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AN IOWA CHARTER FOR THE MENTALLY RETARDED, CHAPTER I

R E P O R T

OF THE

LEGISLATIVE ADVISORY COMMITTEE

ON THE STUDY OF

M E N T A L   R E T A R D A T I O N

Submitted To: Members of the 60th Iowa General Assembly

April, 1963

By: The Mental Retardation Advisory Committee

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## AN IOWA CHARTER FOR THE MENTALLY RETARDED, CHAPTER I

### SECTION I. INTRODUCTION

The Report of the 1961-63 Legislative Study of Mental Retardation is in two major parts. One part which will be written by the Legislative Research Bureau will be factual, will discuss in detail the nature of the mental retardation problem in Iowa, and will describe existing mental retardation programs and facilities in this State. This Report which has been written by members of the Mental Retardation Legislative Advisory Committee for submission to members of the 60th General Assembly of the State of Iowa is the second part and represents observations, value judgments, and policy recommendations of the Advisory Committee.

The name of this publication, An Iowa Charter for the Mentally Retarded, Chapter I, reflects the responsibility imposed on Advisory Committee members to set forth a policy framework in the field of mental retardation for the State. Later Mental Retardation Advisory Study Committees will write Chapters II, III, etc.

### SECTION II. BACKGROUND

The Mental Retardation Study was directed by Chapter 16 of the Acts of the Fifty-ninth Iowa General Assembly. Passage of Chapter 16 authorizing the Study was due in large measure to the efforts of the Iowa Association for Retarded Children, an active State lay group composed of seventy-six chapters in eighty-five Iowa counties.

The Mental Retardation Study was organized under the direction of the Iowa Legislative Research Committee. The Legislative Research Committee and Bureau were given a broad

mandate under Chapter 16 to make a study of mental retardation in Iowa and to offer suggestions "to the next general assembly (1) for methods by which existing state and local agencies can improve and coordinate their services for the mentally retarded and (2) for statewide programs for handling problems of the mentally retarded." The Legislative Research Committee requested and received from the Budget and Financial Control Committee a budget of \$10,000 to cover Study expenses. Of the \$10,000 received, only about one-fourth of the amount has actually been spent by the Advisory Committee during the 1961-63 Legislative Interim.

Chapter 16, Senate File 533, Acts of the Fifty-ninth Iowa General Assembly, directed the Legislative Research Committee to carry out the Mental Retardation Study "under the procedures provided by sections two (2) and three (3) of chapter sixty-three (63), Acts of the Fifty-eighth General Assembly." In compliance with the directive, the Legislative Research Committee established a legislative advisory committee to assist the Legislative Research Bureau with the Mental Retardation Study. Three Senators and four Representatives from the 59th Iowa General Assembly served on the Advisory Committee. Mr. Philip Burks, Research Analyst with the Legislative Research Bureau, assisted the Committee during the Legislative Interim.

The Advisory Committee met for thirteen all day meetings. Nine of the meetings were "indoctrination" sessions since the area of mental retardation was totally new to almost all of the individuals involved in the Study. Individuals who helped orient Committee members to mental retardation were the State Director of Mental Health, the Superintendent of the Woodward and Glenwood State Hospital-Schools, leaders in the Iowa Association for Retarded Children, the heads of the Division of Special Education and Vocational Rehabilitation in the State Department of Public Instruction, and Dr. Gunnar Dybwad, Executive Director of the National Association for Retarded Children. Committee members made field trips to the two State hospital-schools at Glenwood and Woodward, the Pine School and the Child Development Clinic at the State University of Iowa at Iowa City, the State Vocational Rehabilitation Center in

Des Moines, and North High School in Des Moines where a work-study program for the City's mildly retarded students of high school age has been established. The Committee also participated in the two-day "First Governor's Conference on Habilitation of the Mentally Retarded Youth and Adults in Iowa" which was held in April, 1962. Four Committee sessions were held with the members and staff personnel of the State Board of Control. These sessions involved considering legislative proposals.

From the outset, Committee members were mindful that this Study was the first legislative study to be made of mental retardation in the 117 year history of Iowa. The original goal of the Committee was to determine what state or states have the best programs relating to mental retardation. It was the intent of Committee members to adapt the experience of other states as a basis for a comprehensive revision of Iowa mental retardation statutes and to recommend the revisions to the 60th Iowa General Assembly.

