SERVICES FOR DEVELOPMENTALLY DISABLED delinquents and offenders

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ABSTRACT

This study reviewed some of the problems and needs that developmentally disabled delinquents and offenders encounter in the Ohio social service and correctional systems. Four areas were studied to survey the problem as it relates to the correctional institutions; community agencies serving the mentally retarded, the cerebral palsied and the epileptic, the mental health and mental retardation institutions.

The major findings were: 1) existing rehabilitative services programs are inadequate for this population. 2) services, particularly residential services, are lacking and needed. 3) this population is large enough and constitutes a serious enough problem to merit more attention than it receives.

There is a high priority placed on the development of special programs for the developmentally disabled delinquents and offenders. The wide range of services needed by this population necessitates better coordination both internally and inter-departmentally on the part of the Ohio Department of Mental Health and Mental Retardation, the Ohio Youth Commission, and the Ohio Department of Rehabilitation and Corrections.

Recommendations affecting all areas studied, have been developed. A summarization of research on retarded offenders in states is also included for comparative purposes and because such studies are not readily identifiable and accessible.

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SUMMARY OF PROJECT GOAL

The grant, "Planning for the Developmentally Disabled Offender" has as its objective to determine the extent of the need for services and develop a plan to implement them for the developmentally disabled delinquents and offenders in Ohio. The project was greatly needed as there are no facilities designated to treat this population in Ohio. Currently this special group is primarily housed by the Department of Mental Health and Mental Retardation institutions and the Department of Rehabilitation and Correction prisons and reformatories. Most residential facilities are reluctant to house the developmentally disabled who have a criminal record either because staff is not prepared and/or monies for technical expertise and consultative support is not available. No coordinated effort among the different disciplines has existed in the past to provide a direction or a plan of action for the state service system. Although the need for services has existed for some time it has only been brought to the public's attention within the past few years through various conferences, the problems at Lima State Hospital and recent highly publicized criminal court cases.

With the increasing number of developmentally disabled moving into the community as a result of deinstitutionalization efforts, we can expect more developmentally disabled to need outpatient and residential services. A response to these demands must be forthcoming. This plan is intended to aid Ohio in meeting such a challenge most effectively. The project will now endeavor to implement some aspects of the plan through provision of technical assistance to those desiring to develop programs to serve developmentally disabled delinquents and offenders.

I. THE DEVELOPMENTALLY DISABLED DELINQUENT

INTRODUCTION:

The problem of the developmentally disabled delinquent was studied primarily as it relates to clients in Ohio Youth Commission institutions and the difficulties encountered by them in finding appropriate community placements. A group home operated by the Association for Developmentally Disabled for delinquents was also reviewed in an effort to determine why it is so difficult to develop placements for developmentally disabled delinquents.

To gain a perspective on other agencies, methods for placing developmentally disabled juveniles with assaultive and property damaging behavior, a study administered by the Franklin County Children's Services was reviewed.

THE OHIO YOUTH COMMISSION

The Ohio Youth Commission is the State agency responsible for processing and providing services for the delinquents from the 88 counties of Ohio. Currently, the Ohio Youth Commission houses almost 2500 clients in its ten institutions and provides services for approximately 3100 additional delinquents in the community.

Ohio juvenile court judges are presently limited with alternatives in dealing with juveniles who are developmentally disabled. Often the only alternative available in processing such juvenile developmentally disabled are to leave them in their present environment or commit them to the Ohio Youth Commission. Very few alternative community placement services are available to deal with the unique problems of a developmentally disabled juvenile offender. This dearth of alternatives often results in many placements which are inappropriate. The major burden is then placed on the Ohio Youth Commission to deal with these youths with special problems and in need of special services in an institution not designed to handle such cases. The only other option presently available to the Ohio Youth Commission is to attempt to provide some meaningful community based treatment services. Neither approach has been found satisfactory for these youth with special needs and problems.

Attempts to place low functioning clients in mental health or mental retardation institutions have been generally unsuccessful according to Ohio Youth Commission personnel. The following requirements which must be met for admission to a mental retardation institution explain some of the reasons why it is difficult to admit juveniles from the Ohio Youth Commission to mental retardation institutions. Under Senate Bill #336, mental retardation institutions can institutionalize by court order;

"1. A person who is at least moderately retarded and because of retardation

represents a very substantial risk of physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his most basic physical needs and that provision for such needs is not available in the community; 2. A person who is at least moderately mentally retarded and because of his retardation needs is susceptible to significant habilitation in an institution. The institutions must also find, according to Senate Bill #336, that the person is "impaired in adaptive behavior to a moderate degree" before he can be institutionalized. The score which denotes moderate retardation depends upon the type of IQ test given. Stanford Binet test scores below 50 are considered to indicate moderate mental retardation, while interpretation of the Wechsler Adult Intelligence test indicate moderate retardation when scores are below 55.

Senate Bill #336 is intended among other things to protect high functioning retarded persons from institutionalization. The problem of delinquency lies mostly with those whose IQ test scores and adaptive behavior level are in the mild level of mental retardation. Even if #336 did make provisions to allow a higher functioning mentally retarded delinquent to be housed in a mental retardation institution, these institutions are not currently equipped to treat mentally retarded delinquents. It appears all but impossible to have a mentally retarded juvenile offender in need of mental health services transferred from the Ohio Youth Commission institutions to a State mental health institution. Under Senate Bill #244 the only persons who can be committed to mental health institutions are those who are dangerous to themselves or others. Clearly, many of the juveniles housed in Ohio Youth Commission institutions present a danger to others. Many of the juveniles have psychiatric problems such as schizophrenia which necessitate treatment. Mental health personnel perceive mentally retarded delinquents as retarded or delinquent, and therefore, properly falling under the auspices of the Division of Mental Retardation or the Ohio Youth Commission.

The institutions for the mentally retarded and the mentally ill are not designed for treating the mentally retarded delinquent. In most instances, therefore, such clients received by the Ohio Youth Commission are unable to receive treatment by the Division of Mental Health or the Division or Mental Retardation, nor can they be transferred to institutions under the auspices of these respective departments. These institutions are reluctant to admit the mentally retarded delinquents as they feel they are ill-equipped to provide them with appropriate services. In some instances their concern lies with protecting their other clients from possible abuse by the more sophisticated and often more aggressive mentally retarded offender.

The other alternative to institutionalization is placement in a community based facility. Community based facilities which accept mentally retarded delinquents are not only hard to locate, but also relatively expensive. In some of the more extreme cases, such clients committed to the Ohio Youth Commission have been sent out of state to receive appropriate residential treatment. However, funds to send these clients out of state are no longer available. Presently, most of the retarded delinquents are either placed in the Ohio Youth Commission institutions or are sent back into the community.

The Ohio Youth Commission has no choice but to accept the developmentally disabled juveniles committed to it. Some juveniles are admitted to the institution with the double label "retarded or physically disabled delinquent". The court has identified these juveniles as handicapped through their own testing or through school records; other juveniles are identified through diagnosis and evaluation by the Ohio Youth Commission. Upon admission to an institution every juvenile receives a Gates McGinite reading test and the California Achievement Test to measure their math grade level.

If the juvenile scores two grade levels behind where he should score for his age, he is given a SPACHE reading test and the KEYMATH test. Anyone still falling two grade levels below where they should score according to their chronological age receives a Wechsler Intelligence Scale for Children (WISC). This recently instituted testing process assures that all individuals with a low intelligence quotient are identified and in need of special education classes are identified. Clients identified as retarded are placed in classes for the Educable Mentally Retarded. The intelligence quotient test scores of juveniles placed in these classes range from fifty to eighty. Juveniles in need of special education services are placed in these classes for a half day or for those subjects they need extra help in. An attempt is made to mainstream the retarded into regular classes as much as possible. Outside of these classes there are no special services for the retarded. The retarded delinquents in institutions not only fail to receive necessary treatment and services, but also are abused and taken advantage of by fellow delinquents. Since the retarded delinquent frequently has mental or serious behavioral problems, he presents the staff with a difficult management problem. The staff is not trained to work with this unique population nor are they able to provide them with the close supervision they require. The result is that the client creates a disruption of routine in the institution.

When a client is ready for discharge from the institution the Ohio Youth Commission is faced with the task of finding community based services to continue to provide for the youth's needs. Foster care homes, group homes, and residential facilities for the mentally retarded and the juvenile delinquents are not equipped to meet the needs of most retarded delinquents. Even those clients that the Ohio Youth Commission staff feel would do well in a community based facility are difficult or impossible to place. The findings of the study of delinquency and developmental disabilities follow with the focus being on the juveniles in Ohio Youth Commission institutions.

METHODOLOGY

The study was originally intended to review the treatment needs of the mentally retarded, epileptic, cerebral palsied, and autistic delinquents. It was found, however, that no cerebral palsied or autistic delinquents reside in the Ohio Youth Commission. In the unlikely event that an autistic person would come in contact with the juvenile court he almost certainly would not, because of the nature of his disability, be committed to the Ohio Youth Commission.

The Ohio Youth Commission administrators have for some time been acutely aware of the problems disabled delinquents create and experience in their institutions. However, they have never known the actual number of such clients they have had under their jurisdiction. In order to best ascertain the number of special clients, a number of information sources were utilized. First, superintendents from ten of the Ohio Youth Commission institutions were contacted and requested to provide an estimate of the number of persons with mental retardation, epilepsy, and cerebral palsy. The criteria used to define mental retardation for this report was any IQ score of 69 or below. This definition is not one which could be used for diagnostic or evaluative purposes; it was however, the only objective criteria which could be used to determine the extent of the problem. For the remainder of this report, mentally retarded persons will be considered those with IQ's below 70.

The second source of information was the Ohio Youth Commission's Data Processing Division. A computer run was completed to identify all mentally retarded offenders residing in the institutions. Thirdly, the Classification and Assignment Office's intake log was reviewed for the period from January 1, 1976 through June 30, 1976. All juveniles received during this period with IQ's below 70 were recorded as being retarded. The fourth source of data came from case files at four institutions selected by the Ohio Youth Commission personnel as being representative institutions; they were Scioto Village, Training Institution of Central Ohio, Buckeye Youth Center, and Training Center for Youth. A review was also made of a study done at Cuyahoga Hills Boys School. Another source of data came from an indepth study of a group home administered by the Association for the Developmentally Disabled. The Ohio Youth Commission had periodically attempted to refer or release their mentally retarded juveniles to this home before it closed. The home was reviewed to determine some of the problems inherent in dealing with such clientele in the community. Data gathered by Franklin County Children's Services Board staff on the developmentally disabled population served was also reviewed.

SUPERINTENDENTS' SURVEY

Eight of the ten Ohio Youth Commission superintendents responded to the request for information made in August 1976. Collectively they estimated that 4.8% (85) of the 1756 in the population surveyed was retarded with an IQ of 69 or less. In addition they suspected another 14 juveniles were retarded, bringing the percentage up 5.6%. Fourteen of the juveniles were identified as being epileptic, less than 1% of the population studied. One superintendent felt that a higher percentage of the youths were retarded than what he could report because many clients were lacking IQ scores in their records. No juveniles with cerebral palsy were identified.

COMPUTER GATHERED INFORMATION

The retarded juveniles identified by the superintendents were studied along with those identified in the institutions by the data processing division. The resultant sample drawn on October 31, 1976 was 126 males and 14 females, each with an IQ of 69 or below. The remainder of the Ohio Youth Commission population, 2149 juveniles served as the control group. This data revealed that 6.1% of the Ohio Youth Commission's institutionalized population was mentally retarded.

It was found that 90% (126) of the mentally retarded group were male and 10% (14) were female. This is close to the sex distribution of non-retarded population which was 87.6% male and 12.4% female. Minority group members made up 61.4% of the mentally retarded group although they made up only 40% of the non-retarded population. (See Table I).

Mental retardation is six to seven times greater among non-whites than whites. These statistics do not take into consideration the cultural factors that effect testing results, nor do they indicate the actual functioning level of the individual.

Information obtained from the Ohio Youth Commission computer system indicates that the average age of the mentally retarded juvenile was somewhat younger than the non-retarded juvenile. The mean age of the retarded population was 16 years whereas the mean age for the non-retarded population was 16.5. Almost 60% of the retarded population fell in the sixteen and seventeen year old age as compared with 54.8% of the non-retarded population. The mode for the sample and the control group was 17 years.

Academically the mentally retarded group function at a third grade level in math and reading. The non-retarded group function at the fifth grade level in math and at a sixth grade level in reading. The mode for the sample and the control group was at the ninth grade. The average grade level reported was 8.6 for the mentally retarded group and the ninth grade for the non-retarded group. Both groups have been promoted beyond their demonstrated capabilities.

