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GOVERNOR'S CONFERENCE
ON
COLORADO'S PROBLEMS RELATING
TO THE AGED AND AGING,
MENTALLY ILL, MENTALLY RETARDED,
AND MENTAL DEFECTIVES

STATE HOUSE OF REPRESENTATIVES
STATE CAPITOL, DENVER, COLORADO

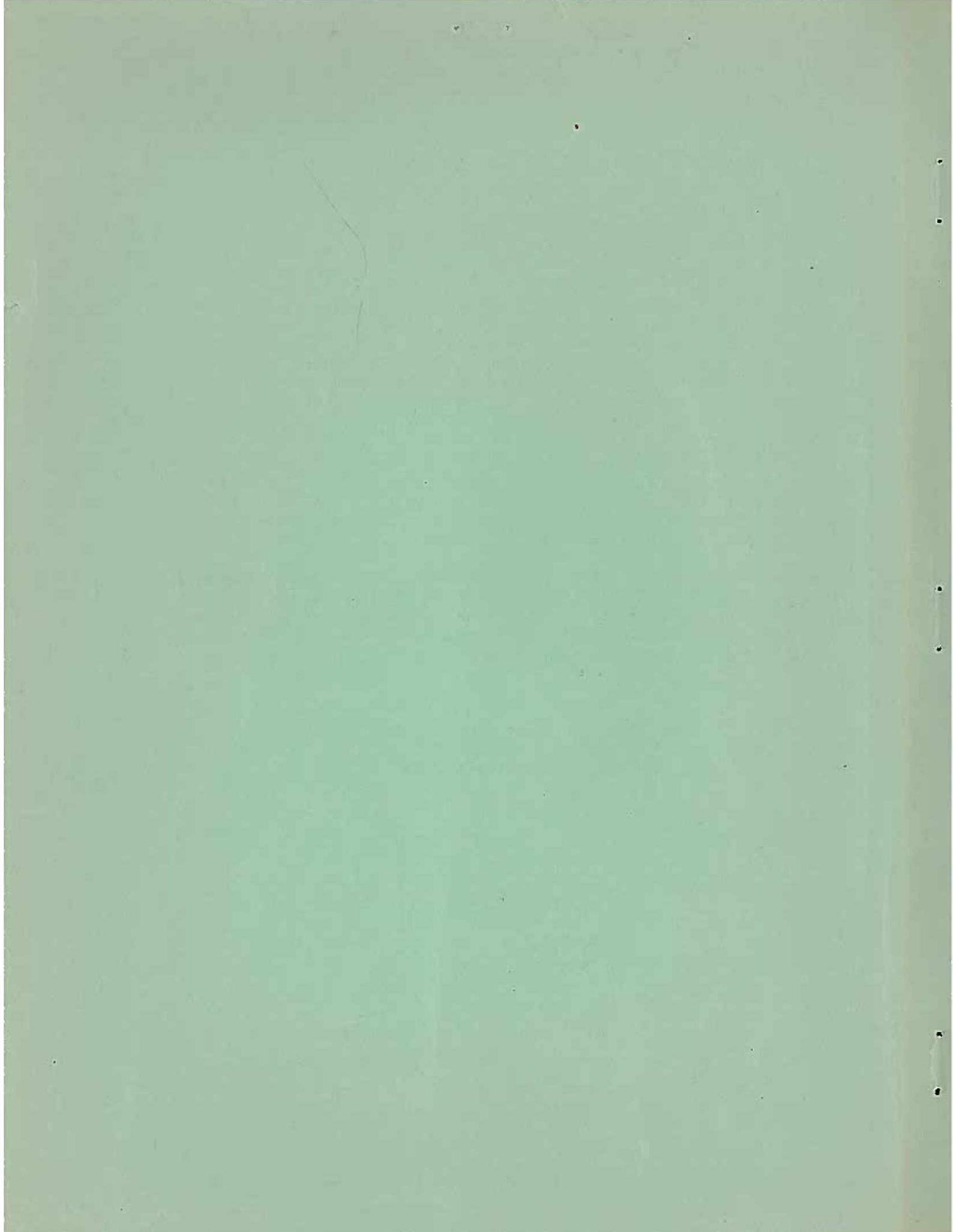
January 4 and 5, 1954

SECTION I
MENTALLY RETARDED AND MENTAL DEFECTIVES

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THE COLORADO STATE PLANNING COMMISSION
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DENVER, COLORADO



F O R E W O R D

Due to the great interest in the problems relating to the housing and care of the mentally retarded in Colorado, that portion of the Governor's Conference which was held in Denver, January 4 and 5, 1954, has been prepared for publication by the staff of the State Planning Commission as Section I of the Conference. This Section deals only with the morning session of the first day of the Conference.

Readers will note that a Summary of the session has been prepared and made a part of the report as an aid to very busy citizens. However, the full digest of the meeting, with some editing, is included because of the importance of the information presented by the participants in the Conference.

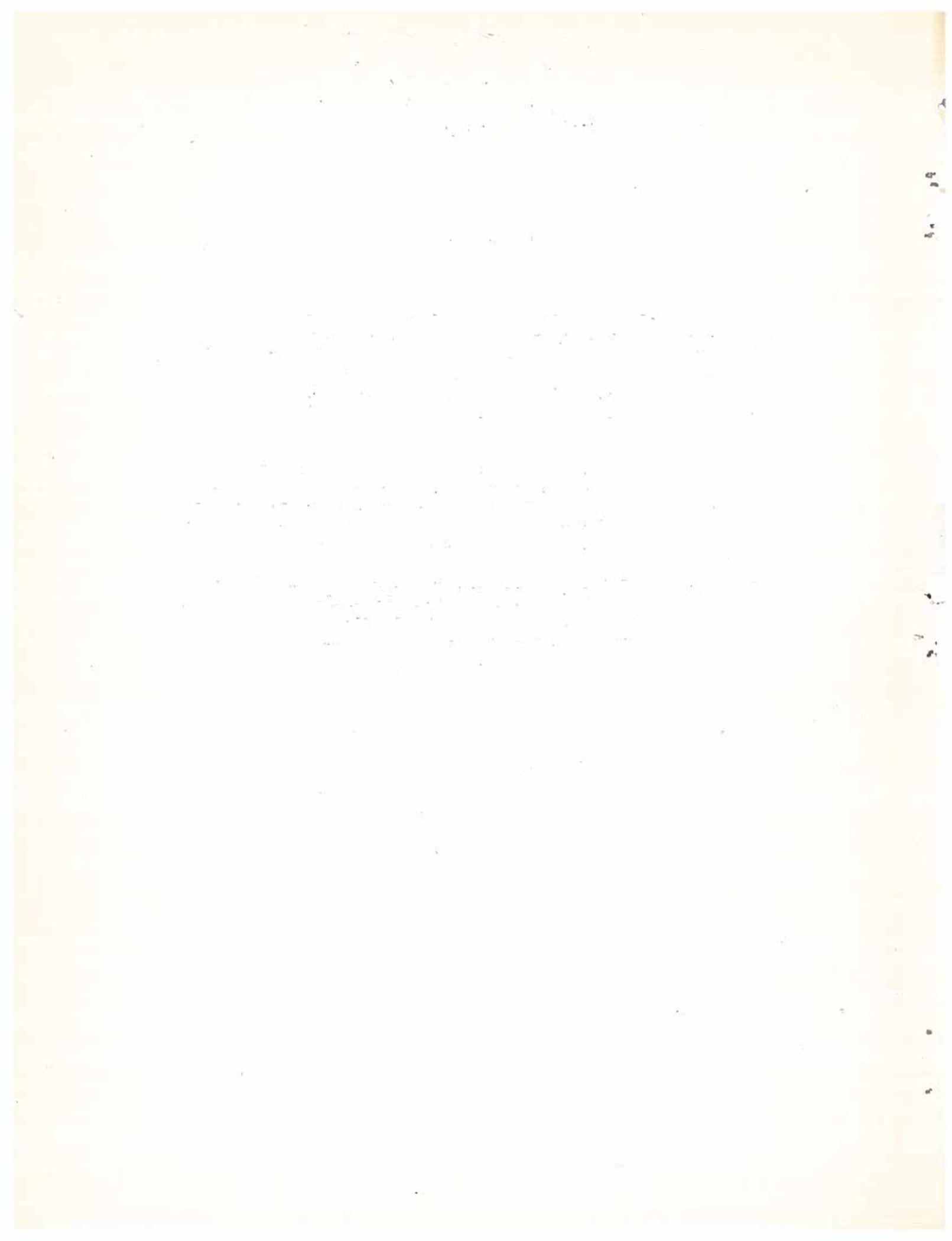
Recommendations adopted at the Conference were prepared separately and have been distributed to members of the Conference. If additional copies of this report on the recommendations are desired, they may be secured from the Colorado State Planning Commission, 130 State Office Building, Denver.

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PROGRAM FOR THE
GOVERNOR'S CONFERENCE
ON COLORADO'S PROBLEMS RELATING TO THE AGED,
THE MENTALLY ILL AND MENTAL DEFECTIVES

STATE HOUSE OF REPRESENTATIVES, CAPITOL BUILDING
DENVER, COLORADO
January 4 and 5, 1954

JANUARY 4: MONDAY MORNING SESSION

8:30 to 9:30 a.m.: Registration for the Conference, Second Floor, State Capitol

9:30 a.m.: Conference Opened by General Chairman, George M. Kirk, Manager of Employees' Service Department, Colorado Fuel and Iron Corporation, Pueblo; and Vice-president, Colorado Association for Mental Health, Inc.

Invocation: Rabbi Joel Y. Zion, Temple Emanuel, Denver

9:35 a.m.: Objectives of the Conference: Honorable Dan Thornton, Governor of Colorado

9:45 a.m.: Opening of the Monday Morning Session

SUBJECT: THE MENTALLY RETARDED AND THE MENTAL DEFECTIVES

Moderator of the Session: Milt Andrus, Manager, Pueblo Chamber of Commerce; and Member, Colorado State Planning Commission

Definitions: What We Are Talking About -- By Dr. Lynwood Hopple, Director of Mental Hygiene, Colorado State Department of Public Health; and President-elect, Colorado Association for Mental Health, Inc.

I. What Is Being Done for the Mentally Retarded and the Mental Defectives in Colorado?

A. What the State is Doing in Its Institutions, and Unmet Needs

Dr. A. C. Sudan, Superintendent, State Homes and Training Schools at Grand Junction and Ridge

Dr. F. H. Zimmerman, Superintendent, Colorado State Hospital, Pueblo

B. Colorado's State Aid Program for Exceptional Children

Miss Carey J. Downing, Supervisor of Special Education, Colorado State Department of Education

C. The Program for the Mentally Retarded in the Denver School System

Mr. Norris F. Bush, Director of Special Education, Denver Public Schools

D. What Private and Charitable Organizations Are Doing in the Denver Area

Mrs. Louis Pollock, President, Jewish Family and Children's Services of Denver

II. Problems To Be Solved -- The Challenge to Colorado Citizens

A. As a Legislator and Educator Views the Problem

Representative Rena Mary Taylor, Member, House of Representatives from Mesa County; and Member, State Institutional Advisory Board

B. The Problems As They Affect the Cities and Counties

Honorable Quigg Newton, Mayor, City and County of Denver; and President, Colorado Municipal League

C. Legal Aspects of the Problem

Judge Howard O. Ashton, County Judge, Boulder County; and President, Colorado Association of County Judges

D. As a Clergyman Views the Problems

The Very Reverend Monsignor John R. Mulroy, Director, Denver Catholic Charities; and Past President, Colorado Conference of Social Welfare

Discussion from the Floor -- 20 minutes

12:20 p.m.: Recess for Luncheon

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GOVERNOR'S CONFERENCE
ON
COLORADO'S PROBLEMS RELATING TO THE AGING,
THE MENTALLY ILL, THE MENTALLY RETARDED AND MENTAL DEFECTIVES

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SUMMARY OF SESSION
ON
THE MENTALLY RETARDED AND THE MENTAL DEFECTIVES

* * * * *

GOVERNOR DAN THORNTON: Our number one problem is that of providing for our mentally ill, the mentally retarded and the mental defectives..... All of the 48 States are faced with this same serious problem and all of the 48 Governors have recognized this for several years as is testified by the studies undertaken, at the request of the Governors, by the Council of State Governments in 1949..... A good program of preventive measures must be developed in Colorado in order to lessen the number of people who must be cared for in our State institutions.

DR. LYNWOOD HOPPLE, Director of Mental Hygiene, Colorado State Department of Public Health: In referring to the mentally deficient — those having a defect of intelligence since birth — most medical and mental hospitals throughout the Nation, now use terms approved by the American Psychiatric Association, as follows:

Mild deficiency or mild degree of intelligence defect, as applying generally to those with I.Q.'s ranging from 70 to 85;

Moderate deficiency, as applied to those with I.Q.'s of about 50 to 70 and who require special training and guidance;

Severe deficiency, as applying to those with I.Q.'s below 50 and who require custodial and/or complete protective care.

These definitions are at variance with statutory definitions. Colorado statutes, for example, use such terms as "feeble-minded" and "idiot" without defining their application..... A few remarks about an I.Q. (Intelligence Quotient). We are prone to give it more significance than its just due..... Let's be aware that I.Q.'s can change in value; an I.Q. test is a measure of only one facet of the total personality.....

MILO ANDRUS, Manager, Pueblo Chamber of Commerce, and Member, Colorado State Planning Commission: According to our medical experts, about two percent of our national population can be classified in the mentally retarded area and of this number, about 10 percent require special attention or institutionalized, custodial care. On this basis, and assuming Colorado has a present population of about 1,400,000, some 28,000 are retarded and 10 percent, or 2,800, need specialized training or institutional care.

DR. A. C. SUDAN, Superintendent, State Homes and Training Schools at Ridge and Grand Junction: The total population of the two institutions is 986 at the present time — 606 at Grand Junction and 380 at Ridge. Additional facilities recently completed at Ridge provide approximately 90 additional beds which made it possible to decongest and effect better segregation. Under construction at Ridge — to be completed in the Fall of 1954 — are facilities for another 100 children..... We have an active waiting list of 176 children..... A variety of additional facilities are needed at Grand Junction..... We have 130 in school classes at Ridge and 117 at Grand Junction.

DR. F. H. ZIMMERMAN, Superintendent, Colorado State Hospital at Pueblo: We have 620 mental defectives in the State Hospital out of a total population of 5,412. Of the mental defectives, 386 are without psychosis and 234 are with psychosis, that is, have mental illness also. We also have 252 epileptics at the State Hospital, of whom 38 are mental defectives. If we could be relieved of the mental defectives who are without psychosis, we would have more room for the care and treatment of psychotic patients.