Many states have undertaken extensive legislative studies of mental retardation. Some of these studies have been continuing in nature rather than a study for a one interim period. A close perusal of the reports of other state mental retardation studies was not too beneficial in providing study guidelines for the Committee since few of the reports reflect an over-all study approach to the problem. Most of the studies emphasize relatively isolated facets of mental retardation.

The comments made of mental retardation reports of other states can be made of this Report for Committee members early realized that mental retardation is a vast and enormously complicated subject in which hastily conceived opinions and legislation can do more harm than good. Therefore, sections of the report devoted to observations and framework policies range over the entire subject of mental retardation, while the portions devoted to recommendations and legislative proposals represent only a small segment of the subject. Committee members have deliberately limited their thinking to those areas which appear to call for prime consideration at the present time. It is acknowledged that Committee members have hardly scratched the surface in the area of mental retardation.

## SECTION III. OBSERVATIONS AND COMMENTS

### WHAT IS MENTAL RETARDATION?

#### Public Unawareness of Mental Retardation

Three out of every one hundred births in the Nation involve mental retardation. Projecting this ratio against Iowa's population results in an approximate total of 84,000 Iowa citizens who are retarded. It is doubtful if more than one out of every ten persons in the State has more than a vague notion of the symptoms, characteristics, and problems involved in mental retardation. A stereotype exists that mental retardation somehow involves only children. In the past, this concept was mostly true but with the advent of new medical drugs and techniques which tend to prolong human life, retardates like the rest of the population are living to advanced ages.

#### Changing Status

The whole subject of mental retardation is like a sleeping giant that has suddenly awakened. Until a decade ago, there was practically no research in the field, care programs were largely custodial in nature, and the widespread stigma placed on mental retardation permitted little if any forward progress in this area.

Today, there are burgeoning research projects, important medical discoveries, and a huge and ever-growing compilation of literature on diagnosis, parent counselling, home training, education, habilitation, and development projects. New care programs involving open institutions, foster homes, day-care centers, halfway houses, and employment centers for the retarded are constantly being developed.

Significantly, the stigma attached to retardation is fading away.

#### Confusion of Mental Retardation with Mental Illness

On the state care level, mental retardation is administered and supervised in Iowa by the two hospital-schools at Glenwood and Woodward. The four mental health institutes at

Cherokee, Clarinda, Independence, and Mt. Pleasant provide care for the mentally ill. All six institutions are governed by the State Board of Control under supervision of the Director of Mental Health.

Mental retardation is the prevailing and apparently widely accepted term used to denote mental deficiency as measured by intelligence quotient ("I.Q.") tests. Mental illness refers to emotional disorders. Mental retardates can develop mental illness and, although rarely, mentally ill patients can become mentally retarded. It is of the utmost importance that the public in general, and Iowa legislators in particular, realize the difference between the two concepts if mental retardation programs are to make progress in this State.

Groups working to improve mental retardation programs in Iowa have frequently in the past worked with groups seeking to improve mental illness programs on the understandable premise that each side stood to gain by helping the other. Four years ago, major emphasis was placed by these groups on mental illness while two years ago the cooperative effort was placed on retardation. Although the impetus behind the present Study was due to the cooperation between the two groups and the emphasis placed on mental retardation during the last session of the 59th General Assembly, mental retardation and mental illness involve two entirely different mental disorders. Committee members sincerely hope the confusion between the two concepts will steadily diminish and that the people of our State will come to know that mental retardation is a condition distinctly different from that of mental illness.

#### Difficulty of Classification

The American Journal of Mental Deficiency notes: "Well over a hundred etiologies, diseases and syndromes have been described in which mental retardation represents a more

or less important symptom."<sup>1</sup> While still in use, the classic three-part differentiation of mental retardation--commonly known today as educable, trainable, and severely retarded--seems to be crumbling away. Retardates no longer fit into neat little cubbyholes of classification however much society wishes they might.

Therefore, it is unwise to recommend cementing definitions and to outline detailed administrative practices into the Iowa Code. Rather, legislators should keep Code provisions broad to permit wide latitude of judgment for those administering Iowa retardation programs. At the same time, it is the duty of Iowa legislators to keep a watchful eye on the administrators by appointing a continuing advisory study committee to insure that programs accord with what members of the General Assembly conceive to be the best interests of the State.