In terms of the crimes committed the mentally retarded and non-mentally retarded group were similar. Nine (6.4%) of the mentally retarded group were status offenders compared with a 5.3% (114) of the control group. Status offenses are crimes committed by juveniles which if committed by adults would not be considered crimes, e.g., truancy and violation of curfew. Status offenders can no longer be legally institutionalized and therefore must be treated in the community unless they commit another offense while in the community, in which case they can be committed to an institution.

Property damage, theft, and related crimes and minor misdemeanors comprised over 60% of the committing offenses. (See appendix I for breakdown of crime categories). Property damage was the committing offense for 23.6% (33) of the retarded group and 24.7% (531) of the control group. Theft and related crimes resulted in the commitment of 17.1% (24) of the retarded group and 19.5% (419) of the control group. A slightly greater percent of the retarded group (22.9%) were committed for minor misdemeanors than the control group, (19.6%).

TABLE 1

	Minorities	White	Total
Mentally retarded population	61.4% (86)	38.6% (54)	140
Non-retarded population	40% (859)	60% (1290)	2149

TABLE 2

Committing offense

	MR		NON-MR	
	#	%	#	%
Homicide	3	2.1	25	1.2
Crimes Against Persons	28	20.	440	20.5
Theft and Related	24	17.1	419	19.5
Forgery and Related	0	0	24	1.1
Property Damage	33	23.6	531	24.7
Crimes Against Family	0	0	0	0
Sex Offenses	2	1.4	33	1.5
Drug/Liquor Law	4	2.9	55	2.6
Other Felonies	3	2.1	91	4.2
Juvenile/Minor Misdemeanors	32	22.9	422	19.6
Other Offenses	11	7.9	107	5.0
N/A	0	0	2	0.1
	140	100%	2149	100%

A small number of juveniles were committed for drug and liquor law offenses, forgery, and related offenses, and two categories labeled "other felonies" and "other offenses". (see table 2). None of the retarded group were committed for forgery and related crimes. This is an understandable finding. The crime of forgery necessitates a slightly higher intelligence level.

Court referrals of the mentally retarded came primarily from the urban centers; Franklin County has committed 19 MR's, Cuyahoga County 30, and Hamilton County 27. These three counties comprised 50% of the referrals of the mentally retarded delinquents. Stark, Lucas, Summit, and Montgomery counties referred 30 mentally retarded delinquents, comprised of 21% of the total number referred at that time. None of the other counties referred more than two mentally retarded clients. The highest referral rate of mentally retarded delinquents was from Hamilton County; the second highest rate was Summit County. It appears that the major need for community based services for retarded delinquents exists in Cuyahoga, Franklin, Montgomery, Hamilton, and Lucas counties.

ENTRY FILE DATA

A log of intelligence quotient scores is kept in the central Classification and Assignment Office. Scores are recorded from juvenile files upon commitment to the Ohio Youth Commission. A review of 1576 admissions between January and June of 1976 revealed that 736 scores and 59 narrative comments were recorded, fifty-one clients had an IQ of 69 or below. The mean IQ was 64, the range was 53-69, the mode was 69, and the median was 65.

TABLE 3

Number and percent of MR committed to O.Y.C. institutions

by district

MAJOR CITY	MH/MR DISTRICT	MENTALLY RETARDED # Referred	% Referrals with retardation
CINCINNATI	1	32	(8.8%)
DAYTON	2	12	(5.6%)
LIMA	3	2	(5.2%)
TOLEDO	4	15	(6.6%)
MT. VERNON	5	1	(1.3%)
COLUMBUS	6	21	(5.8%)
GALLIPOLIS	7	2	(3.3%)
ATHENS	8	2	(6.2%)
NEW PHILADELPHIA	9	2	(4.4%)
CLEVELAND	10N	31	(5.2%)
AKRON	10S	15	(7.7%)
YOUNGSTOWN	11	5	(5.1%)
		140	

TABLE 4

Number and percent of MR committed to O.Y.C. institutions

by urban county

URBAN COUNTY BREAKDOWN	MENTALLY RETARDED # Referred	% Referrals with retardation
CUYAHOGA	30	(5.8%)
FRANKLIN	19	(6.4%)
MONTGOMERY	8	(5.8%)
HAMILTON	27	(9.6%)
LUCAS	8	(4.7%)
SUMMIT	6	(8.2%)
STARK	6	(6.3%)

CASE FILE REVIEWS

All the files at four institutions; Training Institute of Central Ohio, Training Center for Youth, Buckeye Youth Center, and Scioto Village were reviewed. These files were identified by institution superintendents as being representative of the O.Y.C. institution population in general. In addition a study done in November 1977, on the 237 most recently tested juveniles at Cuyahoga Hills Boys School was reviewed.

From the files at the four institutions, twenty-seven mentally retarded juveniles and five persons with epilepsy were studied along with a control sample of 33 juveniles of normal intelligence who did not have epilepsy. The retarded and epileptic population had been institutionalized less frequently in O.Y.C. institutions than the control group even though the retarded and epileptic group had both been convicted on an approximate average of five crimes each.

On an average both groups had been committed to some type of institution about 1.5 times before. At the time the files were reviewed the length of time the clients had been in an O.Y.C. institution was approximately the same, 8.2 months for the control group, 8.8 months for the retarded and 6 months for the epileptics. The crimes committed by the control and sample group were similar with a few exceptions. Five juveniles in the retarded and epilepsy group were committed for disorderly conduct whereas none of the control group were.

A study done at Cuyahoga Boys School in October 1977, of the 237 most recently tested juveniles revealed that thirteen percent (31) of these juveniles had IQ scores of 69 or below. The large percent of mentally retarded in this institution does not reflect the extent of the problem in all O.Y.C. institutions, but merely that there was an overabundance of them in Cuyahoga Boys School at that time. The average IQ for the mentally retarded clients was 64.4 and the average for the total population was 82.5. The median IQ for the whole population was between 81 and 82, the dual mode was 84 and 85 and there was a 69 point range.

One concern the staff at Cuyahoga Boys School expressed was that they had no vocational program at the institution.

A phone survey of Ohio Youth Commission nurses indicated that 1.2% (25) of the juveniles were receiving anti-convulsive medication. This percentage is below the 1% of the total population estimated by the Epilepsy Foundation of America, but it does not take into account the number of youth who are not on medication, but who might have a seizure disorder. No specific problems were found to exist with this population.

SUMMARY OF FINDINGS

The data indicated that 6% of the clients within Ohio Youth Commission institutions were retarded with an IQ below 70, (average 64). This prevalence rate is twice that of the 3% prevalence rate in the rest of the U.S. population. The reasons for the large number of clients within OYC institutions are many. A few of the suspected causes are listed as follows:

1. The lack of educational achievement.
2. The lack of employment.
3. The lack of vocational skills.
4. The lack of residential facilities and/or group homes, who will accept such clients in their program.
5. It is hypothesized that more of the "slower" than smarter clients get apprehended.
6. Mentally retarded clients frequently confess due to a desire to please.
7. Clients are from the lower income bracket and cannot afford a private attorney.
8. Judges may be apprehensive about releasing mentally retarded on probation due to poor academic and vocational skills.
9. If the mental health and mental retardation institutions will not accept clients, and a structured environment is required, the easiest alternative is to commit the client to the Ohio Youth Commission.

A GROUP HOME FOR DEVELOPMENTALLY DISABLED DELINQUENTS

The Association for the Developmentally Disabled operated a group home for retarded delinquents which accepted referrals from the Ohio Youth Commission and the Department of Mental Health and Mental Retardation District VI Office for Developmental Disabilities.

The Association for the Developmentally Disabled (A.D.D.) is the largest private non-profit group home operator for the developmentally disabled in Ohio. Although the problem of treating retarded delinquents has been recognized for some time in Ohio, A.D.D. is the only agency which has been willing to undertake the responsibility of a community based program for these clients. Most group home and residential operators are not prepared to accept the challenges, problems, and possible failures involved in operating a facility for retarded delinquents. The program A.D.D. developed and the problems encountered were studied to learn what is needed in order to provide care for retarded delinquents in the community. The development and operation of such community facilities is no easy task, as has been experienced by the few agencies in the country who have been willing to attempt it.

The A.D.D. group home was opened in September of 1975 and closed in July 1976. The home was staffed by three full-time and three part-time activities therapists with two of the therapists residing within the facility. The program has a full-time supervisor and was provided with support services from a psychologist and a nurse from the A.D.D. central office.

Client referrals came from the Division of Mental Retardation District VI Office of Developmental Disabilities and OYC, most of the clients being referred directly from the respective institutions, A review committee with representatives from A.D.D., OYC, and the District VI Office was developed to screen admissions.

Only individuals between the ages of thirteen and eighteen and with IQ scores of 75 and below were considered for admission. The juveniles also had to have demonstrated antisocial behavior.

The average IQ of seventeen clients admitted was 64. The A.D.D. staff felt that the clients functioned on a higher level than what the IQ scores reflected. Mental retardation was only one of the contributing factors to the clients disrupted lives; most of these clients were diagnosed as emotionally disturbed and/or neurologically handicapped. They came from families in the lower socio-economic income bracket and in many cases were abused and neglected. One of the families totally rejected the juvenile placed in the A.D.D. home; another refused to participate in family counseling sessions.

A program for the clients was developed which included group and individual counseling, special education services, vocational preparatory training, and a behavior modification program. An individual habilitation plan was developed for each client within two weeks of admission. This plan was reviewed after the first thirty days in the program and every ninety days thereafter. Problems were encountered in implementing the A.D.D. program and individual treatment plans because of the extremely disruptive behavior exhibited by the clients.

Adherence to educational and vocational plans made for clients was difficult. It generally took four months to receive a waiver from regular school classes in order to permit enrollment in classes for the Educable Mentally Retarded. Once clients were enrolled in the Columbus Public Schools, they were suspended as the result of truancy or disciplinary problems. Staff felt that at least some of the clients wanted to be suspended. An in-house educational program was needed for the clients until their behavior improved enough so that they could benefit from regular classes or special education classes in the Columbus Public School System. Attempts were made to provide clients with services from the Bureau of Vocational Rehabilitation (B.V.R.). A three or four month wait

was encountered after applications were submitted. Because the clients' behaviors were so unmanageable they did not fit into the vocational rehabilitation program B.V.R. had to offer. The service with the most potential to assist the A.D.D. juveniles was a B.V.R. job preparatory program run by Goodwill Industries, but clients were dismissed from this program as a result of their disruptive behavior. A vocational rehabilitation program which could tolerate behavior problems while training the clients was found to be needed. One such program suggested by A.D.D. psychologist involved the use of a simulated job training situation using a videotape machine to provide the clients with feedback on their performance.

The recreational program developed by A.D.D. was successful. The clients got much satisfaction out of the activities that were organized for them. Recreational activities such as bicycle rides were used as rewards for good behavior. One of the limitations on the recreational program as well as on the behavior modification program was the lack of ready cash to provide clients with immediate rewards. When the clients were not able to immediately obtain the material things they wanted they would steal the desired item.

The temper tantrums, physical and verbal aggressiveness, impulsiveness, and hyperactivity demonstrated by the clients interfered with the implementation of the in-house program. Some of the clients were medicated for psychiatric problems, but there was no medical personnel available during the evening and night hours to administer medication needed to manage occasional psychotic rages. In one instance a client tore a mantle piece off a wall and had to be restrained physically by the staff. Clients occasionally became physically aggressive against other clients and staff; two clients were dismissed from the program for assaultive behavior. Funds were not sufficient to provide the staff needed. Funds were also needed to provide for an intensive in-service training program for staff before they began to work with such clients. Few professionals are

equipped to work with the retarded delinquent population without such training. Because the facility was an open one, there was a problem of A.W.O.L., with one of the clients leaving the home four times during a four month period. Clients had the opportunity to commit other offenses because they had access to the community. Eight of the clients were dismissed from the program because they had committed crimes in the community, went A.W.O.L, or failed to attend school. One of these clients broke into the agency safe and stole funds before going A.W.O.L.

The offenses committed in the community as well as the assaultive behaviors that occurred in the home resulted in a joint decision on the part of A.D.D., O.Y.C., and the District VI offices to close the program after ten months of operation. The A.D.D. home probably provided as good or better treatment than that of the institution, but because of the open nature of the facility, could not restrain the clients from further delinquent behavior. Residential facilities and group homes for retarded delinquents are probably one of the best methods of insuring that the treatment these clients require is received. Placing clients in such facilities can mean the end of transferring them from one institution to another in hopes of finding one which can effectively treat them. The fact remains that no program in any institution in Ohio is currently equipped to treat the myraid of problems these clients present. Ohio is faced with the choice of developing programs in its institutions to serve these clients or assisting in the development of community based programs.