MISS CAREY J. DOWNING, Supervisor of Special Education, Colorado State Department of Education: The 1953 Legislature appropriated \$200,000 for the training of handicapped children. This has enabled the State (Department of Education) to aid in the establishment of 17 approved centers in Colorado to provide special education for 346 mentally retarded children. Out of the State funds provided, we reimburse school districts at the rate of \$225 annually for each child receiving special training in these centers. We also aid in the training of the physically handicapped to the extent of \$450 per pupil annually. In our home and hospital teaching program, we aided 519 last year and are aiding 206 at the present time..... School superintendents have submitted cost estimates of their total needs for their special programs, and they add up to \$600,961 for the coming year. That gives you an idea of the demand for this type of special education and training in the State.

G. F. SOELBERG, Superintendent, State Industrial School for Boys, Golden: We have 21 boys with I.Q.'s of 69 or less — they are definitely in the mental defective class.

MISS BETTY PORTNER, Superintendent, State Industrial School for Girls, Morrison: Out of 122 girls, we have 23 who are mentally retarded and psychopathic cases.

NORRIS F. BUSH, Director of Special Education, Denver Public Schools: Our program of special classes for the mentally retarded children has been in operation five years. We have, at the present time, 128 such children in 11 different classes — nine classes in three different elementary schools and two at the junior high level. This special training is costing Denver taxpayers a little more than \$700 per pupil annually. The special training programs are benefiting these retarded children tremendously..... We have the names of 750 such children in the Denver Public Schools, so our problem is of large proportions.

MRS. LOUIS POLLOCK, President, Jewish Family and Children's Services, Denver: My part in this discussion is limited to what private and charitable organizations

MRS. LOUIS POLLOCK (continued): are doing in the Denver area for the mentally retarded and defective. Here are some statistics:

In Denver Area Community Chest agencies	39
Wallace School, privately operated on tuition basis	67
Laradon Hall, supported by contributions and fees	50
United Cerebral Palsy School, (not all mental defectives) .	65

According to these combined figures, we have data on a total of 221 handicapped children of varying degree in the Denver area. If we are to work effectively, it is vitally important that we ascertain the number of children throughout the State as well as in the Denver area, who are in the mentally retarded category — and, we need to know the specific classifications in which they may be grouped.

REPRESENTATIVE RENA MARY TAYLOR, Member, General Assembly, and Member, State Institutional Advisory Board, Palisade: Whether the child is in the public school or in a State institution, he must be educated up to the limit of his ability. We have learned that the earlier these children are discovered and helped, the greater their rehabilitation can become. This is a problem that will be with us always and we must meet it more intelligently. We must restore these individuals to useful citizenship, and the citizens of Colorado must see that funds are provided for this important job.

MAYOR QUIGG NEWTON, Denver, and President, Colorado Municipal League: First, I would like to recommend that there be a State-wide survey of the problem of the mentally ill and the mental defectives, to obtain facts and information on which to base our recommendations to the Legislature; Second, I would like to recommend that there be a comprehensive survey of our State laws (dealing with the mentally ill and defectives) with a view to their recodification and revision along modern lines; Third, I would like to recommend that there be contained in those laws and in the minds of all of us a clear placing of the responsibility, where the Legislature determines that it belongs, either upon the State or upon the cities and counties, to solve this very serious problem of the mentally ill and the defective persons within our State. In that connection, I would hope that the Legislature would resolve once and for all this problem of past liability for the residents of our counties who have been and are inmates and patients in our respective State institutions. Our State laws make an idiot a ward of the State, but does not specify the status of a mental defective. The State laws make an idiot the ward of the State, yet there are a number of idiots in Denver who will not be admitted or not be received at the institutions in Grand Junction or Ridge. Our State law directs the county court to commit a mental defective person to Ridge or Grand Junction, but by a recent Supreme Court decision, the law doesn't require the institutions at Ridge and Grand Junction to accept those who have been legally committed by the county court! Public officials are entitled to a clarification of the law by action of the Legislature.

JUDGE HOWARD O. ASHTON, Boulder, President, Colorado Association of County Judges: The 63 county judges in Colorado. are called upon to determine what the Legislature intended by the language used in the statutes covering this subject under discussion. The statute, at present, provides for two groups of persons. It calls the first group insane, and it says that it shall include idiots.

JUDGE HOWARD O. ASHTON (continued): The statute defines an insane person as one so distracted in his mind as to endanger his own person or property or the person or property of others. The other group is catalogued with such language as this: "The phrases, incompetence, mental incompetence, incapable, feeble-minded, shall be construed to mean any person who, though not insane, is by reason of old age, disease, weakness of mind, feebleness of mind or from any other cause incapable, unassisted, to properly manage and care for himself and his property."..... These statutes need clarification. The Court is bound by the statute and it is important that the statute be right..... Prior to 1953, the statutes provided that no mental incompetent under the age of 16 years shall be committed by any court to the State Hospital if there was room for such person in the Ridge or Grand Junction institutions. In 1953, the Legislature amended the statutes to say that "no mentally deficient person under the age of 16 years shall be committed by any court to the Colorado State Hospital. Recently a judicial decision (State Supreme Court decision) said that the principal function at Ridge and Grand Junction was education and training, and that was a different sort of function than was supposed to be performed at the State Hospital..... If we are narrowing the definition of persons who are to be accepted at Ridge to those who are subject to education and training, that leaves the question of what happens to the purely bed cases — the purely custodial cases..... Provisions should be made for the transfer of patients (i.e. mental defectives) — the patient (i.e. mental defective) ought to be placed in the institution best qualified to give him treatment or training.

VERY REVEREND MONSIGNOR JOHN R. MULROY, Director of Denver Catholic Charities: This is humanitarian problem number one. It is a continuing problem — we had it 26 years ago and we have it today. We will continue to have it as Colorado grows. We need more facilities for the children requiring custodial care and we need the educational programs. We are making progress but we need an extension of the educational program to the home — home education of some of these children. The needed program will cost money. The obligation is here and I hope that we will follow our discussions at this Conference with action.

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SUMMARY OF DATA PRESENTED AT GOVERNOR'S CONFERENCE
REGARDING LOCATION AND CARE OF SOME OF THE
KNOWN MENTALLY RETARDED IN COLORADO
AS OF JANUARY 4, 1954

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MENTALLY RETARDED IN STATE INSTITUTIONS:

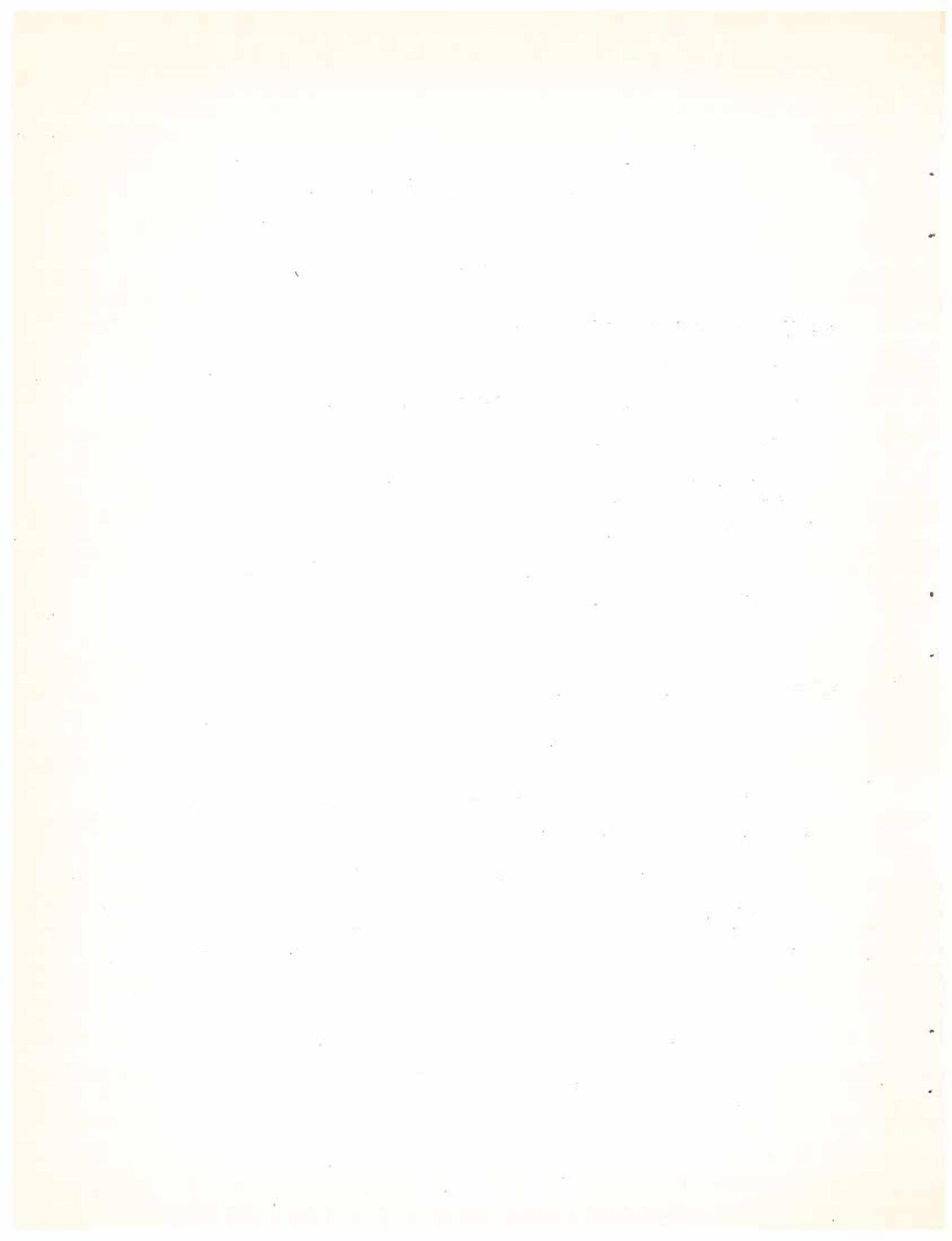
State Home and Training School, Ridge	380
State Home and Training School, Grand Junction	606
Colorado State Hospital, Pueblo	
With psychosis (mental disorder)	234
Without psychosis	386, Total
	620
State Industrial School for Boys	21
State Industrial School for Girls (includes both mentally retarded and psychopathic cases)	23
SUB-TOTAL	<u>1,650</u>

COLORADO STATE SCHOOL AID PROGRAM:

Mentally Retarded enrolled in special classes in 17 school district centers, including Denver schools	346
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CHARITABLE AND PRIVATE ORGANIZATIONS IN THE DENVER AREA:

Wallace School, Denver	67
Laradon Hall, Denver	50
Community Chest agencies and institutions, Denver	39
United Cerebral Palsy Center, Denver (not all are in the retarded category)	65
TOTAL	<u>2,217</u>



GOVERNOR'S CONFERENCE
ON
COLORADO'S PROBLEMS RELATING TO THE AGING,
THE MENTALLY ILL, THE MENTALLY RETARDED AND MENTAL DEFECTIVES

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SECTION I: MONDAY MORNING SESSION, JANUARY 4, 1954

SUBJECT: THE MENTALLY RETARDED AND THE MENTAL DEFECTIVES

... The Opening Session of the Conference convened at 9:30 o'clock a.m., January 4, 1954, in the House of Representatives, State Capitol Building, Denver, Colorado, with Mr. George M. Kirk, Manager of Employees' Service Department, Colorado Fuel and Iron Corporation, Pueblo, and Vice-President, Colorado Association for Mental Health, Inc., General Chairman, presiding ...

CHAIRMAN KIRK: Ladies and gentlemen, time is of the essence in this Conference, and it is well to start as nearly as possible on schedule..... Will you all rise while we ask Rabbi Joel Y. Zion of Temple Emanuel to invoke God's blessing upon this assembly?

RABBI JOEL Y. ZION: God, our Father, here we stand in Your presence. We are aware of Your goodness and grace. For what are we? What are our lives without You? We live from day to day in the hope that we will be worthy of Your mercy. Now, we stand together to ask your guidance in improving the health of our community, the mental health of our people as the keystone to a vigorous and clear-minded democracy. Give us the insights and the skills to turn illness into health; dark into light; sickness of mind into peace of mind. Amen.

CHAIRMAN KIRK: While not all of the members of this Conference are present at this time, I think it might be well for us to sort of break formality and become acquainted as nearly as possible with each other..... I wonder if you won't all rise and then turn to the person on your left and to the person on your right and to the person back of you, and say "Good Morning!" in this beautiful Colorado sunshine.....

We invite each one of you, as participants, if you have any thought with respect to resolutions, to action, as far as this Conference is concerned -- we invite you to write those out on a slip of paper and have them handed to the General Chairman. They will be taken care of in the hands of people who will meet at luncheon and endeavor to shape the purposes of this Conference in concrete form.

I think we now have the Governor present.

... All present arose and applauded as the Governor was escorted to the rostrum ...

CHAIRMAN KIRK: Ladies and gentlemen, it is my privilege to present to you the Honorable Dan Thornton, Governor of Colorado. (Applause)

Governor Dan Thornton Addresses Conference

GOVERNOR THORNTON: Thank you, Mr. Kirk, and good morning, ladies and gentlemen. First, let me thank this group from the bottom of my heart for your appearance here. The very fact that you are here shows that you have a tremendous interest in one of the most perplexing and certainly one of the problems that offers the greatest challenge that we face here in Colorado today.

This problem is not limited to our State alone. This problem is national in its scope, and it has been a problem that has been most perplexing to the leaders of our State and to the citizens of this State.

As a matter of fact, our mentally ill and mentally defective persons must be treated as people because they are people. They are people with emotions, people that have happiness and unhappiness just as you and I do. They are people who have suffered something that you and I haven't, but they are not people who are gone. They are people who can be brought back to useful lives, and if we plan right and plan properly, and if we fill our responsibility as a State and as citizens, we will return to happiness and to useful lives many of these people today who are in our hospitals for the mentally ill.

True, there has been some very effective work done on this problem. Some of it has been done in other States. We find in other States that preventive measures have been taken; that preventive clinics have been set up. We find that you can reduce the number of people in these institutions and probably keep some of them from being committed to the mentally ill hospitals if they go through a course of preventive treatment prior to this commitment. We find if these people are treated with consideration, and if the problems are understood, that we can, of course, do a lot towards solving one of the most perplexing problems that we face.

I think this Conference here certainly can do a lot because it is State-wide in character, because it brings people together from all over the State, and this problem that we are trying to solve is not, of course, in one area of the State, and as I pointed out, it isn't just one State that is affected.....

The Number One Problem Facing the State

Also, I think this Conference should be interested in what the National Governors' Conference has done in this field, because for five years, our Conference of 53 governors — 48 State governors and five territorial governors — have worked on this problem. We have considered it the number one problem that faces our annual Governor's Conference as it affects human beings. True, we have weighty problems of finance, highways — all of those things — but actually, the number one problem facing the 48 States and five territories today as it affects human happiness, as it affects the homes and the individuals of the States is this problem of the mentally ill people.