#### EXISTING IOWA STATUTES

Study in the field of mental retardation soon pointed to the fact that Iowa laws relating to mental retardation were written primarily to provide for epilepsy and only secondarily to provide for mental retardation. The advent of anti-convulsive drugs and other medical advances have resulted in State care of epileptics shrinking to nil. On the basis of first things first, Committee members devoted the major share of the Study to a rewriting of Iowa mental retardation statutes in the form of proposed bills. In rewriting the Iowa statutes which relate to mental retardation, Committee members proceeded by trying to formulate a framework on which a state mental retardation program may be established. It is the conviction of Committee members that the framework for formulating a state

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<sup>1</sup>Herman Yannet, "The Evaluation and Treatment of the Mentally Retarded Child in Clinics," National Association for Retarded Children, Inc., 1956, cited in "A Manual on Program Development in Mental Retardation," American Journal of Mental Deficiency, LXVI (January, 1962), 14.

mental retardation program should be kept flexible and tentative in the face of new evidence, experience, and changes which cannot be foreseen at this time.

### EXISTING IOWA PROGRAMS

#### Information on Iowa Programs

One of the serious problems facing Iowans who have encountered suspected or actual mental retardation in a child has been where to turn for advice. In most instances, the child has simply been kept in the home and the family has somehow learned to live with the situation for want of known alternatives.

The Committee also found it difficult to learn who was in charge of what mental retardation programs and facilities presently available in Iowa. Committee members readily understand the difficulties and perplexities facing parents in their search for the same information on a much more modest scale. It is for this reason that Advisory Committee members directed the Research Bureau to devote a major portion of its Report simply to a description of the Iowa facilities now available. Factual knowledge of this type cannot be "assumed" to be known by individuals who have need of this information. Committee members know of no single piece of literature now in print that fulfills this function for citizens of this State.

#### Coordination of Effort

Not only did the Committee have difficulty in learning who was in charge of the different mental retardation programs in the State but Committee members were appalled to note the lack of coordination between state agencies whose functions and programs relate to the mentally retarded. Indeed, the main reason the Advisory Committee Study did not cover more ground is that Committee members found themselves in almost virgin territory trying to find out who was in charge of what program.

The Committee tentatively sketched a list of key persons in the State who should be brought together for coordination purposes. However, Committee members found an even

better selection of individuals gathered for the "First Governor's Conference on Habilitation of the Mentally Retarded Youth and Adults in Iowa." As far as is known, this Conference was the first major coordination effort made in Iowa among key State personnel administering mental retardation programs. Some of these persons working in the different mental retardation programs in Iowa actually met each other for the first time.

From this important meeting evolved the Iowa Council on Mental Retardation. The Council is composed of a number of persons representing about every phase of mental retardation, private as well as public, in the State. Representative Harry Gittins served as the Committee's representative on the Council. This group can be of great value by calling to the attention of the Legislature facts, situations, and recommendations. Already Council representatives are working on a "blue print" on which to base a comprehensive program of care and services for Iowa's retarded.

#### The Role of the Board of Control

The superintendent of the two State hospital-schools is, for all intents and purposes, the State director of mental retardation. An assistant superintendent whose responsibilities mainly involve the operation and administration of the hospital-school is assigned to each hospital-school. This administrative arrangement permits the superintendent to concentrate on improving and coordinating state, county, and community programs. Committee members are in favor of this policy.

The Committee gave considerable study to the matter of who should administer the mental retardation program or programs on the state level and how the program or programs should be administered. No one State agency now has full control and authority in the area of mental retardation. Committee members recommend that one agency should be in the leadership position in mental retardation in the State but one agency should not be given complete control of this area. In the field of mental retardation, the State Board of Control

already is the deepest involved, has demonstrated administrative competence, has kept abreast with the most advanced nationwide practices, and hence should be the agency to exert leadership in this field.

#### The State Hospital-Schools at Glenwood and Woodward

In a mental retardation study, there is temptation to devote major attention to existing state institutions to the exclusion of other facets of mental retardation. The Committee's two full days of inspection of the State hospital-schools convinced Committee members that both institutions are well-run and the programs at the hospital-schools are consistent with the best interests of the State.

