NCSS Report MR-1 (FY 69)

The attached tables summarize data reported on the services rendered to mentally retarded children by clinics supported in whole or in part by Federal grants under Title V of the Social Security Act.

Definitions

The following statements include the substance of reporting definitions for the form (CR-251-B) from which the tables were derived.

Mental retardation clinic

A mental retardation clinic is an outpatient medical facility providing comprehensive evaluation, treatment, or follow-up services primarily to children suspected of or diagnosed as mentally retarded, by an interdisciplinary team, of which a physician plays the central responsibility for all patients seen and is in attendance at regularly scheduled hours.

Applications for service

An application is the parent or guardian of a child for whom the available services are needed. A written report of a preliminary judgment by a member of the clinic staff.

Patients served

A patient served is a child for whom some service was provided, either to him or to his family, at the clinic or at some other location by clinic personnel in a face-to-face professional capacity.

Classification of new patients


STATISTICAL SUMMARY OF PATIENTS SERVED

IN MENTAL RETARDATION CLINICS

FISCAL YEAR 1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
National Center for Social Statistics
Mental Retardation Clinic Services

The attached tables summarize data reported on the services rendered to mentally retarded children by clinics supported in whole or in part by Federal grants under Title V of the Social Security Act.

Definitions

The following statements include the substance of reporting definitions for the form (CB-251-H) from which the tables were derived.

Mental retardation clinic

A mental retardation clinic is an outpatient medical facility providing comprehensive evaluation, treatment, or follow-up services primarily to children suspected of or diagnosed as mentally retarded, by an interdisciplinary team, of which a physician takes the medical responsibility for all patients seen and is in attendance at regularly scheduled hours.

Applications for service

An application is a written request for service on behalf of a child for whom the available services seem appropriate on the basis of a preliminary judgment by a member of the clinical staff.

Patients served

A patient served is a child for whom some service was provided, either to him or to his family, at the clinic or at some other location by clinic personnel in a face-to-face professional contact.

Classification of new patients

The definition and basic system for the medical classification of patients is that of the American Association on Mental Deficiency, with few modifications. (See The American Association on Mental Deficiency A Manual on Terminology and Classification in Mental Retardation Monograph Supplement to American Journal of Mental Deficiency, second edition, 1961.)
CONTENTS

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<td>Applications for service in 134 reporting mental retardation clinics, and number and percent new, by State, fiscal year 1969.</td>
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<td>New patients in 132 reporting mental retardation clinics, by source of referral, and by State, fiscal year 1969.</td>
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<td>Patients served in 109 reporting mental retardation clinics, by new or other patient status, and by age and sex, fiscal year 1969.</td>
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<td>New patients evaluated in 111 reporting mental retardation clinics, by medical condition, fiscal year 1969.</td>
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<td>Patients in 115 reporting mental retardation clinics, by number of visits, fiscal year 1969.</td>
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<td>Cases terminated by 132 reporting mental retardation clinics, by reason for termination, fiscal year 1969.</td>
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Table 4.--Patients served in 109 reporting mental retardation clinics, by new or other patient status, and by age and sex, fiscal year 1969

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<td>1,911</td>
<td>1,273</td>
<td>18.4</td>
<td>18.1</td>
<td>19.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-9 years</td>
<td>7,961</td>
<td>4,880</td>
<td>3,081</td>
<td>46.1</td>
<td>46.1</td>
<td>45.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14 years</td>
<td>3,707</td>
<td>2,346</td>
<td>1,361</td>
<td>21.4</td>
<td>22.2</td>
<td>20.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-17 years</td>
<td>613</td>
<td>386</td>
<td>227</td>
<td>3.5</td>
<td>3.6</td>
<td>3.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-20 years</td>
<td>177</td>
<td>105</td>
<td>72</td>
<td>1.0</td>
<td>1.0</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>7.4</td>
<td>7.5</td>
<td>7.3</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5.--New patients evaluated in III reporting mental retardation clinics, by medical condition, fiscal year 1969

