates a large number of new applications for admission from that area. A second period of great influx of applications accompanies the opening of that facility which is usually widely covered by the press. It can be argued that many people seeking application for admission to that facility previously had no knowledge of such a facility and therefore had not previously applied to some other facility. On the other hand, a large percentage of those applying apply when they do because they choose to keep their children as close to home as possible and prior options would not have allowed this. In any case, the announcement of a new facility in the Dallas/Tarrant County area will bring about increased demands for that facility.

The second criteria used in the establishment of the need for a state residential facility for the retarded is the demand for such a service as reflected by the current waiting list for the area. (see Addendum V). As of January 31, 1971, there were active applications for 371 retardates from the Denton State School service area. There were 239 applications from Dallas and Tarrant Counties, representing two-thirds of the entire area waiting list. Applications for admission to the Denton State School represent approximately 25% of the entire, state-wide waiting list.

Contributing to the seriousness of the problems related to the Denton State School waiting list is the fact that two of the applications date back to 1963 and another 150 applicants have been awaiting admission since 1968. To the casual observer there appears to be an unwarranted and unreasonable delay in admitting retardates to state schools. An analysis of the patient movement reports for Dallas and Tarrant Counties indicates at least partial explanation for the problem (see Addendum IV). First admissions to all state schools from Dallas and Tarrant Counties have more than doubled since 1968, still they are below 100 per year. Eighty-nine applications are still pending for the Denton State School which were added to the waiting list in FY '70. An additional undetermined number were admitted from the completed applications added to the waiting list in FY '70 as top priority cases, the implication being that the rate of admission is equaled by the rate of new applications. If this trend continues, the waiting list for admission to Denton State School will remain at its current level despite an unforeseeable length of time.

At the end of FY '70 there were as many residents of all state schools from Dallas and Tarrant Counties as there were beds at the

Denton State School. While this fact has little bearing on the number of beds currently necessary to provide for the needs of Dallas and Tarrant County applicants on the waiting list, it is an indicator of the need over the past ten years.

The third criteria for determining the need for additional residential facilities in the Dallas and Tarrant Counties area is existing mental retardation services. Both Dallas and Tarrant Counties have community mental health and mental retardation boards of trustees providing rather extensive mental retardation services.

Despite the fact that the community centers have been doing a good job keeping retardates in the community by providing service to the retardate and his family, there will be some who will need placement in a state residential facility. An analysis of the MR profile from the Patient Data System Report of December, 1970 indicates that there are 45 clients of the Dallas County MH/MR Center for whom the staff recommends long-term state school placement (see Addendum VI). Most of these cases had not applied for admission to a state school at the time of that report. The Tarrant County MH/MR Center reported 37 clients in need of long-term state school placement on the December, 1970 MR pr file of the Patient Data System (see Addendum VII).

Community MH/MR Centers have served as effective deterrents to state school placements in many instances. In other cases, they have delayed the need for placement. However, it is apparent from their reports that there remain nearly 100 clients in the Dallas/Fort Worth area in need of immediate state school placement, many of which have not yet filed applications for admission.

The last criteria for consideration of placement of state schools is related to the availability of an adequate work force and the availability of professional supportive services. Gone are the days in which mental retardation is considered an untreatable disorder for which lifelong isolation is the only course of action. Mental retardation is today regarded as a condition for which highly specialized education and training is a means of compensation in a large number of cases. This education and training is not a responsibility of a single profession, but the responsibility of a highly organized team of professionals, including educators, psychologists, social workers, physicians, and numerous others. The location of State residential facilities should consider the availability of these professionals and access to schools of higher learning. Collaboration with graduate studies in all of the allied fields is highly desirable and insures a higher level of service to residents and provides for institutional manpower needs.

These elements for consideration are by no means the only variables that should be considered. Nonetheless, they are extremely important. Consideration should also be given to the needs of the parents of the retarded. Consultation with private practitioners from the allied professions involved in mental retardation is highly desirable.