Although National leaders in mental retardation hesitate to compare the quality of care and service provided at institutions of one state with the quality of care and services provided at institutions in another state, the Committee did get the distinct impression from conversations with out-of-state experts that the two Iowa hospital-schools rank high in National esteem. New programs of treatment and care at the two hospital-schools, some uniquely Iowan in origin, are being followed with interest throughout the country. Notable programs are the cadre employee training program involving patients at the hospital-schools, the community consultant system of communication between the institutions and the counties, the team evaluation approach to treatment of individual patients, and the emphasis on habilitation instead of mere custody of patients at the hospital-schools. The Board of Control and the entire staff of employees at the hospital-schools are to be commended for the programs and the accomplishments which are resulting from the programs. Committee members are convinced that the treatment and care being provided at Woodward and Glenwood are saving tax dollars as well as enriching the capabilities of the patients at the institutions.

The most noteworthy observation about the hospital-schools is that the institutions are in the midst of far-reaching changes instituted by staff policies. In the past 24 months,

the combined patient population at Woodward and Glenwood has dropped from 3450 to less than 2600. The reduction in patient population has somewhat alleviated what was obviously a badly overcrowded situation at the hospital-schools. Patients judged to be incapable of receiving continued benefit by further stay at the hospital-schools are being sent to their home counties. These patients are being replaced by patients who can benefit by residence at the hospital-schools. There are exceptions to this policy but each exception is the result of a policy decision by an evaluation team, community consultants serving the county involved, and the county itself as represented by its board of supervisors or their designee.

The two hospital-schools conform poorly with the population distribution in Iowa. The southern half of the State and the counties on the extreme western Iowa border are served by Glenwood which is located in the southwest corner of the State. The northern half of Iowa is served by Woodward which is located somewhat west of the center of the State. Eastern Iowa with the highest population growth rate has no readily accessible institution for the mentally retarded. In terms of distance away from hospital-schools, an inconvenience results to individuals living in eastern Iowa who are in need of services. For example, residents of Davenport must travel over 300 miles to be served by Glenwood since Davenport is located in the district served by Glenwood.

#### Care and Treatment are Costly

The operating budgets of each of the two State hospital-schools for the mentally retarded amount to approximately \$2,500,000 per year.<sup>1</sup> For the 1961-63 biennium, the 59th Iowa General Assembly appropriated \$2,315,000 for capital

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<sup>1</sup> Glenwood and Woodward State-Hospital Schools were each appropriated \$2,425,000 from the General Fund for each year of the biennium beginning July 1, 1961 and ending June 30, 1963. Chapter 2, Acts of the 59th Iowa General Assembly.

improvements to the two hospital-schools. Glenwood received \$1,459,000 for capital improvements and Woodward received the remaining \$856,000. As previously mentioned, these two institutions are currently caring for approximately 2600 patients, less than 4% of those Iowans who are retarded.

#### Vocational Rehabilitation

A second State agency which serves mentally retarded in Iowa is the Division of Vocational Rehabilitation in the State Department of Public Instruction. Mr. Merrill E. Hunt, Director of the Division of Vocational Rehabilitation, informed the Study Committee of the significant fact that 9.5% of all patients rehabilitated by the Division in fiscal year 1961-62 were mentally retarded. This figure compares very favorably with the National average of 4.4% of mentally retarded individuals among all persons rehabilitated through vocational rehabilitation services for the same period.

Mr. Hunt pointed out that the best available estimates indicate that approximately 1400 mentally retarded between the ages of 14 and 64 in the State are in need of vocational rehabilitation services at any one time. It is the opinion of Committee members that since the Division of Rehabilitation is presently able to serve only about one-fourth of the mentally retarded who are in need of rehabilitation services at any given time, funds should be appropriated to permit the Division to offer these services to a greater number of Iowa's retarded.

Federal matching funds in the proportion of 63.55% Federal and 36.45% State help to support vocational rehabilitation services in Iowa. In fiscal year 1961-62, Iowa did not receive Federal funds in the amount of \$680,332 because of insufficient State appropriations to match the Federal moneys available for rehabilitation purposes.

### Education

Another division of the State Department of Public Instruction which works with mentally retarded is the Division of Special Education. While the Committee recognizes the importance of the vast area of public school education for the retarded--which goes under the amorphous title of "special education"--and the rapid development of classes for the so-called trainable and educable groupings of the retarded, Committee members did not concentrate much attention in this field.

In passing, Committee members observe that in the near future the General Assembly will have to decide whether or not special education classes should be required in the 1200-odd school districts in Iowa. Special classes for the retarded are now being established voluntarily by the local school districts but the growing number of these classes will soon level off unless mandatory legislation is passed. The densely populated areas of the State are fairly well served by special education classes; however, the question that the General Assembly will soon have to answer is what should public policy require for the more sparsely populated areas.