DEVELOPMENTALLY DISABLED CLIENTS COMMITTED TO FRANKLIN COUNTY CHILDREN'S SERVICES BOARD

A review of a study on developmentally disabled clients receiving services from Franklin County Children's Services Board (F.C.C.S.) was made to determine if they had a client population demonstrating assaultive and/or property damaging behavior. The information was also assessed to determine the type of services these clients were receiving and what kind of services they need.

Clients between the ages of twelve and twenty-one were included in order that the clients could be compared with O.Y.C. clients. Six percent (16) of the clients with an IQ of 69 or below were documented as having committed acts against persons or property damage. Three more clients also were documented as retarded and having violent behavior, but were not included with the sixteen cases studied as they did not have IQ scores recorded.

Nine of the clients were referred to F.C.C.S. as a result of neglect, three of them for dependency, three for offenses committed and one for preventative reasons. The offenses resulting in commitment included truancy from home and school, stealing bicycle parts, and breaking and entering. The juvenile brought before the court for breaking and entering stated she did not want to go home because she was abused there. In all cases it was indicated that parents could not control their children. Many of the parents were able to provide only marginally for their children's physical and emotional needs. The average IQ score was 63 points with the scores ranging from 52 to 68 points. The average age was 17 years. The races were equally distributed between blacks and whites. These population characteristics were similar to those of retarded OYC clients. The major difference found between the OYC population and the FCCS client was in the sex distribution. While ten percent of the OYC clients were female, 63% of the FCCS clients were female.

Eight of the clients were placed at home with their parents, six were in Franklin Village or other institutional placements and two were in community homes for children. Four of the placements were deemed as good, three as fair and seven as poor. Two of the placements were not rated for suitability since they were temporary placements. The placement ratings as well as the comments made by caseworkers reflect the need for facilities to place these juveniles in. Difficulty was encountered in finding private institutions as well as homes who would accept these children. Often the cost of the placement needed was prohibitive.

All of the clients were described as having emotional or behavioral problems aside from the assaultive and destructive behaviors indicated. The descriptions of the clients were very similar to the descriptions of the clients admitted to the A.D.D. Respite Home.

There is a sizable number of clients who have severe behavioral disorders, but are not being committed to the Ohio Youth Commission. If facilities were readily available for these mentally retarded juveniles then these clients could be diverted from the criminal justice system.

II. COMMUNITY SURVEY RESULTS

A questionnaire on developmentally disabled offenders was sent to approximately 400 social service agencies, the majority of which were services for the developmentally disabled along with a small number of criminal justice agencies.

Forty persons responded by completing and returning the questionnaire. The responding agencies included County Boards of Mental Retardation, Private Residential Operators, and Associations for Retarded Citizens. The purpose of the survey was to find out how much contact various agencies within the field of developmental disabilities have with developmentally disabled offenders, if it is considered that this population differs from the rest of the D.D. population, and if so, the nature of the differences. The degree to which rehabilitation programs and staffs are prepared to serve the D.D. offender, was of interest; i.e., if most direct care staff are adequately trained to treat this population; which type of treatment facilities would best serve the D.D. offender; and what community-based living arrangements are needed by them.

For the purpose of the questionnaire the definition of developmentally disabled offender given was "any D.D. citizen who has demonstrated assaultive behavior or behavior which resulted in property damage". In using this definition, a number of factors should be noted. The first is that this definition is a subjective one based on alleged behavior, not proven criminal behavior. In some instances it is possible that the developmentally disabled person did not commit a crime, but was accused of a criminal behavior to protect the real offender. An example would be a staff member has abused a client, and accuses another client of his own misdeed in order to protect himself. It is also possible that developmentally disabled person naively committed an act which was perceived by others as having a criminal or malicious intent. For instance, one man was convicted and

imprisoned for stealing an automobile a few blocks from his home. The reason this man gave for his action was that he did not want to walk home. The second factor is the circumstances the individual is placed in may provoke extraordinary behavior, i.e., institutionalization alone may provoke behavior which deviates from societal norm. Also, persons receiving assistance within the social service system are more closely observed than those outside it. Therefore, alleged criminal behavior is more likely to be observed among this group than among those outside it. The rate of apprehension and discipline or conviction for a deviant act is not an issue intended to be dealt with in this questionnaire.

The purpose is to address the needs of those within the social service system who present severe behavioral problems which are perceived as criminal behavior and would probably be treated as such in that community.

The majority (83%) of the respondents reported they had some personal experience with the developmentally disabled offender. This finding suggests that the developmentally disabled offender has a substantial amount of contact with those in the professional field of developmental disabilities. The questionnaire asked if the D.D. offender was substantially different from the rest of the D.D. population and, if so, how he differed.

The D.D. offender differs significantly from the majority of the developmentally disabled according to 56 percent of the respondents. The comments indicated that the D.D. offender demonstrated more aggressive and anti-social behavior. He is also more prone towards manipulative and "street-wise" behavior, and more often than not, is a neglected person from a poor home condition. The respondents also indicated that the D.D. offender is generally in the mild or moderate level of mental retardation and tends to score fairly high on the Adaptive Behavior Scale. (See appendix II for complete list of comments).

D. D. offenders are not adequately served by existing rehabilitation programs according to 95 percent of the respondents. As a result of this and because these clients are difficult to serve, they are often referred from one agency to another with each agency disclaiming responsibility and/or capability to serve.

There are a number of alternatives to improve this service delivery problem. Rehabilitation agencies need to develop new programs and adapt existing programs for D.D. offenders. One or two people in each agency should be designated to work with cases involving D.D. offenders. Training programs should be offered by the Division of Mental Retardation and Developmental Disabilities for these staffs. The training programs could provide professionals with methods of addressing the problems of the D.D. offender as well as provide information on how to coordinate resources available to serve the client. By designating a person and training them to assist the D.D. offender, the agency will be forced to assume more responsibility for meeting these clients' needs. Of course, this does not guarantee the agency will be able to provide or obtain all the services needed, but it will assure that the attempt is being made to do so.

Since assuring service delivery for D.D. offenders is such a tremendous task, a broker advocate system should be developed and housed by the Division of Mental Retardation and Developmental Disabilities or the Ohio Association for Protection and Advocacy for Persons with Developmental Disabilities. The advocates could assist in alleviating some of the gaps in the social service delivery system by monitoring these clients' cases. The overwhelming majority of respondents felt that most direct care staff are not adequately trained to treat the D.D. offender population.

The survey asked approximately what percentage of this population would be best served by: a) mental retardation institution, b) mental health institution, c) correctional institution or youth commission institution, d) an open community residential facility, e) a "closed" (minimum security) residential facility. Forty-eight percent of the responders favored an open community residential facility. Nineteen percent thought their needs would be best served in a "closed" (minimum security) residential facility. Currently in Ohio there are no open or closed residential facilities specifically programmed to serve this population. Seventeen percent of the responses indicated that the D.D. offender belongs in mental health institutions, while another 17 percent of the responses felt that they belong in mental retardation institutions. Generally professionals in mental retardation are inclined to believe this population belongs in mental health facilities and those in the field of mental health tend to think this population belongs in mental retardation facilities. Neither feel competent to provide the treatment needed by the developmentally disabled offender. A number of comments were received indicating that a cooperative venture by the Division of Mental Health and Mental Retardation and Developmental Disabilities should be undertaken in the operation of a specialized facility.

It is obvious that much interdisciplinary cooperation is needed in order to serve this population adequately. The Division of Forensic Psychiatry should accept the responsibility of developing either an open or a closed residential facility assisted by representatives from the Division of Mental Health and the Division of Mental Retardation.

Nine percent of the respondents thought that a correctional institution or an Ohio Youth Commission institution was the best service for the developmentally disabled offender or delinquent. Only one percent of those answering the questionnaire felt that a maximum security facility would meet the needs of the developmentally disabled offender. In eleven

of the cases, no response was recorded.

Those completing the questionnaire were asked to indicate what percent of developmentally disabled offenders need the following living arrangements: a) Apartment/Boarding House, b) Parents' Home, c) Relatives' Home (other than parents"), d) Group Home, e) Foster Home, f) Nursing Home. The responses were as follows:

18% indicated an apartment or boarding house,
8% indicated the parents' home,
4% indicated a relative's home (other than parents'),
61% recommended a group home,
8% recommended a foster home, and
1% indicated a nursing home was needed.

The above statistics help to document the multiplicity of problems faced by the developmentally disabled offender. Their parents' homes are considered unacceptable for them to live in by 92 percent of the respondents. Alternate housing and rehabilitative programming will need to be provided for those who cannot function adequately on their own.

A number of services were listed to be prioritized according to their importance to the D.D. offender population. (See Appendix Number III). Those responding felt that most of the services listed were important. Eighty-nine percent thought it was either "very important" or "important" to provide special residential care, case management, special educational services, and correctional supervision within an institution. Seventy-eight percent felt it was "very important" or "important" to provide diagnosis or evaluation, sheltered workshops, physical therapy, psychiatric counseling, crisis assistance, recreational therapy, and protective services. The least importance was placed on occupational therapy and family therapy with 66 percent and 77 percent respectively indicating it was "not important" or "not important at all". Eighty-nine percent of the respondents felt that the development of special programs for the D.D. was "very important" or "important".

III. THE MENTALLY RETARDED AND SEIZURE DISORDER POPULATION IN OHIO'S PENAL INSTITUTIONS

The Department of Rehabilitation and Correction operates two reformatories and five correctional institutions in Ohio. In 1976 these institutions housed an average of 11,000 inmates daily. The reformatories for male offenders house predominantly those serving their first prison term and are under the age of 30. The correctional institutions house males over the age of 30 who are repeat offenders. One institution is designated for all the female offenders.

An effort was made to determine the size and characteristics of the population with epilepsy and/or mental retardation in the institutions. First, computer records from January 1975, were reviewed for information on the intelligence level of the inmates. Secondly, the wardens were asked to identify the inmates in their institution who had IQ scores of 69 and below and those on anti-convulsive medication. Thirdly, information was gathered on 146 retarded inmates, 51 inmates with seizures, and 7 inmates who were both retarded and epileptic.

COMPUTER INFORMATION

The computer system used by the Department of Rehabilitation and Correction was not operable during the time of the study. Information provided from their records revealed that 9.7% of the inmates tested were trainable mentally retarded. Everyone in this group, by their definition, had IQ scores of 70 and below. (See Table V for the information provided.)

WARDEN SURVEY

A survey of the wardens was done in November 1976, by the Department of Rehabilitation and Correction to identify those with IQ scores of 69 or below and those receiving medication for epilepsy. Out of a population of 11,995 inmates, 115 with seizures, and 152 inmates with IQ scores of 69 or below

were identified. In addition, 1458 inmates with IQ scores between 69 and 85 were identified. The individuals with seizures constituted .95 percent of the population. Those with IQ scores of 69 and below represented 1.3 percent of the population tested (178 inmates were not tested). Sixty-four percent of this group had received a group intelligence test, either the BETA or the Ohio Penal Classification Test. The remainder received the Wechsler Adult Intelligence Test which was administered on an individual bases. The group receiving IQ scores between 69 and 85 comprised 12.3 percent of the population tested. This group was identified through the use of group tests in 92 % of the cases.

Eighty-eight inmates or fifty-eight percent of the retarded population were in the reformatories where they comprised 2% of the population. From this information we can assume that most of the retarded are under 30 years old and are serving their first prison term. (See Table VI for information provided).