Now, we know we have a fast pace to which people are subjected today. We know the pressures that build up in this fast world, of worry that is ever present over domestic, national and world conditions. We know that these problems, of course, reflect in the number of people that become problems for the mentally ill hospitals. We know the best way to attack this problem is to get not just a few people interested, but a large group of people interested so that we can have a uniform program over the entire State and over the entire Nation.....

GOVERNOR THORNTON (continued): What greater challenge or what greater satisfaction could a group like you people here give to yourselves and to the State as a whole than making some progress and some accomplishment towards the solution of this most perplexing problem? Your attendance here is proof in itself that we Americans and the people in our State don't just deal with the material things, but actually we are interested in human happiness and the understanding of our fellow human beings..... As I said, the Governor's Conference has dealt with this problem for five years specifically by resolution and specifically by conferences within the national organization. I think that our last Conference in Seattle was indicative of how the 48 State governors feel because they passed a resolution which portrays rather clearly how we look at it as governors from all over this Nation of ours. This is the resolution which I shall read now.

Statement of the 48 Governors on Mental Illness

"We are still losing the war against mental illness. The population of our mental hospitals has increased by an average of 11,000 patients a year over the last five years." In other words, there are 55,000 more patients in our mental hospitals today than there were just five years ago. "The cost of maintaining state mental hospital systems to care for this growing load has increased by fifty million dollars annually over the same period," or \$250,000,000 more today than five years ago.

"The importance of this problem can be seen from the fact that one in every 18 persons in the United States is now suffering from some form of mental illness; one out of ten persons will need psychiatric care at some time in his life; one out of 18 persons will be hospitalized at some time during his life from mental illness.

"In the face of these facts, our mental health expenditures are disastrously out of balance. In 1950 the states spent a half billion dollars on mental hospital construction, operation and maintenance while spending only a few millions on the prevention of mental illness. A desperate need exists for psychiatric help and care. Doctors and nurses trained in the specialized problems of mental health are needed now more than ever before.

"In 1949 the Council of State Governments conducted a superb study of the programs in progress in the various states for care and treatment of mentally ill, but did not dwell with the personnel training and research. This study in its closing paragraph touched upon the real crux of the problem in the following words: 'If mental illness could be combated in the same manner as have been bubonic plague, yellow fever, typhoid, diphtheria, smallpox, and many other physical diseases, the potential value to the nation could be immense. The discovery of the cure for one entity might eventually empty one-half of the hospital beds, and more important, keep them from being filled.'

"NOW, THEREFORE, BE IT RESOLVED, by the Council of State Governments that a resolution be passed and its staff directed to make a study of the ways in which states may work toward prevention and quick cure of mental illnesses."..... (End of resolution)

So, when you think of the fact that one out of 18 people in America today is affected; when you think of the fact that one out of 10 people will have to have care and consideration; when you think of the fact that one-half billion dollars were spent in one year, 1950, by all of the States, in dealing with this problem, you can see that it is enormous, and that it affects practically every home in our State and in our Nation.

GOVERNOR THORNTON (continued): There is one thing that sticks out in your mind. When you think of the fact that very little money has been spent in preventive care; when you think of the fact that we in Colorado and the other States across the Nation have not attacked this problem in the forward and progressive manner that an educated populace should, then there is reason to call the leaders of our State together here in a conference to determine what we can do in the way of preventing an increase of this mental health problem.

So, that is why you are here today, and that is why I say that you can take great satisfaction in being here to attack this problem as a group of forward-looking citizens..... I know of no better process than using the democratic processes of government where we call the people together, where we work with the people themselves, where we not only build their interest, but where we find out how they would like to have the problem handled.

I am sure of this: that if we develop a good program of preventive measures, we can lessen the number of people that go to our hospitals like the State Hospital at Pueblo and elsewhere.....

So, ladies and gentlemen, let me thank you from the bottom of my heart for coming here this morning to attack this problem. Let me also tell you that it is one of our largest financial problems. You members from the Legislature who are here know that to be true. You know that the number one responsibility of Colorado is to take care of the State Hospital at Pueblo, and the State Homes at Ridge and Grand Junction — these places where we confine the mental defectives and where we confine those who are mentally ill. Of course, those people can never be turned out or disregarded or left uncared for. That is the number one problem of the State of Colorado.

Again, many thanks for meeting here at my request this morning. Good luck to you, and may God be with you in your deliberations. (Applause)

GENERAL CHAIRMAN KIRK: Thank you, Governor Thornton. Ladies and gentlemen, without further ado, we enter into the first morning session. The Moderator of this session is a Puebloan. He is more than the Manager of the Pueblo Chamber of Commerce. He is a member of your State Planning Commission, and I would like to present him as a citizen of this great State of ours, Mr. Milt Andrus of Pueblo, Colorado. (Applause)

Moderator Milt Andrus Makes Statement

CHAIRMAN ANDRUS: Thank you, Mr. Kirk. Good morning, ladies and gentlemen! It is a very important job I have here, one that I am quite humble in approaching. Working together this morning, we will try to arrive at some intelligent conclusions on what Governor Thornton has aptly termed the "number one problem".

For those of us who are interested in these problems, and particularly in this section as they pertain to the mentally retarded and the mentally defective, progress has seemed to be slow, indeed. Sometimes we have been very discouraged, but we do make progress. In the last several years, in my opinion, we have made some remarkable progress, but we have a long way to go.

Sometimes lay people and legislators do not seem to be impressed with the tremendous impact on society that the problem of caring for our mentally retarded is. Sometimes, as I have just said, we are disappointed at their reactions. We

CHAIRMAN ANDRUS (continued): have been told from time to time to time that one of the determining factors as to what we can do and what we cannot do is that of finance. Those of us who come from the business world know that this is important, indeed, but in this day and age when we hear so much about the possible elimination of our way of life by an attack from forces not only without our country but from within, it is my opinion that if we do fail not only ourselves, but the world, the reason simply will be that we were not big enough and capable enough to assume the responsibilities of our way of life.

In other words, I am saying to you at the outset of this Conference that I believe that here is a problem, and we have lots of them in our State, not only in this field, but in the fields of education, and many others that I could mention, but we are met here today to deal with these particular problems, and I believe that we have got to consider it as a responsibility of our society that must be met else we be judged in the final analysis as having turned too many people away, too many of the little people in the world away from the door at a crucial moment.....

I am listed on your program as moderator. That implies that there is a panel here, and I propose to operate this panel by, first, introducing very simply by name the various members of the panel who are up here. Starting on my right is Dr. Lynwood Hopple, Dr. A. C. Sudan, Dr. F. H. Zimmerman, Mrs. Louis Pollock, Mrs. Rena Mary Taylor, Judge Howard Ashton, and the Very Reverend Monsignor John R. Mulroy, and Mr. Norris Bush.

It is necessary in most of these meetings — and we have considered it necessary here — to first of all make some notations concerning terminology and the definition of some of the frames of reference with which we are going to be working with, so it is my pleasure at this time to call on Dr. Lynwood Hopple, Director of Mental Hygiene, Colorado State Department of Public Health, to discuss that matter with you at the outset of our Conference.

Dr. Lynwood Hopple Defines Terms To Be Used

DR. HOPPLE: Thank you. Fellow Citizens: From the title of this part of the Conference as it appears in your programs, you might suppose I would begin by giving a sort of glossary of terms, words, and phrases used by psychologists and psychiatrists pertaining to mental deficiency. However, this approach might only serve to increase confusion rather than to clarify concepts.

Not infrequently our efforts to accurately and concretely define such terms results in abstruse, complex phraseology, forcing one to find definitions of definitions..... Therefore, my first suggestion would be that insofar as possible we attempt to avoid using special terms and phrases, and instead, earnestly try to express our concepts in everyday language.

There are three traps even in this approach that I would like to emphasize in the hope that knowing what they are, we might be better able to avoid them. Let's be aware that, first of all, we can use words to dodge an issue, or to cover our own ignorance of a concept. This nearly always results in a sort of semantic discussion, that is, with preference to talk about the meanings of words rather than the conceptual issue which is so much harder to face.

As an example, we can get into a semantic trap by what we mean by training rather than education when the real issue revolves around the basic capacity to learn or the quantitative degree of learning that has taken place.

DR. HOPPLE (continued): The second trap results from the emotional significance of words. For example, emotional appeals to your sympathy can be made to lure you from a discussion of the issue at stake, and thus, we would bask in feelings rather than to work with the problem at hand.

There are other ways the emotional significance of words might lure or hinder your progress in wrestling with the problems of the day..... For example, we might hear someone say, "This child is not a mental defective. He is just retarded." Here, "retarded" is a "nicer" word since it can imply a potential which hasn't been realized, a mild lack, or just behind time, as contrasted to "defective" which implies a distortion, a flaw, or a faulty makeup.

We might become trapped by the emotional significance of words such as senile psychosis, senility, or insanity of the aged, and establish a new phrase such as "incompetence due to aging" because this sounds more kind.

A third trap consists of the enumeration of long lists of statistics which are not meaningful when applied to the problems at hand. This again is a dodge to cover up our ignorance of this specific problem by pointing out all the things we are doing to meet other problems.

Let us recognize that, while we desperately need to revise our archaic medieval terminology with its inaccuracies and distorted conceptual meanings, and its distasteful emotional significance, we are here to work with the basic problems to which any collection of these unpleasant terms might refer.....

I trust you will have before you a little later today a list of a few of the terms used in this field with their legal, statutory definitions on one side of the page, and the current, clinical definitions on the other. /1 You will soon

/1 Footnote: DEFINITION OF TERMS USED IN REFERENCE TO THE MENTALLY HANDICAPPED

COLORADO STATUTES
Chapter 105, 1935 Colorado
Statutes Annotated:
"Lunatics and Mental
Defectives"

CURRENT MEDICAL DEFINITIONS
SOURCE: American Psychiatric Association, Diagnostic
and Statistical Manual, Mental Disorders, 1952.

MENTAL DEFICIENCY:

Term is used but not
defined in Colorado
statutes.

Primarily a defect of intelligence existing since birth, without demonstrated organic brain disease or known prenatal cause. Includes only those cases formerly known as familial or "idiopathic" mental deficiencies. The degree of intelligence defect will be specified as mild, moderate or severe and the current IQ rating, with the name of the test used, will be added to the diagnosis. In general, mild refers to functional (vocational) impairment, as would be expected with IQ's of approximately 70 to 85; moderate is used for functional impairment requiring special training and guidance, such as would be expected with IQ's of about 50 to 70;

(Continued, lower half of Page 7)

DR. HOPPLE (continued): note that a number of the statutory terms are not in clinical use today. And further, that some of the terms used in the statutes are not so defined. Rather than give my own definitions to these words, I have used the references that will be listed. These are used by most medical and mental hospitals throughout the country, approved by the American Psychiatric Association, and one other reference, the most recent edition of the Psychiatric Dictionary.

We need some sort of uniformity in terminology, and therefore, I will request that, if we perchance should become involved in a semantic trap, we adopt the terminology references cited for this Conference.

Since someone might ask, "What is an I.Q.?" I should like to make a few remarks about this measure. First, since we all feel more comfortable with a tangible, concrete statistic, we are prone to give it more significance than its just due, especially in a field with such a dearth of absolutes as we find in this one. While psychometrics, when considered collectively, are invaluable assets to us in evaluating the total picture, let's be aware that, first, I. Q.'s can change in value; second, it can hinder our better judgment to fix absolute numerical definitions in our statutes where one point over or one point under has greatly magnified significance, and third, an I. Q. test, as such, is a measure of only one facet of the total personality. It is found by giving a number of subject tests and then statistically treating the results to compensate for age differences.....

It therefore becomes necessary for each speaker to use the terms meaningful to him with clarity as to the conceptual meaning he wishes to convey, thus giving a sort of operational definition of his own ideas.

71 Footnote (Continued from lower half of page 6) -----

COLORADO STATUTES (cont.)

CURRENT MEDICAL DEFINITIONS (cont.)

MENTAL DEFICIENCY (cont.)

severe refers to functional impairment requiring custodial or complete protective (or custodial) care, as would be expected with IQ's below 50. The degree of defect is estimated from other factors than merely psychological test scores, namely, consideration of cultural, physical and emotional determinants, as well as school, vocational and social effectiveness. The diagnosis may be modified by the appropriate qualifying phrase, when, in addition to the intellectual defects, there are significant psychotic, neurotic or behavioral reactions.

IDIOT, IDIOCY:

According to Colorado law, the term "insane person" is to be construed to include idiots, without further definition.

Term not used in current official diagnostic classifications. Term was formerly used to designate severe mental deficiency.

(Continued, lower half of Page 8)

CHAIRMAN ANDRUS: Thank you very much..... We are going to start right now to talk specifically about the mentally retarded — that is the general term..... I realize this is a highly selective group we have here and I would like to see the hands of all those present who have at one time or another gone through either or both of the State institutions at Ridge and Grand Junction. (Show of hands). That is a larger representation than I had expected and I am glad that is true....

Mentally Retarded in Colorado Estimated at 28,000

At this time I wish to throw out a comment or two: It is generally conceded that from a national point of view, at least, two percent of our population should be classified in the retarded class or area. Medical men tell us that of this group, 10 percent of the mentally retarded probably should have some sort of special attention or institutionalized custodial care. Of that two percent that applies to Colorado, two percent of 1,400,000 — our estimated population today — that would be 28,000. Take 10 percent of that, and you come up with a figure something like 2,800 and that is the figure theoretically in Colorado of persons who are already here who need some kind of institutional care or special attention.

At any rate, I throw that out before introducing the next speaker who is the Superintendent of the State Homes and Training Schools at Ridge and Grand Junction. I want you to know and to meet and to hear Dr. A. C. Sudan.

Dr. A. C. Sudan Reports on Ridge and Grand Junction

DR. A. C. SUDAN: Ladies and gentlemen of the Conference: In order to conserve time and give you the facts, I wish to tell you that the total population of the State Homes and Training Schools is 986--606 residing at Grand Junction

1 Footnote (Continued from lower half of page 7) -----

COLORADO STATUTES (cont.)

CURRENT MEDICAL DEFINITIONS (cont.)

IMBECILE:

Not used in Colorado statutes.

Formerly used to designate moderate mental deficiency.

MORON:

Not used in Colorado statutes.

Formerly used to designate mild mental deficiency.

MENTALLY RETARDED:

Not used in Colorado statutes.

Not specifically defined in medical books.

FEEBLEMINDED, FEEBLENESS OF MIND, WEAKNESS OF MIND:

Used in Colorado statutes but not defined.

Not used in current classification terminology, but sometimes used synonymously with mental deficiency.

(Continued, lower half of Page 9)

DR. A. C. SUDAN (continued): and 380 at Ridge. The combined rate of capacity of the institutions at Ridge and Grand Junction is 950 beds — 550 at Grand Junction and 400 at Ridge. At Ridge the capacity has been increased recently through recent construction, and the construction at Ridge of these additional facilities which have been recently completed provides space for approximately 90 additional beds which made it possible to decongest and effect better segregation of the severe overcrowding which existed, and will permit the admitting of some additional persons from our waiting list.