<table>
<thead>
<tr>
<th>Conditions associated with mental retardation</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>12,708</td>
<td>100.0</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>7,910</td>
<td>62.2</td>
</tr>
<tr>
<td>Infection</td>
<td>514</td>
<td>4.0</td>
</tr>
<tr>
<td>Intoxication</td>
<td>214</td>
<td>1.7</td>
</tr>
<tr>
<td>Trauma or physical agent</td>
<td>951</td>
<td>7.5</td>
</tr>
<tr>
<td>Disorder of metabolism, growth, nutrition</td>
<td>1/280</td>
<td>2.2</td>
</tr>
<tr>
<td>New growths</td>
<td>111</td>
<td>.9</td>
</tr>
<tr>
<td>Prenatal influence</td>
<td>1,908</td>
<td>15.0</td>
</tr>
<tr>
<td>Unknown or uncertain cause with the structural reactions manifest</td>
<td>1,401</td>
<td>11.0</td>
</tr>
<tr>
<td>Uncertain (or presumed psychological) cause with the functional reaction alone manifest</td>
<td>2,531</td>
<td>19.9</td>
</tr>
<tr>
<td>Not mentally retarded</td>
<td>4,798</td>
<td>37.8</td>
</tr>
</tbody>
</table>

1/ Includes 58 children with phenylketonuria and 4 children with galactosemia.
Table 6.—New patients classified as mentally retarded in 79 reporting mental retardation clinics, by supplementary classification, fiscal year 1968

<table>
<thead>
<tr>
<th>Supplementary classification</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new patients classified as mentally retarded....</td>
<td>5,742</td>
<td>100.0</td>
</tr>
<tr>
<td>With minimal cerebral dysfunction...</td>
<td>1,291</td>
<td>22.5</td>
</tr>
<tr>
<td>With genetic component............</td>
<td>672</td>
<td>11.7</td>
</tr>
<tr>
<td>With secondary cranial anomaly.....</td>
<td>464</td>
<td>8.1</td>
</tr>
<tr>
<td>With impairment to special senses...</td>
<td>1,647</td>
<td>28.7</td>
</tr>
<tr>
<td>With convulsive disorder...........</td>
<td>1,074</td>
<td>18.7</td>
</tr>
<tr>
<td>With psychiatric impairment........</td>
<td>1,156</td>
<td>20.1</td>
</tr>
<tr>
<td>With motor dysfunction.............</td>
<td>1,498</td>
<td>26.1</td>
</tr>
<tr>
<td>With other congenital abnormalities.</td>
<td>894</td>
<td>15.6</td>
</tr>
<tr>
<td>With academic retardation..........</td>
<td>1,789</td>
<td>31.2</td>
</tr>
<tr>
<td>With other condition..............</td>
<td>721</td>
<td>12.6</td>
</tr>
</tbody>
</table>

1/ The number of patients classified by supplementary term will not necessarily add to the total because a patient may be counted more than once or not at all. For the same reason, the percentages may not add to 100.
Table 7.--New patients classified as mentally retarded in 79 reporting mental retardation clinics, by impairment of the special senses, fiscal year 1969

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,647</td>
<td>100.0</td>
</tr>
<tr>
<td>Not further specified</td>
<td>167</td>
<td>10.1</td>
</tr>
<tr>
<td>Blind</td>
<td>53</td>
<td>3.2</td>
</tr>
<tr>
<td>Hearing handicapped</td>
<td>292</td>
<td>17.7</td>
</tr>
<tr>
<td>Visually handicapped</td>
<td>570</td>
<td>34.6</td>
</tr>
<tr>
<td>Blind and hearing handicapped</td>
<td>52</td>
<td>3.2</td>
</tr>
<tr>
<td>Hearing and visually handicapped</td>
<td>101</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>412</td>
<td>25.0</td>
</tr>
</tbody>
</table>
Table 8.—New patients evaluated in 118 reporting mental retardation clinics, by intelligence level, fiscal year 1969