Table V
I.Q. Code of Inmate
Ohio Department of Rehabilitation & CORRECTION
January 1976

	Chillicothe	London	Marion	So. Ohio	Medical & Recpt. Center	Ohio State Reformatry	Lebanon	Ohio Reform. for Women	%
Superior	38	71	74	55	8	38	58	4	5.1
Above Average	119	231	195	158	29	266	236	15	18.6
Average	411	608	506	535	75	644	623	106	52.
Slow Learner	209	218	234	247	41	174	148	41	19.5
Educable	43	25	29	27	3	61	63	12	3.8
Trainable	18	6	2	5	2	19	15	-	1.
Total Tested	838	1159	1040	1027	158	1202	1143	178	6745
I.N.R.	541	185	213	293	38	771	266	155	2462
TOTAL POPULATION	1379	1344	1253	1320	196	1973	1409	333	9207

TABLE VI

	IQ 85-69	Below 69	Not Tested	On Anti-Convulsive medication	Total Population
MALE					
REFORMATORY					
Ohio State Reformatory	287(282)	38 (26)	0	28	2456
Lebanon Correctional Institution	278(269)	50 (43)	0	13	2191
Total Reformatory	565(551)	88 (69)	0	41	4647
PRISON					
Correctional Medical & Reception Center	35(26)	1 (0)	30	4	283
Chillicothe Correctional Institute	176(159)	23 (7)	90	19	1327
London Correctional Institution	224(205)	12 (5)	32	12	1735
Marion Correctional Institution	160(144)	4 (2)	25	7	1376
Southern Ohio Correctional Facility	230(198)	12 (4)	0	20	2117
Total Prison	825(732)	52 (18)	177	62	6838
Total Male	1390(1283)	140 (87)	177	103	11,485
Ohio Reformatory for Women	68 (66)	12 (11)	1	12	510
TOTAL POPULATION	1458(1349)	152(98)	178	115	11,995

CASE FILE REVIEW

In July and August of 1977, the inmates identified by the wardens were studied further. From the information provided by the wardens 146 retarded inmates, 51 epileptic inmates, and 7 inmates with both epilepsy and retardation were studied through a case file review. In addition 258 randomly selected files were reviewed as a control sample. Seven clients with IQ's of 69 or below were found in the control sample. In addition, one inmate described as "moderately mentally deficient" who had been in special education classes was identified, but not classified as retarded because there was no IQ score. The results of this study as to the number of retarded in Ohio's penal institutions are inconclusive. It is certain that there are more individuals with seizures or retardation than identified. The IQ scores were available for only 72 (28 percent) of the 258 clients in the control group which means that 9.7% of those tested had IQ scores of 69 and below.

Ninety-four percent (143) of the retarded population was male which is approximately the same as the sex distribution of all the inmates in Ohio's penal institutions. Seventy-seven percent of the retarded population was black as compared to 50 percent of the control population. Mental retardation is about six times as prevalent in blacks as in whites. The reasons for the higher prevalence rate may be due to cultural differences reflected in the test scores. The retarded offender was 2.6 years older on an average than the control group. The average age of the retarded offender was 29.1 years and the average age of the control group was 26.5 years. In terms of education the retarded inmates reported their grade level on an average was 8.5. When the grade level was verified through the school system it was found that their actual average grade level was 7.8. The control group had an average reported grade level of 10 which when verified also averaged out to 10.

The retarded clients had an average intelligence test score of 64 points and the average score for the control group was 89.7. Only 10 of the clients were moderately retarded with IQ scores between 40 and 54. One-hundred and twenty-one of the scores recorded fell in the mild range of mental retardation, between 55 and 69. Twenty-one of the scores were recorded as 69 and below. The median was 64 and the mode was 68 for the retarded group. Although there were no IQ scores recorded for 186 of the control group there were narrative comments on 146 case files. These comments came from a variety of sources, psychologist reports, social worker reports, etc., and we do not know how many were based on opinion and how many were based on intelligence test scores.

The following is a summary of their comments:

1.	Superior or above average	24
2.	Average	90
3.	Not retarded	1
4.	Below average	23
5.	Dull normal	1
6.	Borderline	8
7.	Retarded	1

The retarded group has an average of 2.5 previous felony convictions as compared to an average of 2 previous felony convictions for the control group. The retarded group also had a slightly larger number of juvenile offenses per person in the control group. The average minimum sentence was about the same for both groups; 2.9 years for the retarded and 3 years for the control group. The average maximum sentence was 14.4 years for the retarded group and 13 years for the control group.

The amount of time spent in prison as of July 30, 1977, was calculated for each inmate and an average found. The retarded had been incarcerated for an average of 2.4 years and the control group for 1.62 years.

The reasons the retarded population was kept in prison longer than the other inmates are many. The retarded have more problems adjusting to prison than other inmates. This fact, plus their lack of education and vocational skills, leads the parole board to turn them down more frequently than other inmates.

The number of infractions committed in the institution was recorded. Infractions are violations of rules of conduct set up by the central office of the Department of Rehabilitation and Correction as well as those rules set up by each institution. The files indicated the retarded group committed an average of 3.69 infractions and the control group committed an average of 2.3 infractions. The retarded group evidently either commit more infractions, or are more frequently caught for infractions than the rest of the population. Those committing infractions are brought before a Rules Infraction Board for disciplinary action. The Board can sentence the inmate to be isolated in a correctional cell for up to 15 days as punishment for the infraction. The retarded were sentenced to an average of 9.9 days apiece, while the control group was sentenced to 7.4 days apiece on the average.

The psychological reports indicated that the retarded in many cases needed psychiatric services, and special educational services which are currently not available in the institutions. The retarded are also in need of protection from their peers as they are frequently abused by more intelligent inmates.

The group with epilepsy studied consisted of 59 males, 59 percent of whom were black. The blacks were slightly over represented in the epileptic group as compared to the control group which was 50 percent black. The average age of the epileptic group was 29.2 years which made them 2.7 years older than the control group. The epileptic clients had been in prison almost fourteen months longer than the control group inmates on July 30, 1977. This factor may account for some of the age difference.

The average minimum sentence for the group with epilepsy was four years and four months, which was longer than the average minumum sentence of three years for the control group. The sentences were longer for those with epilepsy partially because of the seriousness of the crimes they committed. Twenty-six percent of the epileptics were committed for aggravated robbery as compared to 10.9 percent of the control population. Table VII summarizes the offenses causing commitment to the institution. Another reason the minimum and maximum sentences were longer for the epileptics was that they had more felony convictions (2.7) on the average than the control (2). The convictions for juvenile offenses, however, were less frequent on the average (2) for the epileptics than the control (3).

The epileptics were not as well educated as the control population although both groups reported an average grade level of ten years. The epileptic group had an average verified grade level of 7.2 years. The average IQ for the epileptics was 72.8 as compared to 89.7 for the control group. The intelligence scores received by the epileptics were available in only sixteen cases.

This group had more problems in the institution than the control group. They had an average of 3.1 infractions for which they received 12.9 days in the correctional cell.

TABLE VII
COMMITTMENT OFFENSE
DEPARTMENT OF REHABILITATION AND CORRECTIONS

CRIME	CONTROL	%	NUMBER RETARDED	%	NUMBER EPILEPTIC	%	NUMBER OF THOSE WITH EPILEPSY AND RETARDATION
Aggravated Robbery	28	10.9	25	17.5	13	26	0
Arson	1	.4	0		1	2	0
Assault	9	3.5	17	12	4	8	0
Auto Theft	0		2	1.4	0		0
Burglary/Housebreaking	55	21.5	22	15.4	8	16	1
Carrying Concealed Weapon	5	1.9	0		2	4	0
Drug & Alcohol	28	10.9	0		1	2	0
Escaped	2	.8	0		0		0
Forgery/Fraud	23	8.9	3	2	3	6	0
Grand Theft	25	9.7	8	3.3	6	12	1
Kidnapping	1	.4	1	.7	1	2	0
Manslaughter	9	3.5	7	5	1	2	0
Misc. Prop. Offense	27	10.1	13	9.	3	6	3
Murder	2	.8	14	10	1	2	1
Obstruction Justice	1	.4	0		0		0
Rape/Sex Crimes	14	5.4	10	7	1	2	0
Robbery/Larceny	25	9.7	19	13.3	5	10	0
Indec. Liberties	0		1	1	0		0
Corruption of Minor	1	.4	1	1.7	0		0
Not recorded	2	.8	2	1.4	1		1
TOTAL	258		145		51		7

IV

OFFENDERS, DELINQUENTS, AND SEVERE BEHAVIOR PROBLEMS IN OHIO'S MENTAL HEALTH AND MENTAL RETARDATION INSTITUTIONS

The problem of anti-social behavior consisting of violence and property damage exists in mental health and retardation institutions in Ohio. The extent of this problem has not been documented in mental health institutions. A survey of Ohio's mental retardation institutions in early 1973 revealed that 6 to 8 percent of the residents had committed a crime in the community prior to admission or had committed acts while in the institution which would be considered punishable if committed in the community.

Currently there are no treatment units in mental health or mental retardation institutions for D.D. offenders. There are three units in mental retardation institutions which are designed to treat clients who have minimal, or inappropriate interaction with others, including verbal and physical aggression and abuse. Two of these units are for dual diagnosis clients and one has as its primary focus the extinction of inappropriate behaviors, such as aggression, stealing, and sexual deviance. These units are equipped to house forty-two people.

Attempts were made to gather information on D.D. offenders and on the D.D. within the institution who had behavior disorders. The Department of Mental Health and Retardation, Bureau of Statistics, keep records on the client admission status and behavior disorders such as assaultive stealing, suicidal, setting fires, destructive, and sex offenses. The information provided by the Bureau of Statistics was inaccurate and could not be used. The Client Tracking System also was used to try to get an estimate on the size of the group within Columbus State Institute and Orient who might be in need of special programming for violent and destructive behavior. A section of the Client Tracking System Master File Record entitled, "Maladaptive Behavior" included possible entries

indicating violent and destructive behavior as well as aberrant sexual behavior. Information on maladaptive behavior was not recorded often enough on the clients to make the information gathered of any value.

A questionnaire was sent in August 1977, to all Ohio Department of Mental Health and Mental Retardation institution superintendents. Twenty-one responses were received from institutions housing 8507 or 67 percent of the residents in Ohio's mental health and mental retardation institutions. About 5.2% (341) of the population reported on (5.5% of the mental retardation institution population and 5% of the mental health institution population) allegedly committed acts against persons or property within the institution which if committed in the community would constitute a violation of the law. Orient State Institute was not included in the total population reported on and will be discussed later in this section. Only .4 percent (29) of the population was admitted through criminal offense codes and .1 percent (7) through juvenile offense codes. All but one of the clients admitted through the offense codes were committed to the mental retardation institutions.

Orient State Institute did not provide estimates of their residents who may have committed acts against persons or property while in the institution. They did state that they had no one admitted through criminal admission statutes and two clients admitted from the Ohio Youth Commission. A 1972 study of Adaptive Behavior Scale scores on 2780 persons in Orient State Institute was reviewed for information on maladaptive behavior. Three relevant behavior categories were isolated; sexually aberrant behavior, violent and destructive behavior, and antisocial behavior. On June 30, 1972, ten percent of the population was assessed as sexually aberrant, 16 percent as violent and destructive, and 4 percent as antisocial. (See Table VIII)

TABLE VIII

Sexually Aberrant Behavior

Male	-	208
Female	-	83
TOTAL		291

Violent/Destructive Behavior

Male	-	204
Female	-	229
TOTAL		433

Antisocial Behavior

Male	-	54
Female	-	61
TOTAL		115

The behavior totals are not necessarily mutually excessive. The percentages of these behaviors would probably be high if compared to an evaluation of similar behaviors in the institution today because many of the higher functioning clients have been deinstitutionalized as a result of Senate Bill #336.

Although there is a substantial population in the mental health and mental retardation institutions that demonstrate violent and destructive behavior, it does not appear that they are receiving adequate treatment. Sixty-nine percent of the population was receiving inadequate treatment, 19 percent felt the treatment was adequate and 12 percent were uncertain. Eighty-two percent of the respondents stated the development of programs for D.D. offenders was "very important" and 18 percent stated it was "important".

The questionnaire listed sixteen services and asked respondents to rate them on their importance to D.D. offenders. At least 90% of those completing the questionnaires felt it was very important or important to provide psychiatric counseling, personal or legal advocacy, social and/or vocational therapy, case management, special educational services, residential services, family therapy, diagnostic and evaluation, and sheltered employment. Between 80 and 90 percent of the respondents felt that crisis assistance, protective services, sheltered workshops, and speech therapy were very important or important services. Physical therapy and occupational therapy were not considered as important as the other services with 53 and 74 percent respectively of the responses marked as very important or important. The responses as to the importance of correctional services were varied. Sixty-two percent felt it was very important or important and thirty-eight percent felt it was not very important.

V. NATIONAL MENTAL HEALTH SURVEY

According to National Institute of Mental Health statistics, about ten percent of the clients in mental health institutions were retarded. No information is available on the numbers of these clients who are also offenders. This survey was intended to provide a basis for comparison with the survey of Ohio's mental health institutions.

METHODOLOGY

A cover letter with a questionnaire identical to the one sent to Ohio's mental health institutions was sent to the directors of each state department of mental health. Follow-up letters and questionnaires were sent out in February 1977 to those who had not responded. There were only twelve responses (about a 23 percent response rate). Only eight provided complete data; Arizona, California, Mississippi, Montana, New Hampshire, Oregon, Utah, and Wyoming. Arkansas provided information on its forensic unit only and the response from Idaho indicated they did not have any clients with an IQ below 80 points in their mental health institutions. Illinois and Rhode Island departments stated the information requested could not be provided.