### Diagnostic Services

The Advisory Committee did not investigate diagnostic services for the retarded to the degree desired, but it was learned that only three State facilities for thorough diagnostic evaluation are available in Iowa. The facilities are the Child Development Clinic at Iowa City and the two State hospital-schools. Adequate diagnosis cannot be secured in a brief day. It is relatively easy to confirm suspected retardation but the determination of the degree of retardation and what should be done with and for the patient take a much longer period. In all probability, the three State diagnostic facilities do not have the staff and facilities to adequately diagnose all the State's retarded if the service were requested.

### Research

Research in the field of mental retardation is being conducted in Iowa. Much of the research is in the form of treatment and training program experimentation. Significant medical research is in progress at University Hospitals in Iowa City on phenylketenuria ("PKU") and on the chromosomal patterns of mongoloids. In education, the findings of the Pine School, which is also located on the University of Iowa campus, have drawn National attention. Although mental retardation research in the State is relatively modest in scope, Committee members believe that for the present, the bulk of tax dollars devoted to mental retardation programs should go toward strengthening care, education, and training programs.

### The Mental Retardation Center

The 59th Iowa General Assembly appropriated \$380,000.00 for the construction of a mental retardation center at the State University of Iowa. This center will be in the form of a wing on the Hospital for Handicapped Children. Medical and educational research will be conducted but there appears to be no definite plan or program defining the type of service which will be provided by the center. Differences of opinion seem to exist as to whether medical research or educational research should be emphasized or whether both should be given equal emphasis.

The Advisory Committee Chairman was taken aback when he received a call from one of the doctors at the Child Development Clinic stating that plans were about to be drawn for the center and inquiring as to what type of program the Legislature had in mind when appropriating the money. Committee members had no suitable answer to the question nor do they yet know the specific reason for the appropriation. The Committee does have confidence that the State University of Iowa administration will utilize the funds to develop an excellent center. In the future, members of the Legislature would do well to make no such appropriations until a detailed plan has been submitted that clearly establishes guidelines as to intent, construction, and probable future cost of the building for which the money is being appropriated.

### The Role of Counties

The general public probably fails to realize the extremely important role that counties play in Iowa's mental retardation program. Counties through their boards of supervisors pay the costs of maintaining patients in the State's two hospital-schools. What county boards of supervisors do not recover from the patients' families and guardians for the maintenance costs are reimbursed from property tax levies in patients' counties of residence. Maintenance costs of "state patients" are paid from the State Treasury.

A growing number of patients discharged from the hospital-schools are being placed in county homes. This policy closely resembles the procedure applied to discharges from the State's mental health institutes. Thus, county boards of supervisors are more and more working in partnership with the State hospital-schools. This partnership is strengthened through the assignment from the hospital-schools of full and part-time community consultants. Eight consultants comprised of six social service workers, one nurse, and one physical therapist assist county mental retardation administrative personnel and county residents on a full-time basis. Psychologists, physicians, nurses, educators, and special therapists make occasional visits to counties to assist and advise with local mental retardation problems. Consultants are the liaison between the hospital-schools and the counties.

### County Counseling Services

A step in the right direction was taken within the past year by the State Board of Control in informing the public of mental retardation programs in Iowa through the publishing of a list of mental retardation contact persons. One of these persons is located in each of the 99 Iowa counties and is the liaison channel between the State mental retardation hospital-schools and the residents of the respective counties. Depending

on the initiative of the county boards of supervisors in selecting qualified personnel for these key positions, since selection is entirely in the hands of these boards, the contact persons should develop into excellent counsellors to those who need their services in the local county setting. Every medical doctor, public health nurse, school principal, and social worker in the State should get to know the name of the contact person in the county in which he serves.

In passing, Advisory Committee members commend to public attention the example set by the Special Services Department which serves as the liaison agency for mental retardation matters in Scott County (Davenport). Liaison is working at its best in the person of Helen L. Carroll, Director of the Scott County Agency. The Director's annual reports give an indication of how a thoughtful and competent administrator on the county level can help the retarded and the families of the retarded to the best services that are available. The Scott County experience is a model for each of Iowa's 99 counties to emulate.