During the past year there have been admitted at Ridge, and since these facilities have been completed, a total of 28 — 12 girls and 16 boys. Under construction at Ridge, at the present time, are facilities for another 100 children. This structure may be ready for occupancy in October or November of 1954.

We have an active waiting list of bona fide applications for admission of 176 children. Every one or all of these cases present a terrific problem to their parents or to the community in which they reside.

In addition to the above waiting list, we are aware of the existence in various communities of some 125 additional children for whom no formal applications have been filed, but whose parents, by telephone or letter, have been inquiring about available space for them, and when informed of the existing waiting list, have deferred filing applications.

To meet this need, we are submitting to the Legislature a request for an appropriation sufficient to build an addition of 100 beds to the building now under construction at Ridge.

1 Footnote (Continued from lower half of page 8) -----

COLORADO STATUTES (cont.)

CURRENT MEDICAL DEFINITIONS (cont.)

INSANE PERSON:

By Colorado statute, the term is to be construed to include idiots and any person so insane or distracted in his mind as to endanger his own person or property or the person or property of another or others, if allowed to go at large.

Not used in current classification terminology. Psychiatric Dictionary, by Hinsie and Shatzky quotes Weihsfen, as follows: "For a branch of learning which consists largely of definition, the law is strangely lax in the use of the word insanity. Unfortunately, the word has no technical meaning either in law or in medicine, and it is used by courts and legislators indiscriminately to convey either of two meanings: 1) any type or degree of mental defect or disease, or 2) such a degree of mental defect or disease as to entail legal consequences."

MENTAL INCOMPETENT:

According to Colorado statute, the phrases "incompetent", "mental incompetent", "incapable" and "feeble-minded" shall be construed to mean any person who,

Not used in official medical classifications. Considered a strictly legal term.

(Continued, lower half of Page 10)

COLORADO STATE DEPARTMENT
Public Welfare Library
458 Capitol Annex
Denver 2, Colorado

DR. A. C. SUDAN (continued): The problem of providing adequate space and knowing what our requirements will be are not too easily determined. Mr. Andrus has given you the concept of what we might expect, but these are facts as near as we have been able to determine on those that are applicants or those who will be seeking admission to the institution.

Needs at Grand Junction Institution Cited

Now, it is not sufficient to provide the buildings for individuals in an institution of the nature such as ours, training schools. We must have other supporting buildings and facilities to adequately carry on the functions of those institutions. So there are additional needs that we are very aware of, very acutely needed. Especially at Grand Junction there is a need for a combination recreation-school building. We have every available room there in use now in our academic areas, and of course, we are short three. The recreation building that we have in the old school building dates from somewhere around 1900, and it is a stucco and frame building which is very much dilapidated and run down, and the question of repair and rehabilitation has been brought before the Planning Commission several times, and I think the consensus there is that we need a new structure.

There is need for an addition to the hospital at Grand Junction, for laboratory and drug room facilities, and for better functional isolation areas. There is needed an additional shop building for repairing and maintaining institution equipment and the supplemental training facilities. There is need of one additional shelter shed for the increasing dairy herd; one additional chicken house for a thousand additional chickens, and insulation of all the now existing structures is very necessary. There is need for a big brooder house and extensive rehabilitation of the piggery.

We need floor coverings through all the dormitories and day rooms at the entire institution except one building. We need an underground sprinkling system for an additional area of lawn surrounding the campus. We need black topping or surfacing of all roads in the institutional grounds, which is very, very essential. The streets are higher than the sidewalks, and when it rains or we have a wet period, we are living in a veritable sea of mud. The children have to traverse these areas to get to the dining room and back to their areas, and this creates a terrific maintenance problem.

1 Footnote (Continued from lower half of page 9) -----

COLORADO STATUTES (cont.)

CURRENT MEDICAL DEFINITIONS (cont.)

MENTAL INCOMPETENT (cont.)

though not insane, is by reason of old age, disease, weakness of mind, feebleness of mind, or from any other cause, incapable, unassisted, to properly manage and take care of himself or his property, and by reason thereof, would be likely to be deceived or imposed upon by artful or designing persons.

(End of Footnote 1)

DR. A. C. SUDAN (continued): A soot collector for the coal fed boilers is urgently needed to prevent the extensive permeation of soot throughout the buildings, thus causing a tremendous maintenance problem.

Now we come to equipment needs. In attempting in the past to keep up with the acute needs for housing facilities alone, we have provided merely the essential beds to place a child in, and that's been about the extent of the equipment in the various wards. There is needed bedside tables for all these wards in the institution. Now the individuals must keep their belongings in little boxes of various and sundry kinds. There will be needed equipment for the new dining room which is now under construction when it is complete, which will probably be sometime next Fall. We have need of other equipment such as playground equipment. The extent of our playground equipment now is two slides donated by the public-spirited citizens of Grand Junction.

These various and sundry items all require money, and when you realize that, it gives you somewhat of the picture of the money we will need to adequately bring these institutions up to a functional level where they should be. (Applause)

CHAIRMAN ANDRUS: Thank you, Dr. Sudan. Our good friend, the Doctor, has given you a series of facts pertaining to the institutions with which he is directly concerned. We are dealing, at this point, of course, with what the State is doing for the mentally retarded and the mental defectives, hoping to focus attention on these problems by our State Legislature and the public at large.

The next man that I have the privilege of introducing to you this morning spends most of his time and effort in a different field but a related field. Having personally known this gentleman at close range for a few years, I feel if there is a saint anywhere in the institutions of Colorado, it is Dr. Zimmerman from Pueblo. I have seen the great work that he has done there at close hand. I would like at this time to bring to the rostrum our good friend and great worker in the field of the mentally ill, Dr. F. H. Zimmerman, Superintendent of the Colorado State Hospital.

State Hospital at Pueblo Has 620 Mental Defectives

DR. F. H. ZIMMERMAN: Mr. Moderator and Ladies and Gentlemen: In talking on the subject here this morning, I will make my talk as brief as possible.

The question is, what is being done for the mentally retarded and mental defectives in Colorado? From the viewpoint of the State Hospital, we have 620 mental defectives in the institution out of a total population of 5,412. These figures are as of June 30, 1953, or the end of our fiscal year.

Of this group, 234 are with psychosis, and 386 without psychosis. I imagine most of you know what I mean by the difference. Those with psychosis have insanity connected with them. A good many of these cases have a transient psychosis — from a medical viewpoint. They may be psychotic for two or three weeks or months and, under treatment of the staff, the psychosis clears up, but the mental deficiency does not.

Now, you ask, what are we doing for them there? The great majority of these patients are occupied throughout the institution either in industrial activities or in occupational therapy. The smaller group are purely custodial cases. We have no organized academic program for the mentally deficient at the hospital at the present time. With some of my good friends among the county judges that are

DR. F. H. ZIMMERMAN (continued): trying to send me all these cases — I notice Judge Brofman sitting over there — we are up against the proposition of developing an academic program.

Of this group of 620, 36 are under the age of 19, and thank God, they are over the age of 12, most of them, despite the fact that the good Judge is going to sue me sometime, someplace in some way.

"State Should Transfer 872 From State Hospital" -- Zimmerman

Ever since Grand Junction was opened, I think along about 1919, the State Hospital has been attempting to get the mental defectives and those suffering from epilepsy into institutions such as Ridge and Grand Junction. In 1916 the then Superintendent of the State Hospital stated in his biennial report: "200 feeble-minded and epileptics who are proper subjects for care at the State Home and Training School at Ridge are in the Hospital and should be removed as soon as possible." Today, including the 252 epileptics who are at the State Hospital, we have a total of 872 who should be transferred to other institutions whereas in 1916, there were only 200. In other words, there has been better than a 400 percent increase in the last 38 years in the number of mental defectives and epileptics at the State Hospital.

I don't think I can add any more except to say that if we were to be relieved of this great group, it would give us more room at the State Hospital for the care and treatment of the treatable psychotic individuals..... I thank you. (Applause)

CHAIRMAN ANDRUS: Thank you, Dr. Zimmerman.

Next is a lady who will speak on the other side of the dollar, and it is listed on our program under the title, "Colorado's State Aid Program for Exceptional Children." This subject will be discussed by Miss Carey J. Downing, Supervisor of Special Education, Colorado State Department of Education. Miss Downing, we are awfully glad to have you with us.

The State's Program of Aid for Exceptional Children

MISS CAREY J. DOWNING: I think there is nothing drier than other people's statistics, although I think my own are the very breath of life, so I have prepared a sheet and there are plenty of copies for anyone who is interested in knowing just how much money is being spent in each field of special education. /2

/2 Footnote: SUMMARY REGARDING SPECIAL EDUCATION PROGRAM FOR 1953-54
(Prepared by Miss Carey J. Downing, State Department of Education)

The legislative appropriation for special education for 1953-54 was \$200,000. The money was earmarked in the following way: At least 65 percent to be used for reimbursement to districts that maintained special centers or units for the education of mentally and physically handicapped children; five percent, or \$10,000 for administration, the remaining thirty percent, or \$60,000 to be used for all other phases of special education, such as tuition, maintenance, transportation, and home and hospital teaching.

At present there are seventeen approved centers. The following break-down shows the locations of these centers, and the types of service, number of children
(Continued, lower half of Page 13)

MISS CAREY J. DOWNING (continued): As you know, the \$200,000 that was appropriated by the Legislature in early 1953 for special education is used in more fields than that for the mentally retarded..... The appropriation was \$200,000 and it was earmarked. At least 65 percent of this money has to be used for reimbursements to school districts that maintain special centers or units for the education of mentally and physically handicapped children -- 65 percent of it. We are going to use more than that -- we will probably use 70 or 72 percent of it. Five percent, or \$10,000, was set aside for administration.

The remaining 30 percent or \$60,000 is used for all other phases of special education. That includes tuition for children who must come from their small local communities into a large center where there is special education, maintenance for the child who must be away from home, transportation, and home and hospital teaching.

So you see there are several fields in which we must use this money.

Seventeen Centers in the State for Exceptional Children

At present there are 17 approved centers in Colorado that are maintaining some type of special education unit, and for the benefit of some of the people who are probably here from those centers, I will list those. Denver has greatly expanded its program. Boulder has opened a new one -- county-wide. Del Norte is having its mentally retarded class for the fourth year. Delta has a full-time program. Grand Junction is new this year with one room and will have a second one. Jefferson County, the old pioneer, has four teachers with quite a show place, and if nobody else invites you, the Legislators -- especially when you are in session -- let me invite you to go to the Jefferson County unit at 38th and Wadsworth, and it is well worth your while because there you will see the education of the mentally retarded in action. It's close enough so you can drive out and back in an hour.

La Junta has been operating for four years. Littleton has a new unit this year. Loveland has the second year for theirs. Pueblo has greatly expanded -- in fact, they have delusions of grandeur, and Sterling has a very fine new room

[2] Footnote (Continued from lower half of page 12) -----

enrolled, the estimated cost to the district, and the possible amount of reimbursement that may be claimed from the State.

CENTERS FOR SPEECH CORRECTION

Locations: Denver, Glenwood Springs, Grand Junction, Greeley, Lamar, Pueblo, Walsenburg, Westminster.

Number of teachers: 20; Number of Children Served: 2,501;
Total salaries of teachers: \$63,642.80 State's share (80%) \$50,914.24

CENTERS FOR EDUCATION OF MENTALLY RETARDED

Locations: Boulder, Del Norte, Denver, Delta, Grand Junction, Jefferson County, La Junta, Littleton, Loveland, Pueblo, Sterling.

Number of teachers: 30; Number of Children Served: 346;
Limit of State reimbursement under H.B. 108: 346 at \$225.00* per child or \$77,850.

*State-wide average per pupil cost in regular classrooms has been set at \$225.

(Continued, lower half of Page 14)

MISS CAREY J. DOWNING (continued): opened in one of their new buildings in a fashionable location.

We like to have these rooms for mentally retarded children in the good schools, on the first floor, and not in some church basement some place, although we have been forced to approve some of them which are not in approvable places on account of the great shortage of school space.

All over the State there are 30 teachers who are spending their entire time with mentally retarded children. There are 346 of these children in those rooms. That doesn't sound like a great many. Pueblo has seven rooms, but when we feel that not over 12 children can benefit by attendance in one of these rooms, you can see that the teacher load is small and the cost is great. We recommend from five to twelve children as being enough load for one teacher.

State Pays \$225 Towards Special Education of Mentally Retarded

According to House Bill 108, which was passed in 1953, we may reimburse the school district, which sets up special classes for educating its mentally retarded children, 100 percent of the cost of educating a child in a normal classroom. For our own statistical information, we have set the figure at \$225 as the State-wide average cost of educating a child in a normal classroom. For physically handicapped children, we reimburse two hundred percent of that figure or \$450, and that is the meaning of the two lines at the bottom of that sheet I prepared. (See Footnote: "Summary Regarding Special Education Program for 1953-54").

As I say, if any districts get delusions of grandeur and run up the cost of their programs beyond where we can reimburse 100 percent of \$225, you see who is left holding the sack.

Now, a few words about the home and hospital teaching program as there seems to be misunderstanding about it. 206 children in the State at the moment are

2 Footnote (Continued from lower half of page 13) -----

CENTERS FOR EDUCATION OF PHYSICALLY HANDICAPPED

Locations: Denver, Jefferson County, Pueblo, Greeley.
Number of teachers: 34; Number of Children Served: 353;
Limit of State reimbursement: 353 at \$450** per child or \$158,850.

**Two times average classroom cost of \$225 for physically handicapped. Sec. 8.
H.B. 108

HOME AND HOSPITAL TEACHING

Number of children enrolled in program: 206
Hours per week allowed by law: up to five hours
Method of reimbursement: Local district pays hourly per pupil cost in regular classroom, or 20 cents per hour, and State pays the balance.

RECAPITULATION

Cost of all programs in the State (submitted by school supt's.)	\$600,961.00
Total State obligation for all classes as prescribed by H.B. 108	287,614.24
Total available from \$200,000 appropriation (approximately 70%)	140,000.00

(End of Footnote 2)

MISS CAREY J. DOWNING (continued): being taught at home, but that is not for mentally retarded children. We are always getting letters from superintendents asking if we will teach such and such a child excluded from school because he cannot profit. This home teaching program is for ill children who are not able to attend school temporarily. We had 519 last year and not one of them failed to pass a grade, and I think that is the best part of our program. At least, it's a very good part. Our turn-over there is bigger and more able to be seen. Right now we have 206 children under home teaching. We may reimburse the districts for up to five hours of teaching per week for these children. We reimburse the district everything above the hourly per capita cost of 20 cents an hour. (This is based on \$225 per capita cost for the school year). The book-keeping problem on that is very difficult, especially without a bookkeeper. I might state for the benefit of the Legislators present, the reason we tied that in there is because there are so many districts which do not know they have handicapped children. Last year we had in our home teaching classes, 229 cases of rheumatic fever. It should help the school boards to know that these children are home anywhere from six months to two years because there are a good many things they can do for them and we can help in the teaching of them.