FINDINGS

The mental health institution populations in the states responding ranged from 270 to 9942, with an average total institutional population of 2098. The average number of residents in mental health institutions per state according to the 1977 statistics compiled by the National Institute of Mental Health is 3828. The conclusions made can be regarded as minimal at best as the states included in the sample are smaller on the average than those in the rest of the country.

D.D. residents who had allegedly committed acts in the institutions against persons or property, which if committed in the community, constitute a violation of the law, comprised two-percent (347) of the 16,780 clients in the sample. Seventy-seven percent (259) of the adult residents in the sample were committed through criminal admission statutes and almost .3 percent (48) juveniles were committed through juvenile court as the result of an offense.

The survey asked if the D.D. clients allegedly committing acts against persons or property were being adequately served by existing rehabilitative programs. Three responses were yes, four no, and two uncertain. To the question of how important is the development of special programs for D.D. offenders, four responded, "very important", four "important", and one "not very important". The individual expressing that the development of special programs was not very important was from Wyoming where there were only six developmentally disabled offenders in the mental health institutions. The only state that has a program for D.D. offenders is California.

The survey asked how important seventeen services for the D.D. offender were on a scale of one to four. Diagnosis and evaluation, and social and/or vocational counseling were rated on the average as "very important". Services rated on the average as "important" included sheltered workshops, sheltered employment, speech therapy, psychiatric counseling, crisis assistance, recreational therapy, protective service, case management, personal or legal advocacy, special educational services, and correctional supervision in an institution. Occupational therapy, physical therapy and family therapy were considered "not very important".

VI. NATIONAL MENTAL RETARDATION SURVEY

In January, 1977, a questionnaire was sent to every department of mental retardation in the country. The survey questions were identical to those sent out to the state departments of mental health and to the Ohio Department of Mental Health and Mental Retardation institutions. Nineteen of the states responded after a reminder follow-up letter was sent out in February, 1977. Complete responses to the questionnaire were provided by Arizona, Arkansas, California, Colorado, Delaware, Illinois, Iowa, Kansas, Massachusetts, Nevada, New Jersey, Virginia, Washington, West Virginia, and Wisconsin. Five other states responding did not provide information on the size of their D.D. offender population.

A total of 2114 D.D. were identified in institutions, who had allegedly committed acts against persons or property within the instituions, which if committed in the community, would constitute a violation of the law. These clients represent one percent of the total population surveyed.

About 75% (1587) of these clients were admitted through non-criminal admission codes. Two percent of them (46) were admitted to the mental retardation hospitals through non-criminal admission statutes. Another 2% (41) were admitted through the juvenile courts as the result of an offense. Admissions not categorized comprised 21% (44) of the sample. The results of the survey did not provide any answers to the question of whether or not D.D. offenders were being adequately served by existing programs. Four respondents contended services are adequate, seven people felt they were not adequately served and eight people did not know. Four of the states; Arkansas, California, Nevada, and Vermont had special programs for D. D. offenders.

The survey indicated that a high priority was placed on the development of special programs for the developmentally disabled offender. Seventy-four percent felt the development of special programs was "very important". Twenty-six percent felt the development of special programs was "important". Seventeen services were rated on their importance to the D. D. offender. The service rated as "most important" was special residential care followed by crisis assistance. Other services ranked on an average as "very important" included; Diagnosis or evaluation, Case management, Personal or legal advocacy, and Special educational services. Services considered on the average as "important" included; Sheltered workshops, Sheltered employment Family therapy, Speech therapy, Psychiatric counseling, Social and/or Vocational, Recreation, therapy, Protective services, and Correctional supervision in an institution. Physical and Occupational therapy were rated as "not very important".

VI. RECOMMENDATIONS

1. Specialized residential homes for juvenile delinquents be developed in Cuyahoga, Franklin, and Hamilton counties.

These residential homes should provide all services, including in-house education, for a minimum of six months. They should be developed by operators who are currently providing services to either the retarded or juvenile delinquents. The facilities could provide extensive services to clients which could be reimbursed through Title XX funds. Referrals could be accepted through the Ohio Youth Commission, the District Mental Retardation Offices and the County Children's Services Boards.

2. Specialized group or foster care homes for developmentally disabled juveniles be developed in Montgomery, Lucas, and Summit counties.

These facilities would provide services to 7-10 clients in the case of a group home and 3 clients in the case of the foster care home. Extra staff coverage would be needed to provide for the extensive needs of this population.

3. An in-service training program be developed for direct care staff who have contact with the developmentally disabled juvenile delinquents.

This training should include a review of mental retardation, epilepsy, and provide background information on delinquency. It should focus on the practical problems entailed in handling inappropriate behavior by developmentally disabled juvenile delinquents.

4. An educational prevention program be instituted in special education classes.

A curriculum "The Special Student and the Law" has been developed by the Lake Charles Association for Retarded Citizens in Louisiana for this purpose. This curriculum is geared towards retarded students to provide them with a sense of responsibility to the law.

5. Vocational Rehabilitation programs be developed for this population geared towards providing a marketable skill.

Programs such as the job preparatory programs could be modified for the D.D. juvenile. Sheltered workshop programs be developed that have as their long-term goal to make the juvenile ready for work in the outside world.

6. Programs be developed in OYC institutions to serve those clients who must remain there.

These programs could be developed to include a mental retardation specialist on staff. The program would require a high staff-client ratio as well as a highly structured format.

7. A special program be developed by the Division of Mental Retardation for clients with severe behavior problems, which can accept referrals from OYC.

This program should be developed to accept clients whose IQ's are less than 50 or those who are dangerous to themselves or others.

8. A diagnostic team be created to review offender cases to determine where they should be appropriately placed. This team could be represented by the Division of Mental Health, the Division of Mental Retardation, the Division of Forensic Psychiatry, and the Ohio Youth Commission, as well as Community-based service providers.

The team could be based on the mini-team model used by the Division of Mental Retardation. It could provide the judge hearing the case with a diagnosis and a follow-up plan.

9. A broker advocate system be developed to insure that D.D. delinquents and offenders receive the appropriate services.

The advocate could monitor the courts, the Ohio Youth Commission, the Department of Mental Health and Mental Retardation, and the Department of Rehabilitation and Correction to assure that the services required are provided.

10. A person on OYC staff be designated as a "D.D. Specialist" to be responsible for finding community resources which will serve the developmentally disabled juvenile delinquent.

This person could serve as a liaison between the Ohio Youth Commission and those community based services which provide services to the developmentally disabled. He could also foster the development of services for the developmentally disabled among services for juvenile delinquents.

11. Halfway houses be developed in Cuyahoga, Hamilton, and Franklin counties to serve D.D. adult offenders by the Department of Rehabilitation and Correction or private non-profit organizations.

These halfway houses could serve as an alternative to incarceration, receiving commitments from the court, and be a mechanism for reintegrating offenders from penal institutions back into the community.

12. The Department of Mental Health and Mental Retardation designate some of the existing funds for the development of residential services specifically for use on facilities programmed to serve clients from institutions who demonstrate severe behavior problems.

This would insure that those with behavior problems in Mental Health and Mental Retardation institutions could be released into a community program designed to meet their needs.

13. The Department of Rehabilitation and Correction develop a program in one of the reformatories to serve inmates whose IQ's are below 70.

This program could be funded initially by an LEAA grant and could be continued by the Department.

14. The Division of Forensic Psychiatry should develop a program within one of their new facilities for those offenders needing psychiatric assistance.

This program is probably needed for at least 20 clients currently in institutions.

15. The District Offices of the Division of Mental Retardation designate one person within their offices to coordinate service delivery for the D.D. delinquent or offender.

A specialist in D.D. delinquents and offenders would become familiar with the services available in the criminal justice system as well as in the fields of mental health and mental retardation.

16. The Department of Mental Health and Mental Retardation develop programs to serve 4% of the clients in the institutions with assaultive and destructive behavior.

These programs would be designed to extinguish antisocial behavior and enable the client to be released into a community program.

AN OVERVIEW OF RESEARCH ON RETARDED ADULT AND JUVENILE OFFENDERS

The literature reviewed in this section includes the major research reports done by various states on the developmentally disabled offender and delinquent. The overview includes studies and their recommendations done in Missouri, Kentucky, Illinois, South Carolina, and Georgia. In addition a review of a national survey "The Mentally Retarded Offender" by Courtless and Brown is included. The sections chosen for summarization included only those containing research findings and recommendations.

MISSOURI STUDY SUMMARY

The Missouri Association for Retarded Citizens, Inc. published a study "The Mentally Retarded Offender in Missouri", in August of 1976, written by Myrtle Cheatham, Project Director and Vickie Schwartz, Research Coordinator. The purpose of the study was to describe the nature and extent of the mentally retarded offender in the Missouri criminal justice system.

METHODOLOGY

Demographic characteristics were collected on the adult and juvenile retarded population and non-retarded population. Surveys were conducted of probation and parole officers, juvenile and adult corrections staff and administrators, judges, and lawyers.

JUVENILE PREVALENCE RATES

The study found that 4.75% of the boys admitted to juvenile institutions during 1974 and 1975 scored 69 and below on either the Wechsler Intelligence Scale for Children or the Wechsler Adult Intelligence Scale. This same population had 18% of clients admitted with an IQ of 78 or below. Twelve percent of the girls admitted to the institution during 1974 and 1975 scored 69 and below.

The following is a composite of their findings:

AGE

The average age for the retarded was found to be more than a year younger than the non-retarded population.

RACE

Forty-four percent of inmates committed during 1974 and 1975 were black. Seventy-five percent of the inmates in the mentally retarded population were black.

URBAN/RURAL

A disproportionately large number of mentally retarded adults and juveniles were found to be from urban areas.

EDUCATION

Both populations reported an 8th grade level. The 69 and below group reported

was 2½ grades behind the appropriate grade level for their age. There are no special education classes for mentally retarded juveniles. Under 20% of the mentally retarded group was recorded as having received any special education. In the 69 and below IQ group the average grade functioning level was seven years behind the norm.

OFFENSES COMMITTED BY THE RETARDED

Twenty-five percent of the boys and 75% of the girls were committed for status offenses. The juvenile boys had been to court an average of seven times before. Over 50% of the girls labeled as status offenders had not committed an offense previously. The largest percentage of the total population were incarcerated for "Burglary and Stealing". The crimes committed were found to be more similar than dissimilar. Of the males; 25% were committed for stealing; 17% were committed for burglary and breaking and entering; and 17% were committed for robbery.

SOCIAL/ECONOMIC

A large percent of the mentally retarded population are from broken homes and receive government financial assistance. The majority of the mentally retarded population (69%) was single; 54% of the total population was single. Staff indicated little or no support from the clients' families.

ADULT FEMALE

Nine percent of the prison population (10 inmates) were found to be retarded with an IQ below 78 as identified by prison staff. Seventy were from urban areas and 70% from broken homes. Seventy-five percent of the women were committed for crimes against persons.

ADULT MALE

Out of 3,785 inmates admitted and tested with the Revised Beta, 4% were found to have an IQ of 69 and under, 5.5% with an IQ 70-78.

PRISON ADJUSTMENT

Missouri does not provide special education classes. More conduct violations were found, but this was partially attributed to the mentally retarded population being taken advantage of by brighter inmates.

PROBATION AND PAROLE

A survey of officers found 6.3% of their caseload was identified as mentally retarded. About six percent of the mentally retarded population had an unsuccessful probation, and 5.9% of the group were parole violators.

JUVENILE-SURVEY OF ADMINISTRATORS AND STAFF

Sixty-seven percent of the supervisors and 50% of the staff had received no training in mental retardation. Administrators estimated that from 1% to 15% (an average of 8.6%) of the population was retarded. The staff gave estimates from 0% to 50% with an average of 13% for all who answered. The majority - 80% and 50% of administrators and staff felt the retarded could fit in their programs, although half of both groups did not think the juveniles benefited from their program. The staff felt that 74% of the low functioning group did not require discipline any more often than the normal population. Ninety-three percent of the staff rated the need for special programs from high to average priority, 67% of the administrators rated them in average priority.

ADULTS-SURVEY OF ADMINISTRATORS AND STAFF

Seventy percent of administrators and 80% of the staff had never received training in mental retardation, 90% of the administrators and 80% of staff said the mentally retarded inmate is taken advantage of and 90% of each group said that he was easily led. Ninety percent of the superintendents, and 85% of staff said there was some difficulty in assigning these individuals to certain work details. All agreed on a priority of special programs. Eighty to 84% of both groups believe there should be a special facility.