#### SECTION IV. FUTURE STATE SERVICES FOR THE RETARDED

A question which the Iowa Legislature will have to solve in the foreseeable future involves State services for the mentally retarded. Should the State build another general-type institution for the retarded or should each hospital-school be enlarged to provide services for the mentally retarded? Committee members recommend "no" to each alternative. During the present period in which the patient population of the two State hospital-schools appears to be declining while the quality of services is improving with a drastic change in orientation and programming, Committee members are of the opinion that it is unwise for the State to consider the building of another all-inclusive institution of the Glenwood-Woodward type or to enlarge the present facilities of either of the two hospital-schools. The merit of the new policy of relatively short patient stays should be permitted a five-year experience evaluation before any decision should be made concerning adding

new or enlarging the present State mental retardation physical plants. It is quite possible that the experience will be a success and that the hospital-schools at Glenwood and Woodward will be able to care for the needs of an increasing State mentally retarded population without increasing the bed capacities at the institutions.

The Committee believes there is a need in the State however, for two specialized institutions for the retarded which involve the following:

1. A facility for multihandicapped severely retarded patients who require intensive round-the-clock care. One almost must visit the hospital wards at Glenwood and Woodward to realize the type of patients to which are being referred. These patients, who in the past have been considered as hopeless "crib cases," can often be habilitated to a surprising degree if top quality medical services are available.

Where should such a facility be located? In discussions with members and staff of the Board of Control, it was concluded that the best location for this type of facility would be near a medical center such as Des Moines or Iowa City. The State Sanatorium at Oakdale is a good possibility. The Sanatorium near Iowa City has available bed capacity due to the improved control of tuberculosis. The Committee understands the State Board of Regents, who manage and operate Oakdale, are considering using a portion of the Sanatorium for an evaluation rehabilitation center for severely handicapped patients in need of specialized medical care. It seems evident that the multihandicapped severely retarded patients would qualify as a significant segment of the type of patients the Regents have in mind. Since there is no facility in Iowa which specifically provides care and treatment for the multihandicapped, including the severely retarded, it is possible that the Board of

Regents should consider extending the services at Oakdale to include care and treatment.

2. A facility for the defective delinquents. This facility would be a maximum security hospital unit which would allow for detention of patients who now disrupt the developing habilitation programs at the hospital-schools. At present the only facility remotely fitting this need is the mental hospital wing at the Men's Reformatory at Anamosa. The question arises as to whether this unit should be a structure on the grounds of either Glenwood or Woodward or a wing in what might be a large maximum security hospital caring also for individuals with delinquent tendencies from the State mental health institutes and for mentally ill inmates from the State correctional institutions?

Members of the General Assembly need to do much thinking on both of these needs.

#### SECTION V. IOWA'S GOALS

Members of the Mental Retardation Advisory Committee suggest the following body of State goals, attitudes, and principles for governing Iowa's approach to the problem of mental retardation.

1. Every mentally retarded human being within the boundaries of our State shall be treated with respect and dignity in the full realization that mental retardation is a condition, never a fault.
2. In the allocation of State resources toward the securing of the general welfare of the citizenry of Iowa, aid shall be extended to the retarded on a level at least comparable to the standard offered to the non-handicapped. In this effort, the State shall encourage, spur, and aid every retarded person to develop his capabilities to the limits of his individual capacity.

3. The State shall assume general leadership in promoting comprehensive statewide programs of diagnosis, counseling, care, and training for the retarded, sharing this responsibility in a viable partnership with county and local units, both public and private. In this relationship, the State shall maintain minimum standards for all evolving programs.

4. The State shall develop a sound legal structure for its mental retardation programs but this legal structure shall incorporate elements of broad flexibility and shall be amended and changed from time to time to accord with unforeseen future needs.

#### SECTION VI. RECOMMENDATIONS

The Mental Retardation Study Committee recommends:

1. That the Legislative Advisory Study Committee on Mental Retardation be continued during the next Legislative Biennium and be charged to devote special emphasis to (1) the educational needs of the retarded and (2) county and community programs for the retarded.
2. That the Board of Control make definite recommendations to the General Assembly for the construction of institutional facilities to serve (1) the multihandicapped severely retarded, and (2) the delinquent retarded.
3. That the 60th General Assembly appropriate from the General Fund of the State of Iowa \$10,000.00 to the Iowa Council on Mental Retardation for defraying expenses incidental to the Council for the purpose of developing a coordinating program for the care and treatment of mental retardation in Iowa. A part

or all of these funds are to be used to publish and distribute information through the counties on diagnostic, institutional, educational, and day-care facilities now available within the State.