<table>
<thead>
<tr>
<th>Retardation in measured intelligence</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12,952</td>
<td>100.0</td>
</tr>
<tr>
<td>0 (No retardation)</td>
<td>5,098</td>
<td>39.4</td>
</tr>
<tr>
<td>-1 (Borderline)</td>
<td>2,632</td>
<td>20.3</td>
</tr>
<tr>
<td>-2 (Mild)</td>
<td>2,299</td>
<td>17.8</td>
</tr>
<tr>
<td>-3 (Moderate)</td>
<td>1,642</td>
<td>12.7</td>
</tr>
<tr>
<td>-4 (Severe)</td>
<td>907</td>
<td>7.0</td>
</tr>
<tr>
<td>-5 (Profound)</td>
<td>374</td>
<td>2.9</td>
</tr>
</tbody>
</table>
Table 9.—New patients evaluated in 107 reporting mental retardation clinics, by adaptive behavior level, fiscal year 1969

<table>
<thead>
<tr>
<th>Adaptive behavior level</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10,345</td>
<td>100.0</td>
</tr>
<tr>
<td>No retardation</td>
<td>3,818</td>
<td>36.9</td>
</tr>
<tr>
<td>Level -I</td>
<td>2,377</td>
<td>23.0</td>
</tr>
<tr>
<td>Level -II</td>
<td>1,850</td>
<td>17.9</td>
</tr>
<tr>
<td>Level -III</td>
<td>1,378</td>
<td>13.3</td>
</tr>
<tr>
<td>Level -IV</td>
<td>922</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Note: The data is presented as a table with columns for adaptive behavior level, number, and percent.
<table>
<thead>
<tr>
<th>Visit category</th>
<th>Patients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Visits to clinic by patient or family,</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>29,873</td>
<td>15,216</td>
</tr>
<tr>
<td>One visit</td>
<td>11,512</td>
<td>5,261</td>
</tr>
<tr>
<td>Two visits</td>
<td>5,311</td>
<td>2,628</td>
</tr>
<tr>
<td>Three visits</td>
<td>4,341</td>
<td>2,115</td>
</tr>
<tr>
<td>Four visits</td>
<td>2,995</td>
<td>1,815</td>
</tr>
<tr>
<td>Five through nine visits</td>
<td>3,958</td>
<td>2,605</td>
</tr>
<tr>
<td>Ten or more visits</td>
<td>1,756</td>
<td>792</td>
</tr>
<tr>
<td><strong>Visits to patients by clinic staff,</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside clinic</td>
<td>1/7,752</td>
<td>4,694</td>
</tr>
<tr>
<td><strong>Percent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visits to clinic by patient or family,</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>One visit</td>
<td>38.5</td>
<td>34.6</td>
</tr>
<tr>
<td>Two visits</td>
<td>17.8</td>
<td>17.3</td>
</tr>
<tr>
<td>Three visits</td>
<td>14.5</td>
<td>13.9</td>
</tr>
<tr>
<td>Four visits</td>
<td>10.0</td>
<td>11.9</td>
</tr>
<tr>
<td>Five through nine visits</td>
<td>13.2</td>
<td>17.1</td>
</tr>
<tr>
<td>Ten or more visits</td>
<td>5.9</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Visits to patients by clinic staff,</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>outside clinic</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

1/ Breakdown for 8 patients and 19 visits not available.
<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cases terminated</td>
<td>8,597</td>
<td>100.0</td>
</tr>
<tr>
<td>Overage</td>
<td>473</td>
<td>5.5</td>
</tr>
<tr>
<td>Moved out of jurisdiction</td>
<td>735</td>
<td>8.5</td>
</tr>
<tr>
<td>Placement in institution</td>
<td>550</td>
<td>6.4</td>
</tr>
<tr>
<td>Death</td>
<td>92</td>
<td>1.1</td>
</tr>
<tr>
<td>Patient withdrew from service</td>
<td>936</td>
<td>10.9</td>
</tr>
<tr>
<td>Not mentally retarded</td>
<td>1,572</td>
<td>18.3</td>
</tr>
<tr>
<td>Service completed</td>
<td>1,235</td>
<td>14.4</td>
</tr>
<tr>
<td>Other</td>
<td>3,004</td>
<td>34.9</td>
</tr>
</tbody>
</table>
MEMORANDUM

To: Directors, State MCH Programs

From: Arthur J. Lesser, M.D.
      Director, Division of Health Services

Subject: Report of Maternal and Child Health Program for Mentally Retarded Children

The enclosed Report of Maternal and Child Health Program for Mentally Retarded Children, Form CB-260-H, has been designed to meet our need for information on various aspects of the program, during the first six months of the fiscal year 1957 as well as for the entire fiscal year. This is the report referred to in the Children's Bureau Regional Medical Director's letter to you dated July 31, 1956.