SURVEY OF JUDGES

Of a 19% return rate, 64% have had experience with mentally retarded citizens. The average number they had seen in the last year was 3.4. Forty-four percent accepted psychologist reports and 36% accepted school records as evidence of mental retardation. Sixty-one percent felt that using mental retardation as a criminal defense would be detrimental due to possible labeling or indeterminate sentence to the Department of Mental Health. Seventy percent said that state schools and hospitals were the best alternative to prison and 50% believed community based programs were also desirable.

SURVEY OF LAWYERS

Of the 26.5% return rate the lawyers almost unanimously felt that the mentally retarded did not fit into present corrections programs and noted the lack of distinction between mental retardation and mental illness in Missouri statutes. Over 2/3 of those who replied said they had received no training in mental retardation. Most of them had had clients they recognized to be mentally retarded, although less than half said they had experience with other mentally retarded persons. Almost 80% supported a separate facility for these offenders. Many felt that plea bargaining was a favorable consideration for the mentally retarded. Many supported State school and hospitals and community based programs. The general consensus was that the law in Missouri needs to be changed to recognize the problem of mental retardation and to deal with mentally retarded defendants in the criminal justice system.

MISSOURI REPORT SUMMARY OF RECEOMMENDATIONS

I. Training and Education

A. That training on mental retardation be provided and/or made mandatory for those in the criminal justice system.

B. That Department of Mental Health and Department of Education have caseworkers trained in the law enforcement process.

II. Diagnosis of possible mental retardation be made by a mental retardation specialist, rather than mental health personnel.

III. A crisis intervention-diversion-prevention program be established.

IV. That specialists in mental retardation, a Special Education Consultant and special education materials be made available to the Division of Youth Services.

V. That probation and parole officers and juvenile aftercare workers be trained in mental retardation to handle a special caseload.

VI. That specialists in and materials on mental retardation and special education be made available to Corrections. That Vocational Programs for lower functioning inmates be established.

VII. That a Mobile Team made up of a Mental Retardation Specialist and a Special Education Consultant be formed to aid the mentally retarded offender and the correctional staff.

VIII. That a Bill of Rights for the developmentally disabled be established, that Chapter 552 (RSM01969) be revised to specifically take into consideration the mentally retarded alleged offender, that adequate legal counsel be available, and that an advocacy program be created.

SOUTH CAROLINA STUDY SUMMARY

"The Mentally Retarded Adult Offender - A Study of the Problem of Mental Retardation in South Carolina Department of Correction" published in August 1973, written by Fred Morgan, Project Director, and John M. Borup, Staff Researcher.

METHODOLOGY

South Carolina's methodology included: data collection of inmates on intake during a four month period; inmate interviews; staff interviews; inspection of facilities; questionnaire to all U.S. States; summary of data collected; and agency written recommendations.

ADULT MALE & FEMALE

The sample included 610 males and females, 8% of them were retarded with an IQ of 69 and below, 7% of the population had an IQ in the 51-69 range and 1% had an IQ in the 50-21 range.

AGE

Four inmates were under 25.

RACE

Eighty-two percent of the sample population was black.

OFFENSES

About 49% of the crimes committed were crimes against persons. Almost 51% of the crimes were crimes against property.

PRISON ADJUSTMENT

Staff and inmate interviews indicated that the retarded inmates were often taken advantage of by other inmates. The conclusion arrived at as a result

of the interviews was that incarcerating the mentally retarded was not deemed appropriate under present circumstances as the prison currently is not caring for or rehabilitating retarded offenders.

EDUCATION

No special education classes are offered in South Carolina prisons.

PROBATION AND PAROLE

No differences between the mentally retarded and normal population were noted.

SUMMARY OF NATIONAL SURVEY RESULTS

The percent of mentally retarded within each State's correctional system was reported by twenty-four states. Responses ranged from 0% to 40%. Thirty-seven percent of those responding fell in a range between .1% and 5%. Results of this survey were not reliable as a result of the usage of many different IQ definitions. Ninety-six percent of the 24 states reported special problems were caused by the presence of mentally retarded. Fourteen states reported special programs for the mentally retarded (this included five special education programs). Budgets - 2% of the states had special budgets for the mentally retarded offenders.

SOUTH CAROLINA DEPARTMENT OF CORRECTION (SCDC) RECOMMENDATIONS

SCDC'S report on mentally retarded adult offenders recommends that treatment for this population be based on the functioning level of the inmate, using three levels as criterion for placement:

1) Severely retarded (I.Q. below 50) - SCDC feels they would be best served by an MR facility as retardation is the primary factor in most of these cases. The responsibility for these inmates, therefore, would be with the Department of Mental Retardation. However, if they exhibit dangerous behavior they should be retained in the correctional institution.
2) Mildly retarded (I.Q.50-70)- SCDC states that these inmates should remain in a correctional setting but in a separate unit, segregated from the other inmates. Special programs should be developed for them according to their abilities.
3) Near average (more than 70) - SCDC feels these inmates are inappropriate for special training and should be placed in the same institutions and programs with most other inmates.

These evaluations should be based on the total functioning level of the inmates, and not solely on I.Q. scores.

Recommendations for the special retarded unit included academic education, vocational training and recreation programs along with personal adjustment counseling. The curriculum would be the responsibility of the Department of Mental Retardation. The unit would be a joint effort of the Department of Mental Retardation, providing the treatment staff, and the Department of Corrections, providing the facilities and the security staff. The correctional officers should receive special training in the field of mental retardation and be elevated to the position of "correctional counselors".

ILLINOIS STUDY SUMMARY

"The Developmentally Disabled Offender in the Illinois Criminal Justice System" was published by Correctional Services for the Developmentally Disabled, Inc., in June, 1975.

The purpose of the Illinois report was to study five basic areas: the law enforcement system, the judicial system, the correctional system, case studies, and community agencies.

LAW ENFORCEMENT SYSTEM

In the area of law enforcement the report pointed out the lack of training in the area of identifying the mentally retarded and the lack of community based correctional programs designed to handle mentally retarded and the confusion of epilepsy with drug abuse by officers. They further pointed out the lack of responsiveness of the Illinois Law Enforcement System, in provision of information to the researchers.

JUDICIAL SYSTEM

Responses to questionnaires were received from 24 judges, 48 lawyers, and 8 court service personnel.

Eighty-nine percent of respondents had had experience with the mentally retarded. The majority of the respondents did not report having had experiences with epileptics or cerebral palsied. Eighteen percent of the group felt that less than one percent of the defendants are retarded. Over one-half of the estimates indicated that between one and five percent of the defendants are mentally retarded; twenty-one percent estimated between six and ten percent are retarded, six percent estimated between eleven and twenty percent are retarded; and two percent estimated over twenty percent are retarded.

In the area of identification and screening of the developmentally disabled a majority of the judicial personnel felt that the Illinois law did not clearly distinguish mental retardation from mental illness. Judges stated they were made aware of a client's mental retardation most often by the defense attorney. Judges identified the defendants' mental retardation themselves in 43% of the cases.

Judicial personnel responded to questions designed to assess their ability to distinguish mental retardation from mental illness. Forty-two percent felt they could seldom or never make the distinction. Thirty-six percent could make the distinction sometimes and 22% felt they could make the distinction frequently.

A self assessment was made by the judicial personnal to determine their awareness of severe epilepsy and severe cerebral palsy. In regards to severe epilepsy identification was made seldom or never in 43% of the cases, sometimes in 38.5% of the cases, and frequently in 18.5% of the cases. In the case of severe cerebral palsy identification was made seldom or never in 37% of the cases, sometimes in 45% of the cases, and frequently in 18% of the cases. About sixty percent of the judicial personnel indicated they could identify mental retardation.

Information was gathered on the extent of the judicial personnel's training in the field of developmental disabilities. Sixty-seven percent had no education in mental retardation, 81% had no training in epilepsy, and 85% had no training in cerebral palsy.

The availability, type, and adequacy of diagnostic services were studied.

Eighty-seven percent of judicial personnel reported that there were diagnostic services available for the mentally retarded. Thirty percent of the respondents thought that the diagnostic services seldom or never were adequate. Seventy percent indicated that the diagnostic services sometimes or frequently adequate enough to evaluate the retarded.

The judicial personnel were divided as to whether the defense of mental retardation is detrimental or favorable. Judges did not consider it to be detrimental, lawyers were equally divided, and 80% of the clinical court personnel felt it was detrimental.

The responses to the advantages of plea bargaining versus the disadvantages were weighed by the respondents. Twenty-six percent felt it was never or seldom favorable to use plea bargaining. Fifty-seven percent felt it was sometimes favorable and 16% felt it was frequently favorable.

Opinions on alternatives to incarceration of mentally retarded offenders were studied. Ninty-seven percent approved of use of alternatives. Those that approved only if a serious felony was not involved, constituted about 16% of the cases; 12.8% favored alternatives if the client was severely retarded; almost 6% favored alternatives if the client was not a felon, and was severely retarded. The type of alternative to prison favored was split between community based programs and special institutions with 18% favoring other alternatives.

CORRECTIONAL SYSTEM

Data for this section was collected by use of mailed questionnaires and personal interviews. The questionnaire responses were obtained from 13 penal and correctional institutions.

Testing for mental retardation was done routinely at 77% of the responding institutions. The juvenile court refers only 10.4% of the youth for an evaluation. Court records have usually already identified the clients as retarded through community agencies, schools, etc.

When asked "What percent of your institutional population possess IQ's of 69 and below?", the adult institution responses ranged from 1.2 to 30%. Juvenile institutions responded from 0 to 9% had IQ's 69 and below. Sixty-one percent of the 15 responding institutions stated they had some type of special services. Thirty-eight percent responded that they did not provide any special services for developmentally disabled offenders.

CASE STUDIES

The fourth section of the study includes a review of case study interviews conducted with fifty developmentally disabled who are or were involved with the law. Clients were selected from lists of names provided to the researchers. The interviewers selected were those who had identified the mentally retarded person. The sample was not a representative one. The group was primarily black and poor and in all stages in the criminal justice system. Seventy-five percent of the group were raised in Chicago, ten to twenty percent were raised in rural Illinois. Fifty percent of the adult respondents were unemployed. The twenty-five percent who were employed had low paying menial jobs. The remainder of the population did not give the information or were institutionalized. None of the juveniles had jobs.

The IQ range for the sample ranged from 53 to 69. Seventeen of the adults and 10 of the juveniles were in vocational programs. Four adults and two juveniles were involved in educational programs. Twelve adults and six juveniles were receiving counseling. One adult and four juveniles were involved in recreational programs. Several of the juveniles were not in

Educable Mentally Handicapped classes even though their records indicated the need for special education.

COMMUNITY AGENCIES

The final part of the study consisted of a survey of community agencies serving the developmentally disabled offender. Of the one-hundred questionnaires sent, responses came from 26 retardation programs, 19 cerebral palsy programs, and 17 epilepsy programs. The community agencies were asked if they served those; 1) currently incarcerated in a release program, 2) on parole, 3) referred by police, courts, station adjustments, 4) on probation, 5) known to have been involved in delinquent acts or in trouble with the police.

Fifty-nine percent indicated that they felt "the developmentally disabled offender had special needs and a need for special programs". Sixty-four percent of the agencies indicated the need for evaluation services, 53% indicated the need for diagnostic services; 46% treatment services, 32% daycare services, 75% training programs, 64% education programs, 75% sheltered employment services, 40% domiciliary care, 82% special living arrangements, 46% personal care training, 57% information and referral services, 78% counseling services, 64% follow along services, 50% protective services, 68% recreational programs, and 57% transportation services.

RECOMMENDATIONS FROM THE DEVELOPMENTALLY DISABLED OFFENDER IN THE ILLINOIS CRIMINAL JUSTICE SYSTEM

Correctional Services strongly recommends the establishment of an in-depth research project to examine all aspects of the developmentally disabled offender and to evaluate Illinois' current methods of diagnosis, management, and treatment of this population.

Other Recommendations Include:

1. Development of community based mental health centers by the Department of Mental Health to assist policemen in diagnosing D.D. offenders and to offer correctional program services for these disabled persons.
2. Examine the possibility of providing trained social workers and medical persons to treat D.D. offenders throughout the state via a zoning system.
3. Develop training programs on developmental disabilities for law enforcement training academies.
4. Standardize the definition of "developmental disabilities" within the judicial system.
5. Provide an in-service training program on D.D. for judicial personnel.
6. Make better use of existing agencies for D.D. to provide diagnostic consultation.
7. Correctional personnel should be trained to deal with the D.D. population in the institutions.
8. Designate special programs and staff in the institutions for this population.
9. Follow-up services should be provided for the D.D. offenders released into the community.
10. Develop community based programs for D.D. offenders as an alternative to institutionalization.