4. That the Board of Control expand its program of community consultants as an aid to the counties in developing locally-based facilities for the retarded. Funds for support of community consultants should be from an appropriation separate from that for the State hospital-schools.

5. That the 60th General Assembly appropriate sufficient funds to the Division of Vocational Rehabilitation in the State Department of Public Instruction to secure the maximum available Federal matching funds for use in rehabilitating the handicapped--which include the mentally retarded.

#### SECTION VII. PROPOSED LEGISLATION

The Mental Retardation Advisory Committee has caused to be drawn and endorses the following bills for passage by the 60th General Assembly:

1. A bill re-writing Code Chapters 222 and 223 relating to the State hospital-schools. The bill mainly incorporates provisions from the Code chapters on mental health which have worked well in practice and which are believed appropriate for extension to mental retardation.

An important change has been made in the policy concerning the cost of support for institutional care of the retarded. Where formerly there was no financial obligation for the cost

of support at the hospital-schools of those under 21 years of age and financial obligations were less than full cost for individuals in age brackets over 21, the bill places full-cost obligation on parents or guardians for patients over 21 years of age. For those patients under 21 years of age, claims are to be limited to the equivalent cost of maintaining a normal nonhandicapped child in a regular home. County boards of supervisors are still given authority to compromise claims in individual cases.

The bill makes it easier for counties to attach patients' social security, veteran's benefits, and other funds in settlement of past due claims for care furnished a mentally retarded patient at a hospital-school. However, this policy applies only to amounts in excess of \$200.00 in order to safeguard the right of each patient to have a minimum amount in the "patient's personal deposit fund" established by the bill. [See H.F. 227, S.F. 214, 60th Iowa General Assembly]

2. A bill expanding State aid from the mental aid fund to cover the care of mentally retarded when patients are transferred from a State institution. (At present, only the mentally ill are included in this category.) The bill increases the State appropriation to the mental aid fund from \$500,000.00 to \$800,000.00. Counties are permitted to credit this State aid to either the mental aid fund of the county or the state institution fund. Finally, the bill permits the use of the state institution fund of a county for payment of the care and support of mentally retarded persons transferred from the hospital-schools to county care. [Two bills have been submitted to the 60th Iowa General Assembly to accomplish

the provisions outlined in this recommendation. H.F. 119 amends the state mental aid fund sections of the Code and S.F. 268 amends the state institution fund section of the Code.]

3. A bill to enable county boards of supervisors to pay compensation to patients in county homes for work performed if the practice is deemed advisable in the rehabilitation of patients. (See Appendix I)

4. A bill ratifying Iowa's proposed entry into the Interstate Compact on Mental Health with 25 other states which now are members of the Compact. [See H.F. 189, 60th Iowa General Assembly.]

5. A bill to permit the State Board of Control to enter into reciprocal agreements with other states for the purpose of returning mentally ill and mentally retarded persons to contracting states and to supervise such persons on convalescent leave. [See H.F. 191, 60th Iowa General Assembly.]

6. A bill to enable county boards of supervisors to expend monies from their mental health funds for professional evaluation, treatment, and habilitation of the mentally retarded. [See H.F. 245, S.F. 181, 60th Iowa General Assembly.]

## APPENDIX I

### A BILL FOR

An Act to authorize county boards of supervisors to develop a vocational rehabilitation program at county homes for all handicapped persons.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Chapter two hundred twenty-seven (227), Code 1962, is amended by adding the following section:

"County boards of supervisors may develop a program for all physically or mentally handicapped persons in county homes and dependent upon the county. Such boards are authorized and empowered to plan, activate, pay stipends or wages, establish graduated payment for piece work, and to develop in any way they consider advisable, the self-sufficiency and economic independence of all dependent persons under their supervision."

### EXPLANATION

The proposed legislation would give boards of supervisors the necessary authority to develop a vocational rehabilitation program at the county homes for all handicapped persons.

Persons transferred to a county home should be encouraged to work and become self-supporting. In many instances the county homes have employment available and are willing to place a patient on convalescent leave and employ him.

The purpose of the proposed legislation is to provide a clear legal basis for the county board of supervisors to support such rehabilitation efforts.