The report is to be used only during this fiscal year and you will notice that in many places we will accept estimates for items for which you may not have exact counts.

We shall appreciate your taking whatever steps are necessary to enable you to provide the information requested and thank you for your cooperation.

Arthur J. Lesser, M.D.

Encl.
REPORT OF MATERNAL AND CHILD HEALTH PROGRAM FOR MENTALLY RETARDED CHILDREN

State of ___________________________ Date submitted ___________________________ Period covered ___________________________

Signatures: __________________________________________

Director of State Services for Maternal and Child Health

_________________________________________

Executive Officer, State Health Agency

SECTION I - FINANCIAL REPORT
(See other side for instructions)

A. Amounts budgeted and expended from Federal, State and local funds (including unliquidated encumbrances) for MCH program for mentally retarded children

1. Total amount budgeted for fiscal year . . . . . $__________

2. Total estimated amount expended July 1 through __________ 1 . . . . . $__________

a. Federal MCH funds
   MR (special project) funds . . . . . __________
   Other MCH funds . . . . . __________

b. State and local funds
   MR (special project) funds . . . . . __________
   Other MCH funds . . . . . __________

B. Purpose for which funds were expended

Estimated expenditures including unliquidated encumbrances

<table>
<thead>
<tr>
<th>Project (Form 11.1)</th>
<th>Personnel spending time on mental retardation program</th>
<th>Other expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time No.</td>
<td>Part-time No.</td>
</tr>
<tr>
<td>No. (1)</td>
<td>Title (2)</td>
<td>Type or class of position (3)</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>
The total expenditures reported in Item A2 should be equal to the total amounts reported in Items B7 and 9.
B. Purpose for which funds were expended (continued)

<table>
<thead>
<tr>
<th>Project (Form 11.1)</th>
<th>Personnel spending time on mental retardation program</th>
<th>Other expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Title (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type or class of position</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full-time No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part-time No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full-time equivalent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount expended(^1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Object (8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount expended(^1)</td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(7)</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
<td>(9)</td>
</tr>
</tbody>
</table>
The total expenditures reported in Item A2 should be equal to the total amounts reported in Items B7 and 9.

INSTRUCTIONS

General instructions.—The report should be prepared twice during the fiscal year 1957, and two copies forwarded to the Children’s Bureau regional medical director. The first report should cover the period July 1-December 31, 1956 and should be in the regional office not later than January 18, 1957. The second report should be cumulative and cover the period July 1, 1956-June 30, 1957, and should be forwarded to the regional office not later than August 15, 1957.

Include in the report information on all mental retardation services and training that are a part of the MCH program as shown in the State plan.

SECTION I - FINANCIAL REPORT

A. Amounts budgeted and expended, etc.
   Item 1. Amount budgeted.—Report total funds budgeted for the MCH mental retardation program for the entire fiscal year.
   Item 2. Estimated amount expended.—Include all estimated expenditures for mental retardation in the MCH program during the period covered by the report.

B. Purpose for which funds were expended.
   Columns 1 and 2 - Project Number and Title.—Report the same project number and title as they appear on Joint Form 11.1.
   Column 3 - Type or class of position.—List each type or class of position separately, such as psychologists, psychiatric-social workers, medical-social workers, nurse consultants, staff nurses, pediatricians, clerks, etc.
   Columns 4 and 5 - Full-time and part-time personnel spending time on mental retardation program.—Report the number of persons employed in each of the classifications listed in column 3. Consider as part-time any person who spends only part-time on mental retardation program, although the person may be a full-time employee.
   Column 6 - Full-time equivalent of part-time personnel.—Report full-time equivalent of part-time personnel: Example: 2 nurses spending half-time on the mental retardation program and 2 nurses spending one-fourth of their time on the program would be reported as 1.5 nurses. (For part-time personnel listed in column 5 amounts reported expended should be only those amounts which are identified with the activities related to mentally retarded children.)
   Column 8 - Object.—List such items as equipment, travel, training, etc.
### SECTION II - SERVICES AND TRAINING