KENTUCKY STUDY SUMMARY

"The Mentally Retarded Offenders in Adult and Juvenile Correctional Institutions" is a Legislative Research Commission research report (number 125). The report is divided into two sections; the first part being on Adult Offenders and authored by William H. Cull; and the second part on Juvenile Offenders prepared by George Reuthenback and Nancy Pape.

METHODOLOGY

A review of all adult inmate records and a survey of inmates and staff was done. A survey of forty-nine states' correctional agencies was made. The juvenile section of the report reviews the problems and needs of the offenders in the Kentucky Juvenile Correctional Institutions.

ADULT MALE AND FEMALE

The Kentucky correctional institutions house about 159 inmates who are retarded with an I.Q. below 70. This constitutes 5.2% of their population. The I.Q. breakdown was 3 severely retarded (25-39 I.Q.), 26 moderately retarded (40-55 I.Q.), and 93 mildly retarded (56-69 I.Q.).

AGE

The retarded offenders are slightly older than the non-retarded offenders. A total of 46.6% of the retarded are 27 years of age or younger, 57.0% of the non-retarded population is 27 years or younger.

RACE

Seventy-six percent of the retarded population is white as compared with 70.7% white in the non-retarded population.

OFFENSES

Burglary/housebreaking constituted 21.3% of the crimes committed by the retarded offender. Crimes against person constituted 63.1% of the causes for incarceration, and 36.9% of the causes for incarceration were crimes against property.

PRISON ADJUSTMENT

Only a small minority, 5.2% of the retarded are in academic and/or vocational programs. About 16% of the non-retarded population are in academic or vocational programs. A greater percentage of the retarded offenders are in non-rehabilitative assignments, segregation, general maintenance and the unassigned section than the non-retarded population. Escapes or attempted escapes were made by 8.2% of the retarded population as compared with 5.5% of the non-retarded population. Incident reports for violation of institutional rules were reviewed finding that the mentally retarded population had a 3% higher rate than the non-retarded population.

EDUCATION

At least 8% of the retarded offenders have a reported grade level of eighth grade or less. Data collected indicated actual functioning level is much lower, with 7% of the retarded being illiterate.

PAROLE

Parole deferments were received by the non-retarded population 35% of the time as compares with 46% deferments for the retarded population.

Two hundred ninety inmates and 130 staff were interviewed, more than 70% of the respondents felt the Kentucky Correctional System has retarded inmates who lack special programs to meet their needs and should be housed in a new special treatment facility.

Between 62% and 85% of the staff felt the retarded offender is more likely to be abused, and negatively influenced but does not create a security problem. Inmates with I.Q.'s less than 85 are less likely to complete the training programs they enter.

The remainder of reports on adult offenders contains an extensive review of Kentucky Statutory Law, legal trends toward a right to rehabilitation and the denial of legal rights to mentally retarded offenders in Kentucky.

KENTUCKY'S RECOMMENDATIONS
MR OFFENDERS AND ADULT CORRECTIONAL INSTITUTES

The Legislative Research Commission recommends that one new maximum security prison be used as a jointly run correction - Human Resources Institution for retarded inmates.

Long term recommendations included educating those in the correctional institutions and those involved in the criminal justice process to distinguish between mentally ill and mentally retarded.

Short term recommendations included designing better testing systems to determine the competency of the inmates, improving the education of the incarcerated retardates, and devising a more effective means of moving severely retarded inmates into a more appropriate facility.

RECOMMENDATIONS FOR MENTAL RETARDED OFFENDERS IN JUVENILE CORRECTIONAL INSTITUTES

The Legislative Research Commission suggested that a sub-network be established to the juveniles justice system by the Department for Human Resources to address the problems of the mentally retarded juvenile offender. It would inform those involved with juvenile offenders of the special needs of the mentally retarded offender, and could also provide a means of diverting the mentally retarded youth from unnecessary participation in the juvenile justice system.

This report also suggests a separate facility be established to provide a "normalized" residential situation. Emphasis should be placed more on special education for these offenders, rather than strictly on their anti-social behaviors. An advisory board comprised of experts in the field of juvenile delinquency and mental retardation should be established for this facility.

GEORGIA STUDY SUMMARY

A study of Georgia's Criminal Justice System as it relates to the Mentally Retarded i.e., Law Enforcement, Judicial, and Incarceration. Published by Atlanta Association for Retarded Citizens, Inc., Volume I, April 19[illegible].

This report is too extensive to be able to adequately summarize the whole thing. Therefore only the demographic information and some of the findings will be reviewed.

METHODOLOGY

Three areas are examined in relation to the mentally retarded offender, the law enforcement process, the judicial process, and the correctional system.

ADULT MALE & FEMALE

Thirty-nine percent of Georgia's inmates were found to have an IQ of 79 and below. Most of the offenders fell in the 51-60 IQ range with the average IQ being 59.

RACE

Eighty-three percent of the retarded inmates are black with about 56% of the non-retarded population being black.

URBAN/RURAL

Fifty-six percent of the retarded offenders are from rural areas and thirty-nine percent of the non-retarded offenders are from rural areas.

EDUCATION

The average functioning level for the retarded offender is the third grade.

OFFENSES

Burglary is the most prevalent crime with robbery and theft second, and murder and manslaughter third.

PRISON ADJUSTMENT

A survey of the wardens indicated that retarded inmates did not benefit from current programming. Retarded inmates were taken advantage of by other inmates and were taught criminal habits. They were not involved in fights or homosexual activities any more often than other inmates. The retarded generally worked the more menial jobs.

SURVEY OF LAWYERS

Two hundred and nine lawyers, over 80% had had legal contact with the retarded and 24% reported a personal experience with the retarded. Some type of training in mental retardation was related by 28%. Thirty percent of the lawyers did not know what the IQ cutoff for mental retardation and 11% indicated the cutoff was less than 50 or more than 90.

SURVEY OF JUDGES

Sixty-one judges responded to the survey indicating that 90% had had legal contacts with retarded and 14% reported a nonlegal experience. Twenty-three percent indicated they had some type of training in mental retardation. In response to a question asking what the cutoff for mental retardation was indicated that 53% did not know. Three percent indicated IQ's of less than 50 or more than 90.

JUVENILES

Juveniles for the most part, have the same composite characteristics as adults except for their charges. The juvenile is most often committed for: (1) being ungovernable (2) truancy or larceny, or (3) burglary.

RECOMMENDATION FOR ACTION
IN GEORGIA'S CRIMINAL JUSTICE SYSTEM
(LAW ENFORCEMENT, COURTS, AND CORRECTIONS)

RECOMMENDATIONS FOR ACTION IN LAW ENFORCEMENT AREA*

"It is recommended that academy and in-service law enforcement education include instruction in mental retardation. This recommendation is in reference to standards: 16.2-1, 16.3-1a, 16.4-2, 16.5-2b and d, 16.6-4c found in the Police Volume by the National Advisory Commission on Criminal Justice Standards and Goals."

"It is recommended that the Atlanta and Georgia Associations for Retarded Citizens work with the Peace Officers Standards and Training Council to develop an educational program in mental retardation for all law enforcement personnel."

"It is recommended that each local Association for Retarded Citizens begin to identify facilities to house a mentally retarded person accused of a minor offense."

"It is recommended that local Associations for Retarded Citizens endeavor to present the police officer in his role as a 'helper'."

"It is recommended that each local association through its committee on criminal justice or other committees prepare a list of resources for the mentally retarded for use by law enforcement personnel."

"It is recommended that a local Association prepare a list of community resources including lawyers, counselors and other professionals for parents who may have a mentally retarded person who became involved with the law."

RECOMMENDATIONS FOR ACTION IN GEORGIA'S JUDICIAL SYSTEM*

"It is recommended that a state-wide system of evaluation facilities be established to identify and make recommendations in the cases of mentally retarded offenders."

"It is recommended that there be created a state-wide Public Defender Office."

"It is recommended that a study be undertaken to determine how the Criminal Code needs to be revised to ensure the rights of the mentally retarded accused of a crime."

"It is recommended that the Georgia Association for Retarded Citizens help create a legal advocacy unit for the state which will help to ensure the rights of accused mentally retarded persons."

"It is recommended that the Georgia and Atlanta Association for Retarded Citizens work with the appropriate agencies, organizations, and departments to provide instruction in mental retardation to judges, lawyers and court workers."

RECOMMENDATIONS FOR ACTION IN DEPARTMENT OF OFFENDER REHABILITATION (ADULT)*

ADMINISTRATIVE

"It is recommended that the Department of Offender Rehabilitation include within its master long-range plan a schedule for the development and implementation of programs and services for the mentally retarded inmates."

"It is recommended that the Department of Offender Rehabilitation employ a person to oversee the planning development and implementation of a full range of programs and services for mentally retarded inmates."

"It is recommended that the Department of Offender Rehabilitation include as part of its continuing research, research into the problem of the mentally retarded inmate."

DIAGNOSIS AND CLASSIFICATION

"It is recommended that the diagnostic and classification center at Jackson should include as part of its evaluation process more instruments suited to evaluating the particular needs of the mentally retarded."

EDUCATION AND TRAINING

"To make the Department of Offender Rehabilitation eligible to receive Federal and State education funds, it is recommended that there be created a school district within the Department of Offender Rehabilitation to meet the educational needs not only of the mentally retarded, but of 85% of the total inmate population."

"It is recommended that the Department of Offender Rehabilitation begin to employ teachers trained in working with the mentally retarded."

"It is recommended that the Department begin to implement special educational programs with emphasis on individualized instruction in all institutions."

"It is recommended that the Department of Offender Rehabilitation develop Rehabilitation and Industrial Workshops for the mentally retarded."

"It is recommended that the Department of Offender Rehabilitation work with the Division of Vocational Rehabilitation to develop more vocational training programs similar to the one presently in operation at the Georgia Industrial Institute in Alto."

"It is recommended that the Department of Offender Rehabilitation assign special counselors to caseloads composed of only mentally retarded inmates."

RECOMMENDATIONS FOR ACTION IN DEPARTMENT OF OFFENDER REHABILITATION (ADULT)*

Cont'd

INSTITUTIONAL OPERATIONS

"It is recommended that wherever possible mentally retarded inmates be housed separately from other inmates."

"It is recommended that the Department of Offender Rehabilitation either construct, convert, or acquire facilities for inmates who needs specialized programming."

COMMUNITY BASED PROGRAMS

"It is recommended that the department begin pre-release and work release programs for the mentally retarded."

STAFF DEVELOPMENT

"It is recommended that the department institute immediately a minimum of two hours instruction in mental retardation in its orientation program in the university level training programs."

RECOMMENDATIONS FOR ACTION

IN

DIVISION OF YOUTH SERVICES

ADMINISTRATIVE

"It is recommended that the Youth Services Section be allocated an administrative position to oversee the development and implementation of special programs and services for the mentally retarded as part of the statewide master plan."

"It is recommended that the Youth Services Section include within its long-range plans a section to define further the problem of the mentally retarded juvenile offender. This section should also include a schedule for program development and implementation."

"It is recommended that the Youth Services Section as part of its proposed program development for the mentally retarded juvenile offender include a research component."

EDUCATION AND TRAINING

"It is recommended that there be created within the Youth Services Section special correctional schools in the same manner as the Department of Offender Rehabilitation."

"It is recommend that the Youth Services Section begin to employ teachers specifically trained in teaching the mentally retarded."

"It is recommended that the Youth Services Section develop Rehabilitation and Industrial Workshops for the mentally retarded."

"It is recommended that the Youth Services section work with the Division of Vocational Rehabilitation and other service agencies to increase the utilization of the resources that Vocational Rehabilitation offers."

"It is recommended that the Youth Services Section, as soon as possible, employ or designate counselors and/or social workers to caseloads composed of mentally retarded."

"It is recommended that the Youth Services Section work with the State Office of Developmental Disabilities to establish a procedure whereby juvenile offenders with an IQ in the moderate level can be referred by the court to a community program or regional facility for the mentally retarded."

"It is recommended that the Youth Services Section be allowed to expand its group homes so that the mentally retarded can have a more viable alternative to placement in a Youth Development Center."

RECOMMENDATIONS FOR ACTION IN DIVISION OF YOUTH SERVICES

"It is recommended that the Youth Services Section increase the number of day training centers and community treatment centers."

"It is recommended that the Youth Services Section be allowed to expand its present Attention Home program."

"It is recommended that the Youth Services Section include a training program in mental retardation for staff members."