In order to carry out the special education program, the school districts, through their superintendents, have submitted to us what they think will be the cost of their programs, and the figures add up to \$600,961.00. We had \$200,000 appropriated to aid in this program. However, if we had a million dollars, we couldn't spend all of it since we are limited, under the formula provisions of H. B. 108, to providing \$225 towards the special education of each of the mentally retarded and \$450 for the physically handicapped. If we had all of the money we needed, on the basis of the programs submitted by the school superintendents, it would total \$287,614.24 as the State's share of the cost. We have \$200,000 and so, we are making progress.

Our policy in regard to the education of the mentally retarded is that none of them will be Phi Beta Kappas or social workers, but all of them can be benefited to some extent. They are all the responsibility of the school district, and we do not go out and rap on the doors of the districts and say, "We want you to start a special education center." I think it would be a good idea if we could, but there are only two of us -- Miss Craig and I -- doing the work, and it is necessary for one of us to be in the office all the time. Therefore, we wait until the superintendent has written to us and says they are ready to start a special center, and asks us to come out and help them.

There is one other thing I want to mention, and I am sure this comes as a great surprise to the Legislators present. We do wish to express our thanks for the appropriation we do have. Whatever is said against you, I must say in your behalf that you have raised our appropriation every year since this program was started. We started with \$10,000 for two years. At that time we had appropriations every two years. Then we had \$12,500, then \$20,000, \$25,000, and last year \$75,000, and this year \$200,000. Now, whatever you are able to do for us this year, we are grateful for the past appropriations.

Thank you. (Applause)

CHAIRMAN ANDRUS: Thank you very much.... Is Mr. Soelberg, Superintendent of the State Industrial School for Boys here? Mr. Soelberg, I would like to ask you a question just to point up this problem. How many mentally retarded do you have now at the Boys' Industrial School?

Mentally Retarded Children in the State's Industrial Schools

MR. SOELBERG: Twenty-one boys, Mr. Andrus, who have intelligence quotients of 69 or less. We referred 29 boys to Mental Hygiene at Colorado General last year, and three boys were transferred to the State Hospital in Pueblo.

CHAIRMAN ANDRUS: I would like to ask the same question of Miss Betty Portner, Superintendent of the State Industrial School for Girls, if she is here.

MISS PORTNER: Out of 122 girls, we have 23 who are mentally retarded and psychopathic cases. Sixteen of the girls who have been admitted to our school are now at the State Hospital in Pueblo and two are at the State Home in Grand Junction.

CHAIRMAN ANDRUS: I don't believe the Superintendent of the Colorado Children's Home is here. I just thought those figures might be interesting.

It is now my pleasure to introduce to you another gentleman in the field of education. I feel quite at home with these people because I taught 12 years in the schools of Colorado and know something of their problems. It is my pleasure to introduce Mr. Norris Bush, Director of Special Education, Denver Public Schools, who will speak on the subject, "The Program for the Mentally Retarded in the Denver School System." Mr. Bush.

The Program for the Mentally Retarded in the Denver Schools

MR. NORRIS BUSH: Thank you, Mr. Andrus. Good morning, ladies and gentlemen. I am very happy to be here with you and to help in thinking through this problem...

We in the Denver Public Schools are very much aware of the magnitude of this problem of the mentally retarded. We are aware of it because we meet it every day in every class every hour. There isn't a class in the public schools of Denver in which you cannot find a mentally retarded youngster. In some of those classes we have not only one, but five or six or even more mentally retarded youngsters. Therefore, with that being the case, and since it has always been the case, you can readily see that we are concerned with what to do with and for these children, and how to develop them.

Our job, as we see it, is to educate those that are educable in the public schools. We don't believe that it is our job to educate those that aren't. That may sound like a trite statement "that aren't educable" but we have brought to us many such children that are not educable. Therefore, it is our job to determine whether they are educable or not, and that is one of the things we do.

We do feel that it is our job also to give every child a chance, and a child has to be very, very pitifully handicapped indeed if he is not first given a chance in our Denver Public Schools. I am thinking of such children that are so badly handicapped that they are custodial cases. They are not ambulatory and neither are they capable of self-direction or of taking care of themselves in any way. All others we certainly give a chance to.

Now, what we do first is to completely analyze these children that are brought to us. We give them a thorough medical examination, a psychometric examination. We get the social history of these children, and after getting all of that, if the parents wish it, we try to put them in some sort of a special program. The number of those programs and the number of classes, the number of children in those classes is determined very much by money.

MR. NORRIS BUSH (continued): I, too, want to accentuate what Miss Downing said. I am grateful and all of us in the Denver Public Schools are grateful for what the last Legislature did for exceptional children. They have given the program a great boost, but it isn't the only boost that will be necessary, and they are going to have to spend much more money if the job is to be done adequately.

Now, there are several ways of handling these mentally retarded children, and by the way, I will define what we mean by mentally retarded children. They are children who are mentally deficient, who have I.Q.'s ranging between 50 and 75 — that gives us a range of ability and applies to those we are talking about. Does it mean we eliminate children with an I.Q. under 50? No, we give them a try.

We feel that to handle these children, we can do it in several ways. We can do it as it has been done in the past — let them be in classes, one or two here, three or four or half a dozen in this other class, and so forth, pass them along, keep them with their age groups, their social groups. That has been done, and not all children are harmed by that procedure, may I say. Wonderful teachers get hold of them, and do a wonderful job with them, and some of those children make remarkable progress and are not harmed. But it certainly isn't the best way; it isn't efficient, and many, many children are harmed by that procedure.

As I see it, our job is to so educate and develop these mentally retarded children that they won't have to go to an institution such as the ones at Ridge or Grand Junction or Pueblo. I believe we can do it. We have done it for several.

Our program of special classes for these children have been in operation for five years. Therefore, we haven't been in operation long enough to give you absolute statistical figures as to how many we have saved, or how effective they are in the job world, but we have our opinion, an opinion based upon what the parents think the progress of these children has been as they have gone along with us, and some of them are out into the job world and making a successful start.

Denver Program Costs \$700 Per Pupil

As I started to say before, we feel we can take these children and put them into a segregated school, or we can leave them in their classes, as I said, as another alternative. The third is to put them in regular schools, but in small classes as Miss Downing indicated. That is what we do. We have at the present time 128 such children in eleven different classes. Nine of those classes are at the elementary level, and in three different elementary schools. Two of those eleven classes are at the junior high level. We haven't extended it yet beyond the junior high school, but we anticipate that we will probably do so, at least partially. Those 128 children are costing the taxpayers of Denver a little more than \$700 per pupil annually. So, if we do get the 100 percent reimbursements from the State Department, which I know we won't get because there isn't enough money, but if we did, we would still be holding the bag for about \$200-plus as compared with our cost of educating normal children.

Now, because you have an enlightened, far-seeing Board of Education and a superintendent and staff that wants to do something about these children, they are saying that we are going ahead anyway, but we can't go ahead as fast or as far as we should unless we get more State money..... We anticipate eventually that we will have at least ten centers in our elementary schools and five centers

MR. NORRIS BUSH (continued): in our junior high schools to take care of these mentally retarded children. I could give you some pretty reliable figures. We have the names of 750 such children that are now in our Denver Public Schools. If we take the figures that were previously given by another speaker as two percent of the total population, and we have 68,000 children in the Denver Public Schools, that means we have over 1,300 mentally retarded children.

There are a lot of these children, and if we give them a good educational program, we can save them. They can become good, substantial citizens with the ability to lead self-sufficient lives and contribute to society rather than take away from it.

Those are our goals, and I invite you to visit any of our classes and see those goals in the process of being achieved. I invite you to visit Wyman School where we have three classes for the mentally retarded, or Elmwood School where we have three classes, or Whittier School where we have three classes, or Morey Junior High School where we have two classes. Those children are having the opportunity to lead a successful life now and learn thereby how to lead a successful life later.

I can cite you case after case of individuals who have improved so much that they are hardly recognizable. But if you had a child who was mentally retarded, and you saw him constantly being put in a position of failure where he failed every hour of the day in school, what does it develop in him? It develops in him, of course, a lack of confidence, insecurity, and everything else that is wrong. Bad behavior problems develop.

But if you put him in a classroom where he can achieve some success constantly, where he can gradually grow in this ability to have confidence and do things with ability, then he will change, and I have seen that change take place.

These people do grow up. They become citizens and they become voters and become a part of society. It is our objective in the Denver Public Schools to help them become good members of society.

Let me close by saying I invite you all to inspect any part of our program. Remember this, that the part for the mentally retarded is only a very small part of our school program for exceptional children. We have a great many more..... Thank you. (Applause)

CHAIRMAN ANDRUS: Thank you very much, Mr. Bush..... We have a speaker now who is going to discuss with us what the private and charitable organizations are doing in the Denver area. This lady is Mrs. Louis Pollock, who is currently the President of the Jewish Family and Children's Services of Denver, and also is a member of the Board of Directors of the Denver Area Welfare Council. Mrs. Pollock.

Denver Agencies Aid 197 Mentally Retarded

MRS. LOUIS POLLOCK: Statistics as such have very little meaning. You and I, today, must remember we are dealing with human beings, not statistics, and as such that the problems these statistics reveal are very real and very human. Behind them lie families with heartaches, emotional disturbances, and many other things which show themselves in maladjustments and social ills.

All of us here today are concerned with how Colorado can be more effective in the areas of service for the mentally retarded and the mentally defective.

MRS. LOUIS POLLOCK (continued): To determine needs, you and I must, together, define what we mean by mentally retarded and mentally defectives. There is a difference which we must bear in mind to do an objective job of evaluating our problem.

A mentally defective child is one who is permanently incapable of profiting from regular schooling, who is trainable rather than educable, thus permanently socially inadequate and vocationally incompetent.

A mentally retarded child is rated as merely backward or dull normal and is potentially capable of achieving social and economic independence.

My part in this discussion is limited to what private and charitable organizations are doing in the Denver area, because I am more familiar with that area, and because not too much else is being done in this grouping thruout the State.

In the statistics which Denver Area Community Chest gathered in reviewing the four major family agencies, they found a total of 19 children definitely considered mentally defective and, in addition, 20 borderline cases. No mention is made of educational services, or any specifics in these cases, only that case work agencies are servicing the family and it is known that there is such a child in the family. What can be done in servicing these children is very limited in the light of our knowledge of the institutions at the State level.

The Wallace School and Laradon Hall in Denver Aid 117

In the private school field we find Wallace School which gives as its definition of function "Habilitation of brain-injured children". Vocational School: Training of children to participate in society under limited or no supervision, after prolonged therapy. Therapeutic School: Training of children whose injury is less severe and who can be habilitated in a shorter period of time. Financed by membership and tuition.

Wallace School has 67 children -- 43% of them needing speech therapy. Services at Wallace included: audio-visual perception therapy; music therapy; pre-vocational and vocational therapy; parent education and guidance group. Occupational therapy and physical therapy provided through Children's Hospital. Speech therapy provided by Children's Hospital and the Wallace School. Supported by tuition fees and voluntary contributions.

Laradon Hall for Exceptional Children has as its definition: A private, non-sectarian school for the development and training of retarded children, in residence or in day school. Training is geared to meet individual needs of each child. Supported by voluntary contributions and fees and the Colorado Association of Elks Lodges.

The services of Laradon Hall include: academic subjects offered for those able to learn, training in adjustment to group situations at child's own level, training to increase manual dexterity, social speech development, help promote emotional growth of child, contact with parents toward their acceptance of child's limitation. Capacity -- 60. Enrollment, 50, including 30 residents and 20 day-students.

The third of the private agencies in the Denver area is the United Cerebral Palsy of Denver. They define function: Provide educational facilities for the

MRS. LOUIS POLLOCK (continued): Cerebral Palsied not eligible for public school program: Supplemental speech, occupational and physical therapy. Sheltered workshop for C.P.'s.

Its services include: Teaching of academic subjects and self help; coordination of academic program with speech, occupational and physical therapy, sheltered workshop and general program of parent education and social activities provided by the association. Total capacity, 70, with 65 presently enrolled.

The children in the enrollment of the three private schools are considered, for the most part, mental retards, while those in the Community Chest survey were considered mental defectives. Nowhere is there an exact breakdown and probably the division is not too clearly defined.

According to these combined figures, we have data on a total of 221 handicapped children of varying degree in the Denver area.

Not long ago I read in Readers Digest a little news note reported from the Waxahachie, Texas Light which said: "John Herndon caught a four-pound bass while fishing at Ennis Lake. It was one of the largest four-pound bass reported caught by a Waxahachie fisherman for some time, and was said to weigh about four pounds."..... That fish was definitely four pounds. But with the figures I have presented to you, I am not at all sure about the number of children needing special training and care in the Denver area.

We know from every survey and sampling that we have not approached any registering of even a small percentage of handicapped children in mental fields in the State or in Denver.

In the recent Colorado Cerebral Palsy Society report done by the Denver Area Welfare Council, Dr. Winthrop Phelps' (Medical Director of Childrens' Rehabilitation Institute of Maryland) yardstick was used to try to determine the number of C.P. Children.

Dr. Phelps' formula has been generally accepted by recognized agencies, and we can for our purpose of comparison use it here. His formula, if used on the Denver population of approximately 500,000, would mean that there would be 875 cases of Cerebral Palsy alone under the age of 25 years. Adding other causes of injury, we would get a very large number of cases needing service and education, or service, or institutional care. All of these are our immediate concern. Yet, we cannot get the figures to know the immensity of the problem. It is impossible to tell without a full survey.

Survey Needed to Determine the Number of Mentally Retarded

The human equation shows tragedy and need behind each case, and it is vitally important, thruout the State as well as in the Denver area, that we know the scope of our problem, the number of children, and the approximate educability of each category, if we are to work effectively. Getting this compilation is not an easy task, for experience in other States has shown that children are not brought forward merely to be registered unless there is a service attached which brings hope with it, and which promises help.

In using the Phelps formula on the Denver children, then multiplying it by what we know thruout the State, we all know there's a big job confronting us — there is work to be done. We also know there must be some kind of an evaluating team or process to distinguish between those children for whom there is a chance

MRS. LOUIS POLLOCK (continued): for a future, and to see to what extent that future is possible. We need to find the number of such children; the breakdown of the kind of problem; then to make available at county and at State levels those services which will allow the less severely retarded and the more seriously afflicted to attain their full potentials. These individuals are entitled to the same opportunity as you and I.

In this day of tightening of State budgets, of which we are all well aware, we must face this problem openly and squarely. Expensive? Yes! But surely a practical business report would show that, if this group of trainable and educable human beings were given their chance, over a long period of time, their productivity would lessen the burden of our institutions and would compensate both in human rehabilitation and in dollars and cents. **NEGLECTED HUMAN RESOURCES ARE COSTLY TO SOCIETY IN TERMS OF THE RESULTING DEPENDENCIES AND LOSS OF THE VALUABLE CONTRIBUTIONS IN SERVICE AND PERSONAL WORTH.**

In view of this, many educators of handicapped children subscribe to the thesis that school services should be made available to every child who possesses potentials for contributions to social and family living.