**(See other side for instructions)**

<table>
<thead>
<tr>
<th>A. Estimates of clinic services provided to mentally retarded children</th>
<th>Under MR projects</th>
<th>Under other MCH programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Special clinic centers for mentally retarded children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Number of clinic centers in operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Number of children served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Special provisions for mentally retarded children in regular MCH clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Number of mentally retarded children served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type of service provided (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Special provisions for mentally retarded children in other clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Number of mentally retarded children served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type of service provided (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Estimated unduplicated count of mentally retarded children receiving one or more of clinic services specified under A1, 2, 3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Other health services provided to mentally retarded children in schools, foster homes, etc.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number of children served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MR Projects</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

C. Training of personnel (State and local public health personnel and others engaged in activities contributing to the program. Include training still in process and report on training under special mental retardation projects and under the regular MCH program.)

<table>
<thead>
<tr>
<th>Provided under (check one)</th>
<th>Place</th>
<th>Estimated number of persons attending</th>
<th>Number of persons trained, by profession</th>
<th>Length of training (in days, weeks or months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR project</td>
<td></td>
<td></td>
<td>Physicians</td>
<td>Nurses</td>
</tr>
<tr>
<td>Other MCH program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

Total:
SECTION II - SERVICES AND TRAINING (Continued)

D. Progress in mental retardation program. (Use this and as many additional sheets of paper as necessary to describe separately each MR project; also provide a summary of other mental retardation activities under the MCH program.) Identify as follows: MR Project or Other MCH Programs.

INSTRUCTIONS

General instructions.—The report should be prepared twice during the fiscal year 1957, and two copies forwarded to the Children’s Bureau regional medical director. The first report should cover the period July 1-December 31, 1956 and should be in the regional office not later than January 18, 1957. The second report should be cumulative and cover the period July 1, 1956--June 30, 1957, and should be forwarded to the regional office not later than August 15, 1957.

Include in the report information on all mental retardation services and training that are a part of the MCH program as indicated in the State plan.

SECTION II - SERVICES AND TRAINING

A. Estimates of clinic services provided to mentally retarded children.

Item 1. Special clinic centers for mentally retarded children.
a. **Number of centers.**--Report the number of centers in operation and not the number of sessions held at centers. Where itinerant clinics are operated, count each place of operation as a center.

b. **Number of children served.**--Report all children visiting the centers regardless of diagnosis.

**Item 2. Special provisions for mentally retarded children in regular MCH clinics.**--Report on regular MCH well child clinics where special provisions are made for mentally retarded children. Examples: A psychologist or a medical-social worker may either help staff to identify children who are retarded or work with mentally retarded children at the clinic. Special counseling may be provided at the clinics to parents of mentally retarded children, by a pediatrician, a medical-social worker, a psychiatric-social worker, a psychiatrist, or other professional personnel.

a. **Number of children served.**--Report only the mentally retarded children served at these clinics. Do not include mentally retarded children seen at child health clinics unless special provisions have been made to augment the usual well child services (see examples above).

**Item 3. Special provisions for mentally retarded children in other clinics.**--Count here mentally retarded children who are receiving service under the MCH program in other clinics such as in mental hygiene or child guidance clinics.

a. **Number of mentally retarded children served.**--Report only mentally retarded children receiving service as part of the MCH program.

**Item 4. Estimated unduplicated count of mentally retarded children, etc.**--A child receiving service at more than one type of clinic (A1, 2, 3) should be counted only once in item 4.

**B. Other health services provided to mentally retarded children in schools, foster homes, etc.**--List separately the various types of services provided and the actual or estimated number of children served. Examples: Services for mentally retarded children paid for in physician's offices. Health services in special classes. Home visiting by public health nurses or medical-social workers. Health and consultation services to mentally retarded children in foster homes, private boarding homes, and small institutions. Diagnostic review of children on waiting list for institutional care.