"It is recommended that special units for the care of the mentally retarded juvenile offender be established on the grounds of the regional mental retardation or mental health residential centers."

GENERAL RECOMMENDATIONS FOR ACTION

"It is recommended that there be created a Task Force to develop a detailed long-range plan for comprehensive programs for the mentally retarded offender."

"It is recommended that the Georgia General Assembly create a Task Force on Education to determine the best methods for providing quality educational programs for mentally retarded inmates.

A NATIONAL SURVEY SUMMARY

"The Mentally Retarded Offender" includes a historical overview and a national survey written by Bertram S. Brown, M.D., and Thomas F. Courtless, Ph.D., first printed in 1971 and reprinted in 1973. Only the data from the two national surveys they did will be reviewed here.

METHODOLOGY

A survey of all correctional and penal institutions (excluding jails and workhouses) was conducted in 1963 with 80% of the institutions responding representing 200,000 inmates. The second survey consisted of a follow-up questionnaire sent to those 26 institutions indicating they had at least one inmate with an IQ less than 55.

FINDINGS

About 9.5% of the cases reported had an IQ of 69 and below. About 1.6% (1454) had IQ scores below 55. Seventy-five percent used the Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale and had psychologists administering the tests.

The most common offense reported by 38% of the institutions was breaking and entering with 13% ranking homicide as the most frequently committed crime. No specialized programs were available in 56% of the institutions. A severe lack of psychiatrists and psychologists was noted with 219 psychiatrists and 93 psychologists employed by 166 institutions.

The follow-up survey found that 964 offenders had an IQ less than 55. Eighty-seven percent had IQs between 40 and 54. Fifty-eight percent of the group was non-white and 6% were female.

About 57% were incarcerated for crimes against persons and 15.4% were incarcerated for murder. Both crimes were over the national averages, 27% and 5% respectively. Burglary was the most common offense.

APPENDIX I

OHIO YOUTH COMMISSION OFFENSE CODES

HOMICIDE
- Aiding Suicide or Attempt
- Criminal Negligence Result in Death
- Manslaughter
- Murder in First Degree
- Second Degree Murder/Attempt
- Vehicular Homicide

CRIMES AGAINST THE PERSON
- Abduction
- Aggravated Assault/Assault & Battery
- Simple Assault/Threats
- Kidnapping
- Robbery/Theft from Person
- Armed/Strong-Arm Robbery

THEFT AND RELATED CRIMES
- Interstate/Stolen Property
- Auto Theft/Auto Larceny
- Receiving Stolen Property
- Theft/Stealing/Larceny
- Grand Larceny ($100/more)
- Petit Larceny

FORGERY & RELATED CRIMES
- Forgery/Issue Bad Checks
- Fraudulent Statements
- Larceny by Trick
- Fraud/Deception

PROPERTY DAMAGE/TRESPASSING
- Arson
- Burglary
- Possession Burglary Tools
- Breaking & Entering/Unlawful Entry

CRIMES AGAINST THE FAMILY
- Adultery
- Incest
- Non Support/Child Neglect

SEX OFFENSES
- Abortion
- Prostitution/Soliciting
- Indecent Assault/Molest
- Carnal Knowledge
- Statutory Rape
- Rape/Assault with Intent
- Sodomy/Unnatural Sex Behavior
- Sex Offense

DRUG/LIQUOR LAW VIOLATION
- Possession/Use of Alcohol
- Sale of Illegal Drugs
- Possession/Use Illegal Drugs

OTHER FELONIES/GROSS MISDEMEANOR
- Aid A Known Offender
- Coercion or Extortion
- Escape from Custody/Aid
- Weapons Offense/Carrying Concealed Weapon
- Violate Gambling Laws
- Rioting/Inciting To Riot
- Malicious Destruction Property

JUVENILE/MINOR MISDEMEANOR
- Unruly/Unyielding
- Curfew/Loiter/Late Hours
- Disorderly Conduct/Fight
- False Fire Alarm/Information
- Disturbing the Peace
- Incorrigibility/Ungovernable
- Purse Snatch/Pocket Pick
- Home Truancy/Runaway
- Truancy from School
- Shoplifting
- Auto Tampering/Steal Parts
- Auto Trespass/Auto Breaking & Entering
- Trespass/Private Property
- Endangering Health/Morals
- Traffic Violation
- Driving Without Owner Consent
- Vandalism
- Malicious Mischief
- Improper Campanions

OTHER OFFENSES
- Unclassified Juvenile Offense
- Unclassified Adult Offense
- Probation Violation
- No Information

APPENDIX II

COMMENTS ON
COMMUNITY SURVEY

The D.D. Offender(s):

1. is "just more manipulative in general".
2. is "strongly influenced by home environment to an extent of using little or no common sense of own".
3. has a "higher level of functioning both intellectually and socially".
4. differs "mostly in the degree and type of anti-social behavior".
5. differs in that they have a "poor support system - low self concept - poor value systems".
6. "doesn't differ, however the majority are mild by I.Q. - moderate or below by adaptive behavior".
7. has "more aggressive and acting out behavior".
8. are "more aware of environment around them and how to manipulate".
9. are "usually higher functioning in social awareness and more aggressive".
10. have "more complex adjustment problems".
11. are "socially very high and street smart".
12. is "usually a neglected individual".
13. have a "low socioeconomic level".
14. are "institutionalized frequently".
15. have their "problems intensified".
16. "differs only in that he suffers from extremely poor home, family, or environmental conditions".
17. "challenges authority, are ambivalent about what they want to do or where they want to live, have approach - avoidance problems toward adults for whom they feel affection".
18. have "more severe mental health problems. Are deprived and/or have a neglecting home situation".

OTHER COMMENTS ON

COMMUNITY SURVEY

1. "A combined mental health and retardation effort is needed in a restrictive residential facility."

2. An apartment/boarding house arrangement is OK with some supervision.

3. The D.D. offender is currently only adequately served by Personal Advocacy.

4. "After 'treatment' an apartment/boarding house, group home, or foster home is acceptable placement."

5. Question #5 comment "Occasionally anti-convulsant medications have been withheld."

6. An open community residential facility is OK, "not to begin with, but later on".

7. An apartment/boarding house, group home or foster home is OK only following institutionalization and mental health therapy in order to break the cycle.

8. One respondent was unable to generalize about the percentages of persons who needed various services.

9. "They do not need rehabilitation. They need habilitation."

10. One person felt this population belonged strictly in group homes for the mentally retarded and developmentally disabled.

11. "There is a great need for services for this unique group of individuals."

12. A combination mental retardation and mental health institution would best serve the D.D. offender and delinquent population.

13. Seventy percent of this population's immediate need would be served best by a short term - minimum security residential facility with a small population and therapy.

14. "Mental retardation or mental health 'program' would be better than the institution."

15. "Many correctional programs are too severe. Nothing else has been developed in place of them."

16. A maximum security facility should be used "only for those who have become hardened habitual offenders".

17. A foster home "offers the best in personal interest and care although they are the most difficult to fund. They are usually afraid to try offender cases".

18. "Very few of offender cases need skilled nursing care."

19. Family therapy and psychiatric counseling are "very important".

20. A number of borderline IQ teenagers and young adults who lived at the MR institution, where I work, two years ago, have since been released. They were sent to another institution to receive community living training. I've run into one of them since he finished that program, and he's since been in jail for theft. His probation officer was concerned about a placement for him because most services for juvenile offenders (group homes, etc.) don't want EMR kids.

Some of my friends have seen others of this group of young people, and almost all of them seem to be in trouble.

The kids need vocational training. Also they need constructive recreation since it's easy for them to spend time with people who influence them to smoke pot and steal.

I think group homes with a program of weekend visits to parents and relatives would be one of the best situations for these kids.

I think people should remember that some mentally retarded people have mental health problems, and such people need treatment for both problems, not just one or the other.

APPENDIX III
COMMUNITY SURVEY

The Criminal Justice project will be developing a state-wide services plan for the developmentally disabled offender. The prevalence of the D.D. Offender in state institutions as well as a descriptive profile will be used to develop the plan.

The definition of a D.D. Offender being used for the project is any D.D. citizen who has demonstrated assaultive behavior or behavior which resulted in property damage.

We are soliciting opinions on the developmentally disabled offender through this questionnaire:

1. Have you had any personal experience with a D.D. Offender(s)? __yes __no
2. Does this type of person differ significantly from the majority of the D.D. citizens you work with __yes __no.
3. If yes, how do they differ?
4. Are the D.D. Offenders as defined above, adequately served by existing rehabilitative programs? __yes __no
5. Are most direct care staff adequately trained to treat this population? __yes __no
6. Approximately what percentage of this population would be best served by a:

   ___% a. mental retardation institution.

   ___% b. mental health institution.

   ___% c. correctional institution or youth commission institution.

   ___% d. an open community residential facility.

   ___% e. a "closed" (minimum security residential facility).

   ___% f. a maximum security facility.

7. Which of the following community based living arrangement are needed by this population?

   ___Yes ___% ___no a. Apartment/Boarding House

   ___Yes ___% ___no b. Parents' Home

   ___Yes ___% ___no c. Relative's Home (Other Parents')

   ___Yes ___% ___no d. Group Home

7. Cont'd

___Yes ___% ___no e. Foster Home

___Yes ___% ___no f. Nursing Home

8. Which of the following services do you feel are needed now or in the future by this population?

Diagnostic or evaluation	___Yes	___No
Sheltered workshops	___Yes	___No
Sheltered employment	___Yes	___No
Physical Therapy	___Yes	___No
Occupational Therapy	___Yes	___No
Family Therapy	___Yes	___No
Speech Therapy	___Yes	___No
Psychiatric Counseling	___Yes	___No
Social and/or vocational counseling	___Yes	___No
Correctional supervision within an institution	___Yes	___No
Crisis assistance	___Yes	___No
Recreational Therapy	___Yes	___No
Protective service	___Yes	___No
Case management	___Yes	___No
Personal or legal advocacy	___Yes	___No
Special educational services	___Yes	___No

APPENDIX IV

COUNTY OF COMMITTMENT TO
DEPARTMENT OF REHABILITATION AND CORRECTIONS

COUNTY	CONTROL	NUMBER RETARDED	NUMBER EPILEPTIC	NUMBER OF THOSE WITH EPILEPSY AND RETARDATION
Allen	3	0	1	0
Ashtabula	1	0	0	0
Athens	1	2	0	0
Auglaize	1	0	1	0
Belmont	1	0	0	1
Butler	2	2	1	0
Clark	3	1	5	0
Clermont	1	0	0	0
Columbiana	1	0	1	0
Coshocton	0	3	0	0
Crawford	1	0	0	0
Cuyahoga	57	32	15	1
Defiance	0	1	0	0
Delaware	0	1	0	0
Erie	2	0	0	0
Fairfield	5	0	0	0
Fayette	2	1	0	0
Franklin	31	22	3	0
Greene	1	1	0	0
Guernsey	1	0	1	0
Hamilton	38	27	5	3
Hardin	1	0	0	0
Highland	0	1	1	0
Hocking	2	0	0	0
Huron	1	0	0	0
Jackson	1	0	0	0
Knox	0	0	1	0
Lake	1	2	1	0

COUNTY	CONTROL	NUMBER RETARDED	NUMBER EPILEPTIC	NUMBER OF THOSE WITH EPILEPSY AND RETARDATION
Licking	1	0	0	0
Logan	1	0	0	0
Lorain	11	1	0	0
Lucas	8	9	0	0
Madison	1	0	0	0
Mahoning	1	0	2	0
Marion	2	0	0	0
Medina	1	0	1	1
Meigs	1	0	0	0
Miami	3	1	0	0
Montgomery	13	12	1	1
Muskingum	4	2	1	0
Noble	1	0	0	0
Ottowa	1	0	0	0
Pickaway	3	0	1	0
Perry	2	0	0	0
Portage	3	2	0	0
Putnam	1	0	0	0
Richland	4	5	1	0
Ross	1	1	1	0
Sandusky	0	0	1	0
Scioto	1	0	0	0
Seneca	3	1	1	0
Shelby	1	0	0	0
Stark	7	5	1	0
Summit	12	9	2	0
Trumbull	2	0	1	0
Tuscarawas	0	1	0	0

COUNTY	CONTROL	NUMBER RETARDED	NUMBER EPILEPTIC	NUMBER OF THOSE WITH EPILEPSY AND RETARDATION
Van Wert	1	0	0	0
Warren	2	0	0	0
Washington	1	0	0	0
Wayne	3	0	0	0
Williams	0	0	1	0
Wood	1	0	0	0
County of Origin Unknown	3	1	0	0
TOTAL	258	146	51	7

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