Toward this end, AND THIS IS ONE OF THE REASONS FOR SUCH A CONFERENCE, it becomes clear that the attitude of the community, and of responsible citizens, toward this problem must be intensified so that all children of Colorado may have their opportunities.

I know all of you remember the Bible legend of the wise man and the fool. The fool holding a small bird in his hand, said to the wise man, "Tell me, wise man, is the bird in my hand alive or dead?" The wise man knew if he said "Dead", the fool would release the bird alive. If he said "Alive", the fool would crush the bird to death. Thoughtfully and carefully he replied, "The fate of the bird is in your hands."

Colorado's program for its handicapped and retarded children is in the hands of citizens like yourselves. What will you do? (Applause)

CHAIRMAN ANDRUS: Thank you, Mrs. Pollock..... At this point, I should like to ask if there are questions from the group you would like to address to any of these individuals?

UNIDENTIFIED: I would like to address a question to Dr. Sudan. Are there any educable children at Ridge or Grand Junction, and if there are, can they be educated sufficiently to be discharged?

In School Classes: 130 at Ridge; 117 at Grand Junction

DR. SUDAN: In answer to that question, there are. We have in classes, 130 at Ridge and 117 in academic classes at Grand Junction. That doesn't include, of course, all of them in the institutions. It includes those for whom we have facilities and are able to take care of at the present time. There are others there, some that are educable to some extent. We have especially in the younger group coming up quite a number who, of course, are undetermined at the present time, but are in the classes of pre-school nature, and who will be able to benefit by academic education.

UNIDENTIFIED: There was a second part to my question. Are any of them educable to the point where they can be discharged from the institutions?

DR. SUDAN: That question, of course, poses many questions and angles. The individual, once committed to the school or the institution, then meets the problem of getting back into society and society accepting that individual, or some relatives and guidance for that individual. That is something we are trying. We are placing and have placed a number of these children in occupations, and they are working out all right. We don't know how the public will accept them after they are placed on their own. They are now under guidance through the institutions.

We have had two graduation classes at Ridge, and of course, they were small. The first one included the entire group, some nine who graduated from the eighth grade, and the examinations were given by the superintendent of the county schools.

CHAIRMAN ANDRUS: Thank you, Dr. Sudan..... At this point in our program we want to switch the emphasis from what we have been discussing thus far, being pretty generally what we are doing about the problem in Colorado. At this particular point we are going to approach it more or less from the point of view of the problems to be solved -- the challenge to Colorado citizens -- and it is my privilege now to present to you a very able legislator from the Western Slope, Mrs. Rena Mary Taylor from Palisade. She is a member of the House of Representatives from Mesa County and also a member of the State Institutional Advisory Board.

Mrs. Taylor Emphasizes Some of the Problems to be Met

MRS. RENA MARY TAYLOR: Members of the Panel and Citizens of Colorado: It is a privilege indeed to speak to you this morning on our mutual problem, the problem of the handicapped child. I liked what one of the previous speakers said, that this problem permeates the whole of our life, and the whole economy of the State of Colorado. It is not confined to any institution or group of institutions. It is Colorado's problem.

When I was assigned this subject to discuss this particular angle as an educator and as a legislator, I thought perhaps the two categories might be considered in conflict. Actually, they are not, because every educator in the State of Colorado has met this problem head on. As one speaker said, in every class in Colorado there is the child who is to a greater or less degree handicapped or retarded, and in every one of our State institutions, there are these children who are mentally handicapped or retarded, some of them actually mentally deficient.

It has been my privilege in the last year and a half to spend some time in all of our State institutions. I have observed these young lads in our State Reformatory in a group struggling with the problems of learning to read from a pre-primer, young men ranging in age from 16 to 25, and when I would say to them, "How does this happen? Your file shows that you finished the fifth or sixth grade, and you still are unable to read and write." And they answer something like this, "Well, you see, Mrs. Taylor, I was a dumb kid, and the teacher put me in the back of the room to put puzzles together."

I have been supervisor in three school systems, and I have seen exactly that thing happen. Why? Because the classroom was overcrowded, because the teacher perhaps was young and inexperienced. It is the rare teacher indeed who is able to give adequate direction to these children in a group where they must compete with what we designate as normal children. It just can't be done, and it just doesn't make sense.

MRS. RENA MARY TAYLOR (continued): Now, speaking as a legislator, it is expensive business setting up these classes of 10 or 12 children, but the thing is, it pays big dividends, and in the long run, it's the only possible approach to solving this whole problem.

Whether the child is in the public school or in a State institution, he must be educated up to the limits of his ability. For too long a time we have looked at this problem in this fashion. If a child was committed to an institution for the mentally handicapped, we thought he was placed there for life. That no longer obtains. We know that many of those children can be restored to useful citizenship. So, whether the training program is set up inside the walls of an institution or in a public school, it must have new motivation, the motivation of making the child into a citizen, not just spinning the wheels and going through certain therapies which we have thought in the past might keep him occupied and out of mischief.

It is a bigger problem than that. It is the problem of a human soul, and if we believe in the dignity and worth of an individual in time and in eternity, we can no longer pass this problem by.

In qualifying our statements, the statements made here this morning, some emphasis has been placed on definitions and terms. I think this is extremely important. We speak in a very broad sense of the mentally handicapped, and we think there is some strange type of individual involved. How many of them do you actually know? If you know them, you will know that they are fine individuals, many of them. Those who are educable and trainable have all the qualities that you or I possess. Some of them have them to a very marked degree. They know their handicaps. There is a little chap down in Dr. Sudan's institution who goes out into the town of Grand Junction to mow lawns. He's a very engaging lad, and in one of the families where he was mowing the lawn there was a guest who was observing him, and she wanted to talk to him a little bit to see what made him tick, what he was thinking about, and so she said, "Where do you live?" He said, "I am an M.D. out at the State Home." She was a little puzzled because she couldn't quite put him in the category of even an interne, and she said, "An M.D. at the State Home?" "Sure," he said, "mental defective." He had accepted a limitation which had been placed upon him by the lottery of birth over which he had no control. That biological lottery is a very cruel thing in many instances.

We heard the comment just a moment ago, "How will society accept and receive these people?" In the name of the Creator of us all, how can they fail to receive them if they can make their place in society? And if we were all analyzed with the cold light of science and all those terms that were mentioned earlier, perhaps not all of us would have a clean bill of health as to our mental capacities.

I think we are going to have to take a new attitude and not think that these people are in a class or category by themselves. They are just less gifted. Of course, there are custodial cases where the handicap is a definite one, where they must have institutional care, and that is another problem, but even there, we can't always be sure. There was one lad, again mentioning the Grand Junction institution, who was terrifically handicapped, physically. No one had ever bothered to discover if that handicap was a mental one as well. In the course of the past year, the discovery has been made that he has quite an artistic sense, and although his hands are so crippled that they turn back to his body and he can hold a paint brush with greatest difficulty, he still makes pictures, beautiful pictures. I was over there not so long ago, and he said, "You know, Mrs. Taylor,

MRS. RENA MARY TAYLOR (continued): I am just plain lucky." Looking at him, I wondered, but I said, "Yes, of course, you are lucky because you have made a beautiful picture." He said, "Yes, that, but I am lucky, too, because as short a time as a year ago, no one knew I even had a brain."

I think we have to examine our thinking and re-examine it from time to time. I think one of the first things that Colorado must do in this treatment of this problem is to reach the parent so that when he realizes his child is somewhat below the average, perhaps in the family or the community, he will do something about it, instead of hiding that child away. If he had a damaged appendix or a crippled foot, something would be done, but parents for too long have been slow to say, "I must take Johnnie to a psychiatrist," or, "I must take Johnnie to a doctor — he is not functioning properly."

We have learned that the earlier these children are discovered and helped, the greater their rehabilitation can become. This is a problem that will be with us always, not only in Colorado, but in the world, and we must meet it more intelligently than we have done. We must restore these individuals to useful citizenship, and you, the citizens of Colorado, not just the Legislators, must see that there are funds for this important job. (Applause)

CHAIRMAN ANDRUS: Thank you very much, Mrs. Taylor.... Our next speaker will speak on the subject, "The Problems as They Affect the Cities and Counties." He is the Mayor of the City and County of Denver, and President of the Colorado Municipal League among other things, and if you have read the public prints well in the past year, you might have come up with the conclusion that there is a little confusion about political affiliation of this gentleman. Those of us who have known The Honorable Quigg Newton know there is no confusion in his mind about good government, and with that, Mr. Mayor, it's all yours.

Mayor Newton of Denver Points Up Some of the Problems Requiring Action

THE HONORABLE QUIGG NEWTON: Thank you very much, Mr. Chairman, and Ladies and Gentlemen: First of all, I would like to express my appreciation to the Governor of the State of Colorado for calling this very important Conference on Mental Illness and Mental Defectives. I think that out of this Conference might very well grow some important recommendations to the Colorado State Legislature, and certainly a clarification in the minds of all of us on some problems that are vitally important to our communities and to our counties.

I have been asked to discuss this problem as it affects cities and counties. I think there are others who might have been much more qualified than I to discuss the county aspect of the problem, and I am rather sorry that some county commissioners were not called in to express themselves or perhaps they will before the Conference ends on this subject.

I know my time is limited. I would like to narrow my discussion down to about three or four recommendations that are of importance to Denver, and I hope I express the attitude and the feeling of persons in other counties throughout the State of Colorado with respect to them.

Newton Outlines Three Recommendations to Deal With the Problem

First of all, I would like to recommend that there be a State-wide study of the problem of the mentally ill and the mental defectives, a State-wide survey to obtain facts and information on which to base our recommendations to the Legislature.

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THE HONORABLE QUIGG NEWTON (continued): Second, I would like to recommend that there be a comprehensive study of our State laws with a view to their recodification and revision along modern lines.

Third, I would like to recommend that there be contained in those laws and in the minds of all of us a clear placing of the responsibility, where the Legislature determines that it belongs, either upon the State or upon the cities and counties, to solve this very serious problem of the mentally ill and the defective persons within our State. In that connection, I would hope that the Legislature would resolve once and for all this problem of past liability for the residents of our counties who have been and are inmates and patients in our respective State institutions.

I would like to discuss each and every one of those recommendations. Very briefly, it is clear to all of us that our judgment is only as good as our facts, and I know I speak for the City of Denver when I say our facts in the City of Denver are deficient. We have a profound ignorance as to just what is the problem within our own city and our own county, and I think perhaps that goes for other counties as well as for our City and County of Denver.

We don't know, for example, how many mental defectives there are in our community of the various categories and types. We don't know how many need permanent institutional training. We don't know, for example, how many might benefit from some specialized home care which might be provided at considerable less expense and greater advantage both to the family and to the individual who is suffering this tragedy in his life.

We don't know, today, for example, how many families there are who have within them persons who are affecting tragically the other members of the family. I happen to know of a few cases myself where a mental deficient child is tragically blighting the lives of all of those persons within the family around him. We know that many serious consequences derive from such a situation, consequences that have lasting, enduring bad effects within our communities. Juvenile delinquency stems in part from that kind of a situation within any family, and we would like to have more facts as to how many such situations there are, and each should be analyzed in its own right as to the kind of care and attention that we as a government can and should be asked to provide to it.

We don't know, for example, how many children or how many adults within families who are mentally deficient today might through some kind of special care be permitted to play the kind of a restricted part in the community that their qualifications, their abilities would permit.

I say again -- and I know you all agree because you have all played a part in this kind of a situation as public officials, private officials, private agencies -- I know you all agree that facts must be obtained before our judgment can be any good, and we in Denver do not have adequate facts, and I would hope this Conference would in some manner recommend the undertaking of a State-wide study, county by county, as a basis for whatever recommendations ultimately might be made to the State Legislature.

"State Laws on Mental Problems Are Confusing" --- Newton

Now, on the question of State laws, I think we are all familiar with the conflicts within our State laws. Unhappily, they have not been to my knowledge codified almost since the State became a State, and as a consequence, each session of the Legislature -- with few exceptions, of course -- have amended the

THE HONORABLE QUIGG NEWTON (continued): previous laws, and in many cases, without proper and adequate understanding of what underlies these amendments, proper understanding as to the technical meanings of the words that have been used, and as a consequence, I think we all agree that there is a considerable amount of chaos.

For example, Section 1 of Chapter 105 states that an idiot is an insane person. On November 5, 1953, Dr. Zimmerman — and I would have done it, too — Dr. Zimmerman refused to admit two idiot children to the State Hospital. Now this problem of what is a mental defective as compared to what is an idiot and what is an insane person has baffled and bewildered us all, and I think that we as administrators are entitled to clarification of these laws. The State law prohibits the commitment of mental defectives under 16 years of age to the State Hospital. That law was passed only in 1953, but as I say, there is no statutory definition of mentally deficient persons, mentally defective persons, or feeble-minded persons, or of an idiot. Our State laws make an idiot a ward of the State, but does not specify the status of a mental defective. The State laws make an idiot the ward of the State, and yet, according to my information, there are a number of idiots in Denver who will not be admitted or not be received in the institutions at Grand Junction or Ridge.

It is hard for me to understand how they can, on one hand, be a ward of the State, and on the other hand, not be admitted to the only institutions, and I understand your problem entirely, Dr. Sudan. They cannot be admitted to the only institutions of the State that are qualified and set up to take care of them.

I understand anyway from my professional advice that today the professionals in the field of mental health do not use the word "idiot." It's obsolete and long since has been dropped out of the language of the medical health profession.

As I have already indicated, the State law provides that county courts shall determine whether a person shall be committed to the State Hospital or to the State Home at Ridge or Grand Junction. The State law requires the State Hospital to admit any person committed, but that law does not apply to the homes at Ridge and Grand Junction according to the most recent Supreme Court decisions. The State law directs the county court to commit a mental defective person to Ridge or Grand Junction, but by recent Supreme Court decision, it doesn't require the institutions at Ridge and Grand Junction to accept those who have been legally committed by the county court!

State Laws Need Clarification

I simply say this on behalf of Dr. Zimmerman and Dr. Sudan and many others who will probably agree with me, that we as public officials are entitled to a clarification of the law defining our respective responsibilities and defining the responsibilities of our institutions, as a democracy is a government of law and not men. No democracy can work in my judgment at least unless there is law, and by law, I mean certain laws defining responsibilities of the various State officials.

I have always asked every manager within the city administration as soon as he becomes manager to review each and every ordinance and each and every charter provision with respect to his department, and to make recommendations for change where there is ambiguity or uncertainty because he is held by me and the people of Denver and the courts to a rigid adherence to the law, and if he doesn't know what the law is, he operates as a confused, bewildered administrator, and when

THE HONORABLE QUIGG NEWTON (continued): he operates as a confused, bewildered administrator, the public likewise is confused and bewildered, and when the public is confused and bewildered, it is high time that those elected by the public do something about it.

But I really mean to emphasize that once again without clarification as to what I am supposed to do and what Dr. Zimmerman is supposed to do and Dr. Sudan is supposed to do, we cannot do our jobs right. We cannot perform in the manner of a democratic electorate or appointed officials in this important area, and in the long run, the public suffers.

I have had to ask officials of the Denver General Hospital not to take mentally deficient and mentally retarded children into the hospital, and I always add "unless there is absolutely no other means of taking care of those children, no other satisfactory means." The reason for that is that we have certain definitions of our responsibilities at the Denver General Hospital to take care of the physically ill and in some cases the mentally ill and the acutely mentally ill. But we do not, as we see it, have the responsibility of running an institution for the mentally retarded or for the chronically mentally deficient people within our city.

Am I right? Is our Manager right or wrong in refusing to take these people within his institution? Is Dr. Sudan right or wrong in leaving these people within families to have the adverse effects that they have? Is Dr. Zimmerman right or wrong in saying they won't take idiots but will take mental defectives? (I don't know what he said, but something along those lines.) But I say on behalf of you, and on behalf of myself as an administrator, we are entitled to and we must have and we must demand from those who write the laws that govern our actions, clarification of our responsibilities so that we in turn may operate intelligently and on the basis of some kind of certainty.

The Question of State or County Responsibility

Now, as to the third question, who will provide the facilities for these people whom we know need institutional care, I would like to say this. Is it a State responsibility or is it a local responsibility?

I think I speak on behalf of all of the county officials and all the city officials in the State of Colorado, and I do so even without asking their permission, when I say that it is unrealistic and impractical to expect the cities and counties each in their own right to set up and provide institutions with proper and adequate personnel, trained personnel to solve or take care of and treat the mentally deficient persons within our State. Most counties in the State of Colorado do not have sufficient population or sufficient number of these specialized types of patients or sufficient resources to do the job, and I venture to say that even by counties banding together in various sections of the State, they could not do the practical and realistic and competent job in such a specialized field.

So, I do not feel that it is a county responsibility, nor do I think that any attempt should be made to make it into a county responsibility. Traditionally, and I think nationally — although I am not too sure of my facts about this, and Dr. Zimmerman will know better than I — it has been a State responsibility to provide for the mentally deficient within the States, and not city or county responsibilities, and I think we have accepted that responsibility in the State of Colorado in providing the excellent institution we have at Pueblo, and I personally can see no justification for drawing the line between the adults

THE HONORABLE QUIGG NEWTON (continued): whom we will provide for and the poor kids who require the care, whom we will not provide for.

So I do hope and I do urge that we as a group here today will recommend to the Legislature that it will clarify immediately the responsibility and at which level this institutional care will be provided.

Who Pays the Bill for Care of the Mental Defectives?

As to the cost, I am not taking a firm position on that one way or the other. If the State feels the cost should be paid by counties and that's agreed to generally by everyone, Denver will, of course, pay its share. On the other hand, it doesn't make too much difference because the costs sooner or later are going to be paid by the same people. We are all residents of the State and of the Counties. We are all going to pay it, so whether we are going to pay it by one piece of machinery or the other, so long as it is settled, it will be all right. And may I urge that this group and the Legislature itself discharge the counties from the liability that has accumulated over the years as a result of the uncertainty as to who should pay the costs. We in Denver are faced now, if my understanding is correct, with a bill which, if we date it back to 1912, will amount to something over a million dollars for the care of our citizens in these State institutions. Yet, over the years, as I understand it, no bills have ever been submitted to us, and we woke up one bright sunny morning, or I guess it wasn't so bright but rather bleak, to find that we had a liability of about a million dollars, which we hadn't accounted for, hadn't budgeted for, and we had no money to pay it, all because of uncertainty in the State law as to who should pay the bill. I might add, that we have been paying our taxes in the City and County of Denver year after year to pay the deficiencies and the deficits of these State institutions, and why we should be asked to go back over the years and reimburse the State for something we have already paid for doesn't really make any sense to me at all. But I do urge that the Legislature decide, and once it decides, in the future we will comply. But as to the past, I ask that that liability be discharged and that we be relieved of it, and that in the future, to the extent that we as counties owe the State anything, bills be submitted the way you would in ordinary business practice, and that there be a statute of limitations placed against the State in filing bills against cities and counties.

Now, may I conclude by saying that if there is any way in which Denver can assist this group or assist the State Legislature through the lending of its facilities or its personnel or even putting up our fair share of the money — that's quite an offer to make, I admit, in these days of tight budgets — but if there is any way we can help, we want to play our part and our role in the solution of what I regard today as one of the most important and vital facing our communities, our cities, and our counties..... Thank you very much. (Applause)

CHAIRMAN ANDRUS: Thank you, Mr. Mayor..... I would like now to introduce to you a gentleman who will speak on the legal aspects of the problem, Judge Howard Ashton, who is the County Judge in Boulder, and also President of the Colorado Association of County Judges. Judge Ashton.

Judge Ashton of Boulder Discusses Statutes

JUDGE HOWARD O. ASHTON: Mr. Chairman and Ladies and Gentlemen: I speak, as you have indicated, as one of the 63 county judges in Colorado who are charged by law with certain responsibilities respecting the handling of cases which we are discussing this morning. When we say legal aspects, of course, as Mayor Newton has indicated, there are two phases of the legal aspect. One is the public policy

JUDGE HOWARD O. ASHTON (continued): as fixed by statute. The action of the Legislature determines the general public policy with regard to this problem as in many others. However, when it comes to applying the statute to the individual case, the courts are called upon to determine what the Legislature intended by the language which it used, and of course, the county judges, Mr. Mayor, second your suggestion that if the language of the statute is perfectly clear and not subject to more than one meaning, then we know how to proceed, but where the language of the statute is subject to more than one interpretation, Judge Brofman, (Denver County Court) may send one to Dr. Zimmerman thinking that to be the law, and other judges might interpret it differently.

In the last analysis, these problems can be resolved by judicial determination if we go to the Supreme Court of the State, and I suggest to you that we can solve many of our problems by the judicial process, the process of submitting the question normally by declaratory judgment first to the District Court, and then to the Supreme Court.

Now, let's take a brief look at this statute (Chapter 105, 1935 Colorado Statutes Annotated). The present statute lists two groups of persons, and whether these definitions are valid or whether they are archaic has been suggested, and I am inclined to think we can agree that they can stand some improvement. The statute at present provides for two groups of persons. It calls the first group insane, and it says, as has been pointed out, that it shall include idiots. The insane person is here defined -- and it uses the term to define the term -- it is defined as one so insane or so distracted in his mind as to endanger his own person or property or the person or property of others. I take it the test of that definition is whether he endangers himself or may endanger himself or others. Then in the same paragraph the other group is catalogued with such language as this: "The phrases, incompetence, mental incompetence, incapable, feeble-minded shall be construed to mean any person who, though not insane, is by reason of old age, disease, weakness of mind, feebleness of mind or from any other cause incapable, unassisted, to properly manage and care for himself and his property." I take it the test of the second group is the person's capacity.

There is a No. 1 question! Have we got a proper definition in the statute, and is that language adequate to convey basic idea which modern medicine and psychiatry has developed? I am not able to answer those questions. I agree simply with Mayor Newton, that it is important for the county courts and for the administrators to know which category a patient should be considered under because there is a difference in the result. The statute goes on to say that if the county court upon the recommendation of a medical commission (a less acceptable word is used in the statute -- a lunacy commission, but nevertheless, a medical commission) if the commission finds that the person falls in the first category, that is to say, is insane or distracted in his mind, then the statute says in rather mandatory language that it shall be the duty of the court to enter an order committing said person to the Colorado State Hospital.

If, however, the medical commission recommends and the county court finds that the person falls into the second category, those designated by that group of phrases, then the statute says, "If the report shows that the person is so mentally defective as to be incompetent to care for himself," and so on, then the court shall enter an order committing the person to the State Home and Training School.

Court is Bound by Statutes and They Must be Right

Now, the Court in exercising this function is bound by the statute and so I repeat that it is important for the statute to be right.

JUDGE HOWARD O. ASHTON (continued): There is a third alternative in the statute — that if the court finds from the recommendation of the commission that a person can be cared for properly by a friend or a relative, the court may make an order awarding the custody of that person to a friend or a relative. That is the language in Colorado.

We have the Public Health Service Model Act which the Legislators might want to consider, and I would be interested in the doctors who are here, what they think of this definition. They lump it all together, and simply say, "A mentally ill individual is an individual having a psychiatric or other disease which substantially impairs his mental health." That is just one category.

Then there would have to be some provision arranged for the placing of the patient for treatment. Curiously enough, while the statute reads alike, those committed by the county court to Dr. Zimmerman must be accepted by him unless he can avoid it under some technicality which he is now undertaking. (Of course, you understand the friendly nature in which these remarks are made.) However, under the second category, they sure enough are to be committed by the courts, but whether or not Dr. Sudan takes them depends upon whether he has room enough, and that seems to be a very wise arrangement, and I expect Dr. Zimmerman would like to have the same sort of arrangement.

Who Is a Ward of the State?

But nonetheless, in 1953, Mayor Newton has already pointed out, the Legislature amended Section 42, Chapter 105, and said very definitely that after a person had been adjudged to be insane — that is, in the first category — then that person is made a ward of the State. I don't know exactly what that phrase may imply. It implies, I think, that if the individual can't pay, and if his family can't pay, that the State will. It seems to me that he must be accepted, and even if Dr. Zimmerman doesn't have room in the State Hospital for him, it's his problem to find room and provide some facilities. It appears to be mandatory. Then it says, "Provided, however, that no mentally incompetent person under the age of 16 shall be committed by any court to the State Hospital." Now, the language before the Legislature amended it in 1953 used the phrase "mentally incompetent." Now they say "mentally deficient." To me, that means about the same thing. I am not sure whether the professional definitions would come up with that same result.

The old law used to provide that you couldn't send children under 16 to the State Hospital if there was room for them at Ridge. But now, we have clarified the law by judicial decision in People vs. County Court where Justice Clark said recently that the principal function at Ridge and Grand Junction was education and training, and that that was a different sort of function than was supposed to be performed at the State Hospital.

Well, if we are narrowing the definition of persons who are to be accepted at Ridge to those who are subject to education and training, that leaves the question of what happens to the purely bed cases, the purely custodial cases, and I appreciate the fact that Dr. Zimmerman defines training in a very broad sense to include the ability of a mental defective to learn to feed himself and such simple day-to-day problems as that.

I think we do have some problems of definition. We need to decide whether we want to continue the two categories and have the two institutions take those. I agree with Mayor Newton that the responsibility for maintenance should be consistent. It is as consistent, as I see it, for the State to have responsibility

JUDGE HOWARD O. ASHTON (continued): for both groups as it is to have it simply for one, or if not for both, then for neither.

Statutes Should Provide for Transfer of Mental Defectives

I have the following items to mention in conclusion. If there is difficulty in determining which institution a patient should be committed to, and if there is some likelihood that the court may misconstrue the intent of the Legislature, then I would suggest that some provision be made for the transfer of patients. I don't know where that responsibility should lie, possibly with the Director of Institutions or the court might continue jurisdiction for the purpose of transfer, but as I view the problem, the patient ought to be placed in the institution best qualified to give him treatment.

Again, I have this suggestion: that in the case of Ridge where the Legislature has now limited the so-called parole to 90 days, and that in effect means on trial under some arrangement outside of the institution, I think that should be enlarged to two years at least.

Again, I feel that the authorities in charge of the institutions are competent medical people, and that those persons might make recommendations for what we now call restoration to reason. I am afraid we have created almost a legal trap for persons once committed to come out. They may get from Dr. Zimmerman what is called an administrative discharge. That does not act as a restoration to reason. It is not a restoration to full status, in other words, and it seems to me that there would be cases in which Dr. Zimmerman could recommend to the court of commitment that the person should be restored, and I can assure you we would regard his recommendation as one of the best we could obtain.

I think in addition to the various terms that need definition, both to make them accurate for administrators and to make them as inoffensive as possible to the patients and to the public generally, there are some small items such as providing for the transfer of jurisdiction between county courts which probably applies to adults more than it does to children. Under the existing law, a person must be committed from the county of his residence, and there may be situations, and are frequently, where it would be to his advantage to have that jurisdiction transferred to another court.

The procedure as outlined in our present statute is not particularly applicable to children. It provides, for instance, that the person who is the prospective patient must be handed a copy of the complaint, and he must be handed a notice of the time when the commission is going to meet, and so on. As I think of a little two-year old spastic that we have in our county hospital, Dr. Sudan not having room for him, I can't believe that that would have much meaning. And yet, in the over-all procedure, there is just one procedure here, and that is a very important procedure for an adult who may have a very high degree of competence in certain fields and a deficiency only perhaps in one category. So that the procedures as they are now set up provide for the long established and democratic safeguards -- most of these patients are handled against their will -- it being the average opinion that we must do something for them even though they may not recognize their need for treatment, so that the safeguards against abuse of this thing must be present, and I am happy in that regard that the Superintendent of the State Hospital has the right to discharge a patient if by some chance the local commission may have been in error. At least now he has the authority to put them on parole. I am suggesting that it ought to go further, that the superintendent ought to have the authority to recommend the restoration to reason for any cases in which he may feel that recommendation profitable.

JUDGE HOWARD O. ASHTON (continued): I like the statement with which our moderator began this program. By joining hands, we can solve the problem. There is a medical angle; there is a legal angle; there are some difficult legal problems which I elected not to discuss here, but only to suggest the general nature of them. I think your presence here and the facts of this Conference indicates public interest to the point where we may anticipate progress, and I am sure that the method of obtaining it will be through our cooperative and collective efforts. Thank you. (Applause)

CHAIRMAN ANDRUS: Thank you very much, Judge Ashton.... Our next speaker, the one who will conclude this morning's session, will speak on the subject from the standpoint of the clergyman. Certainly one of the most effective voices and one of the most eloquent ever raised in behalf of this problem we are discussing this morning is that of the Very Reverend Monsignor John R. Mulroy. He at the present time is Director of Denver Catholic Charities, and is a Past President of the Colorado Conference of Social Welfare. I am privileged to present to you Monsignor Mulroy.

Monsignor Mulroy Reviews the Problems and Stresses Need for Action

VERY REVEREND MONSIGNOR JOHN R. MULROY: Mr. Chairman and Ladies and Gentlemen: The church is last but not least on this program because the philosophy of this whole movement is based upon Christian civilization. Christian civilization, of course, is the completion and perfection of Judaic civilization. We are not oriental in our outlook here, which means that we are exposing the children or abandoning them because through an accident or through something over which we have no control a child is born into this world without its little mind able to function. All infants pass through the age, you know, of what in the old terminology was idiocy and imbecility and moronity, and then they become normal, but that happens in a short period of time. Somehow, that doesn't happen in a number of children that are born into this world, so we have the Christian philosophy of caring for them, and it occurred to me that we are pretty close to a solution of the present situation when we have the Governor coming here and telling us it is problem number one. This humanitarian problem is number one. That's a great step forward in the solution of this problem that besets us, and then we have here legislators and judges, and we have our Mayor of Denver and other mayors, all interested in solving the problem of these, the least of His brethren.

All of the clergy of every denomination expect that, if their preaching and teaching has been of any avail, you will take care of this very serious problem.

I just want to speak a word on behalf of those not referred to so very much. We had a very fine report from Mr. Bush in regard to the education of the educable people who are mentally retarded, but remember that Dr. Sudan and his associates have to take care of a great number of children that are not educable, that are not pleasant to look at. They are not like the physically handicapped boy or girl, not a bit attractive. They are very repulsive to us, but we can't forget them nor neglect them....

Now, what has been done in the past is important, and I am not a youngster anymore. I like to think so, but I am not. I would like to call to your attention both as a clergyman and as a man who has been interested in this problem for many years that my mind goes back to the legislative session of 1927 and 1929 at which the same attitude was taken by the Governor and by the Legislators as is being taken here today, and at which session a large appropriation for those days was made to put up new buildings at Ridge and to revamp the old Indian School at Grand Junction, and we started out anew, and this is another generation.

VERY REVEREND MONSIGNOR JOHN R. MULROY (continued): That was 26 years ago. Now the problem has grown as Colorado has grown and we have more people to take care of. The insurance people will tell you that the law of averages on the incidence of imbecility and all these other categories is pretty steady and static, and it is greater among the poor, of course, than among those of greater means, but it does not necessarily follow that there are not those kind of children in the homes of well-to-do people, as many of you know.

So we have the same problem facing us now in the Legislature of 1954 and I hope 1955, and the needs that Dr. Sudan and his associates referred to must be met primarily because the first thing we need for the children is custodial care, and then we need the educational programs within those institutions.

During the time that Senator Ed Johnson was Governor, as Dr. Zimmerman knows, it was my job as one of the members of the Board of Visitors for State Welfare Institutions to visit Ridge and Grand Junction and the State Hospital, and so on, at least twice a year for four years, so I know something about all of them, and I know that the problem of education, of training, and of getting the specialists and so on has not been met in practically any of our State welfare institutions, and it is all very well to conduct a farm in connection with the State institutions, but it isn't necessary. We are conducting a farm. We are raising chickens, somebody said, and so on, but that isn't the point. Primarily, we are taking care of human beings. We ought to take care of them in an intelligent way and do what we can to educate them so that they can return to society as has been optimistically promised to us by our educators here this morning.

And then, of course, we need an extension of that program for home care, for home education of these children. Let them come to the public schools when that's possible, but we also need, as I have seen back in my home state where I was born — this is my home state now — the State of New York, where they have teachers going into the homes. The parents are willing to tackle the problem themselves of giving the custodial care to these children if the State will provide some type of education to improve them, so that they can have some habits of decency, of propriety, which any home requires.

I am sure you would have no doubt on how you are going to vote when the matter comes up if you have ever seen a family, a broken family, where the mother and the children, too, so loved the little imbecile, they wouldn't let it go to the State Home, wouldn't let Dr. Sudan take care of it, and determined to take care of it.

I have personally seen in my work in the Catholic Charities at least a half dozen mothers who had other children and who stood by the feeble-minded child and kept it there in the home, and the other children kept it, and what do we find? A woman of 50 years who ordinarily should have a number of years of health and happiness left, but she is broken down and looks 75 or 80, already practically in her grave, and that's what we have been neglecting a little bit lately. We have failed to realize that this problem has grown up with the new generation the past 26 years, that these institutions were made for Colorado with a population less than half of what it is now, and we have to build up and catch up with the problem, and thank God you are willing to do that and you have the Christian philosophy in the matter, I hope.

I don't understand Judge Clark's decision. I think Judge Clark is asking us to take a step backward. He is asking us to take care of these children that are not educable — to take care of them in private institutions and agencies or in these homes.....

VERY REVEREND MONSIGNOR JOHN R. MULROY (continued): Now, you tell us in the field of religion that it is our problem. Yes, if we can pass some kind of legislation and tax you so much per capita and turn it over to us, we will set up the institutions, I assure you, whether we are Catholics, Lutherans, Baptists, Presbyterians, or Jewish people, or what have you. We will set up the institutions if you will raise the tax money for us, and we will do it just as economically, to say the least, as the State will do, but in the meantime, the obligation to take care of the insane and mentally defective is upon the State. I don't know whether the State is the great Commonwealth of Colorado or the City and County of Denver, but it's here — the obligation is here, and I hope that we will follow our words here and our discussion with action.

Now, I just want to disagree a little bit or call to the Mayor's attention that we are not so deficient on this problem as you might think, and we don't need too many studies. I think we have pretty much the facts at hand. We have the national averages, and we have here in this report of the White House Conference on Children and Youth in 1950 a very fine summary of the situation in Colorado. The chapter on services for the mentally defective was prepared under the direction of Dr. Ebaugh and his associates.

I think we are pretty well up to date with the statistics. The figures for 1950 are 94 short of the ones for 1953. You have 94 more in Ridge and Grand Junction, for example, and the number of homes, number of schools, number of special education and teaching units have increased, so I think we can act even while we are getting more facts to satisfy all of the people that want to know them. We have to act pretty quickly or the problem will be overwhelming.

You will remember Ridge was enlarged in 1929, and Dr. Pershing, a fine old man, gave up the practice of medicine to take over Ridge. The agencies of the Community Chest which I happened to be going into with Catholic Charities at that time all had feeble-minded children. They all had them because there was nowhere else for them to go, and we couldn't do away with them. In one of our institutions we had 26 feeble-minded children and women and girls, and the late Herb Farrell went to several of our committees and then to Dr. Pershing and said, "Will you please take care of these institutions so they can run a normal program for necessary education and defective children?" Dr. Pershing said, "We will," and his first action was to reduce the number of these people in the private institutions, taking care of the needy and the defective children, and that's what we need to have done right now.

We have in our institution — and I mean the institution of Catholic Charities — 29 officially that we have studied, and we have all the information. We don't know where to put them. They are impeding our program more and more, and the other institutions, I am told, have them. We found 19 in the homes of families. I am sure we have a minimum of 50 children in this area that should be taken care of in institutions because they are non-educable, and those are the ones I plead for because they are the least of His brethren. (Applause)

CHAIRMAN ANDRUS: Thank you very much..... I don't know how you feel, but I feel the impact of the discussions on the problems we have isolated for this particular Conference has been terrific, and I am deeply grateful personally to everybody that participated, including this wonderful group that comprises the audience this morning.

I might say one more thing. We are interested in everybody participating. If you have any ideas of your own or representing your group regarding recommendations to come out of this Conference, will you please see that your ideas

CHAIRMAN ANDRUS (continued): either in complete form or in outline form get into the hands of Mr. George Kirk, Chairman of this Conference, and I think he has a word or two for you now as we conclude this morning's session.

GENERAL CHAIRMAN GEORGE KIRK: You have already said what I was going to say about the resolutions. We are sorry that we haven't been able to provide the time for discussion, but we will endeavor to provide the time if we can save on some of the other schedules..... I think that brings us to our adjournment, and please be back at two p.m. promptly.

..... Whereupon, the Monday Morning Session was adjourned at 12:25 o'clock p.m.

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RESOLUTIONS APPROVED BY THE RESOLUTIONS COMMITTEE
AND ADOPTED BY THE CONFERENCE

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COMMENDATION OF THE THIRTY-NINTH GENERAL ASSEMBLY FOR ITS ACTIONS
RELATIVE TO FUNDS FOR HANDICAPPED CHILDREN AND
PENSIONS TO THE AGED IN STATE INSTITUTIONS

BE IT RESOLVED that the Governor's Conference on Colorado's Problems Relating to the Aged, the Mentally Ill, and the Mental Defectives, herewith declares that much progress has been made in recent years regarding the care and treatment of these classifications due to the intelligent and courageous stand taken by the General Assembly, particularly as it has acted in regard to increasing the appropriation of funds for the training of mentally retarded and other handicapped children in our public schools and in relation to legislation making it possible for pension funds to be granted to many persons in our State Institutions in order that they can, in turn, help pay part of the cost of their care provided by the State.

ADOPTED by the Conference.

* * * * *

REVISION OF STATUTES
RELATING TO THE MENTALLY ILL, THE INCOMPETENT AND THE INSANE

BE IT RESOLVED that this Conference recommends that the revision of State laws relating to the Mentally Ill, Incompetent, and Insane, now being developed by the Committee on Mental Health of the Colorado Bar Association in cooperation with the Medical Profession and other groups, be completed for presentation to the General Assembly in 1955.

ADOPTED by the Conference.

* * * * *

DETERMINATION OF STATE AND COUNTY RESPONSIBILITY FOR
CARE OF MENTAL DEFECTIVES

BE IT RESOLVED that this Conference recommend to Honorable Dan Thornton, Governor of the State of Colorado, that he call upon the General Assembly;

First: To declare a firm policy as to the respective responsibilities of State and County in regard to the provision of institutional facilities for the care, training, and education of mental defectives; and

Second: To take whatever legislative steps are necessary to relieve the several counties of the State from claims by the State for past services and care of mental defectives; and

Third: To establish a firm policy with regard to future liability, if any, of the counties for contributing to the cost of institutional care, training, and education of mental defectives whose families are unable to pay for such care.

ADOPTED by the Conference.

* * * * *

EVALUATION AND GUIDANCE CENTERS

BE IT RESOLVED that existing institutions and agencies, which have specialized services available, be encouraged to set up Guidance and Evaluation Centers to help the mentally retarded, the mentally ill, and the aging and aged to attack their problems realistically.

ADOPTED by the Conference.

* * * * *

ESTABLISHMENT OF A CONTINUING CITIZENS' COMMISSION

BE IT RESOLVED that this Conference recommend to the Governor and the General Assembly that a continuing Citizens' Commission be set up to study the problems — tremendous in scope — relating to Colorado's aged and aging, the mentally ill, the mentally retarded, and the mentally defective, item by item as they exist in the sixty-three counties of Colorado; and, also, to study either at first hand or by competent reports the programs of other States wherein real attempts are being made to solve the same problems; and, further, that this Commission report its findings at regular intervals to the Governor and the General Assembly.

ADOPTED by the Conference.

INCREASED SALARIES FOR PROFESSIONAL PERSONNEL

BE IT RESOLVED that salaries of professional and technical personnel, in State Institutions and Departments concerned with Mental Health, be increased to the extent necessary to assure adequate staffs; and that appropriations sufficient to accomplish this objective be provided.

ADOPTED by the Conference.

NURSING HOMES FOR THE AGED

BE IT RESOLVED that it is the recommendation of this Conference that our aged senile people be cared for, insofar as possible, in the family homes and in suitable nursing homes adjacent to general hospitals in the various communities of Colorado, reserving the State Hospital at Pueblo for those persons who require intensive psychiatric and related treatment; and

BE IT FURTHER RESOLVED that all private institutions, fraternal orders, and foundations interested, be encouraged to activate facilities in their communities throughout the State.

ADOPTED by the Conference.

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COMBINATION HOSPITAL, RECEIVING AND ADMINISTRATION BUILDING
FOR COLORADO STATE HOSPITAL, PUEBLO

BE IT RESOLVED that this January 1954 Conference recommend to the Governor and the General Assembly that a financing program be developed and approved which will assure the early construction of a combination Hospital, Receiving and Administration Building at the Colorado State Hospital at Pueblo, in order that the administrative operations of this large institution can be carried on more efficiently; in order that it can provide the necessary medical and surgical care and treatment for its more than 5,400 patients; and in order that it can rehabilitate more of the patients for discharge from the Hospital.

ADOPTED by the Conference.

* * * * *

THE STATE MILL LEVY AS A METHOD OF FINANCING BUILDINGS AND IMPROVEMENTS
AT THE STATE'S INSTITUTIONS, INCLUDING THE MENTAL INSTITUTIONS

WHEREAS the State of Colorado, for a period of many years, has used a State Mill Levy on property as a method of providing funds for new buildings and improvements at all of the State's 22 institutions -- educational, penal, mental, and eleemosynary -- and the total of these levies is 1.07 mills; and

WHEREAS through this method, buildings and improvements have been made since the end of World War II at the State's mental institutions, as follows:

1. Construction of additional buildings and improvements to existing facilities at the State Home and Training School at Grand Junction at a cost of almost \$1,000,000, thereby increasing the capacity of the institution by 225 beds to a total of approximately 685 beds in the institution at the present time;
2. Remodeling and improvements at the State Home and Training School, Ridge, costing \$525,000, which have been completed and which provide approximately 104 more beds at the institution; thereby increasing its capacity to more than 400;
3. Construction of new buildings and facilities at the Colorado State Hospital which cost \$5,691,000 and have given the Hospital 1,070 more beds to relieve overcrowding, temporarily, of the more than 5,400 patients there; and

WHEREAS the above improvements as well as new buildings and improvements at the State's other institutions have been financed by Colorado's taxpayers by means of these very modest continuing mill levies over a period of several years; now, therefore

BE IT RESOLVED that this Conference recommend to the Governor and the General Assembly that, until a sounder plan is developed by the State, if that can be accomplished, the State continue to rely on the State mill levy for financing the construction of buildings and improvements at all of the State's institutions, including its mental institutions.

ADOPTED by the Conference.

GOLORADO STATE DEPARTMENT
Public Welfare Library
458 Capitol Annex
Denver 2, Colorado
RESOLUTIONS SUBMITTED FROM THE FLOOR
AND ADOPTED BY THE CONFERENCE

INCREASED APPROPRIATION FOR SPECIAL EDUCATION CENTERS IN COLORADO

BE IT RESOLVED that this Conference recommend to the General Assembly that it appropriate a sufficient amount of money to support Special Education Centers in the Public Schools throughout Colorado in order that the thousands of mentally retarded children, who are now neglected because of inadequate and inappropriate educational facilities, can receive proper training, and in order that all school districts which establish such Special Education Centers can be reimbursed for the excess costs of such educational programs.

ADOPTED by the Conference.

W. K. KELLOGG FOUNDATION GRANT OF \$43,860

BE IT RESOLVED that this Conference express its sincere appreciation to the W. K. KELLOGG FOUNDATION of Battle Creek, Michigan, for its grant of \$43,860 to the Colorado State Department of Public Health for the purpose of financing a three-year study of the problems of Chronic Illness, Aging, and Rehabilitation in Colorado, which study is now in progress under the direction of a specially appointed State Advisory Committee of 24 members selected by the State Board of Health and its Executive Director.

ADOPTED by the Conference.

TO GOVERNOR DAN THORNTON AND CONFERENCE PARTICIPANTS

BE IT RESOLVED that this Conference express its sincere appreciation to Governor Dan Thornton for calling this important Conference and to the many participants who have contributed so generously to its discussions and deliberations.

ADOPTED by the Conference.

362.6091

Governor's conference on Colorado
problems relating to the aged and
aging. Section I. Mentally
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