**C. Training of personnel.**--Include all persons trained in mental retardation where the training is wholly or partially financed with MCH funds (MR or other). Report both persons receiving short-term instruction for groups of professionals at special institutes or refresher courses, etc., as well as the more formal training of individuals for two or more weeks, several months, or a school year. Include all State and local personnel receiving such training; also include physicians, nurses, and others in the community who are not employed by State or local health agencies but whose work is directed toward carrying out the MCH program for mentally retarded children.

**Column 1. Place.**--Give name of facility (university, center, etc.) and city where training occurred.

**D. Progress in mental retardation program.**--Report progress on the mental retardation program from July 1, 1956 to the end of the period covered by the report. Among other items, include information on any studies or demonstration projects in operation and be sure to indicate any significant changes in the program that have occurred during the period or that will probably occur during the balance of the fiscal year.
HEALTH GRANTS MANUAL NOTICE
NO. G-24 FOR TITLE I, GENERAL ADMINISTRATION

TO: State Agencies

SUBJECT: Transmittal of Instructions for the Preparation and Submission of Mental Retardation Services Report, Form CB-251-H

Attached are Part 18-5 and Exhibit 1. Part 18-5 incorporates instructions for the preparation and submission of the Mental Retardation Services Report into your Health Grants Manual.

Filing Suggestions

Detach this manual notice. Insert Part 18-5 and Exhibit 1 in your Health Grants Manual.

/s/
Director, Division of Health Services
Children's Bureau
The purpose of this report, (Form CB-251-H, see Exhibit 1), is to furnish information annually on the number and ages of children who apply for and receive services at clinics for the mentally retarded that are operated by State Health Departments. Data on the sources from which referrals were made to these clinics should be included.

Those services which are provided through clinics for mentally retarded children under the MCH program are to be included.

The report should be prepared on a calendar year basis and submitted not later than March 1 of the year following the report year.

Two copies of the report are to be sent to the office of the Regional Medical Director of the Children's Bureau.

A. Applications for service accepted. Part A provides a summary statement of the total number of applications for service accepted within your program. In addition, this Part indicates the number of applications carried over from the previous calendar year, the new applications accepted during the year, the number of applicants admitted to service during the year, the number of applications withdrawn during the year, and the number of applications carried over to the following year. This Part will also serve to furnish the distribution of new applications according to source of referral. It should include only applications by persons who are eligible for service (according to the criteria of eligibility for service under your program) and have been accepted by you with the intention of providing treatment (or diagnostic services).
Applications which have been referred elsewhere or otherwise rejected are not to be included here.

1. Item 1. Applications carried over from last calendar year: Include all "live" applications on file at the end of the previous year, i.e., persons under consideration for service but not yet admitted as patients.

2. Item 2. New applications accepted during year: Enter the total number of new applications which your project has accepted during the year opposite the word "Total", and in the boxes below give the breakdown of this number by source of referral. A source of referral is specified as the person or agency which actually made the contact with your project in behalf of the prospective patient.
   
   a. Cases in which any agency or professional person such as a private physician recommends your project to the parents or relatives, who in turn apply to you, are to be counted as referred by "Parent or relative".
   
   b. Referrals of school children which are initiated in the school should be counted under "School" rather than "Health Department" although the school services may be under the health department.
   
   c. "Other community agency" refers to any health, welfare, or other civic organization either public or voluntary, which takes the initiative in applying to your project for services and which is not specified in the list.

3. Item 3. Total applications: Enter the sum of items 1 and 2.

4. Item 4. Applicants admitted to service during year: Enter the total number of applicants who became cases during the year. This item will be the same as "All ages" column of Part B, Item 2, below.
5. Item 5. Applications withdrawn during year: Enter the number of applications which have been removed from the list for any reason other than that the child was accepted for service.

6. Item 6. Applications carried over to next year: Items 3, 4, and 5. Subtract the amounts given on lines 4 and 5 from the amount on line 3.

B. Case Activity. Part B reflects the service status of patients at the beginning and end of the year, the total number of children receiving service, and actions during the year respecting the opening and closing of cases, as well as showing the age distribution of the children newly admitted to service in the report year.

1. Item 1. Active cases carried over from last year: Enter the number of cases under care at the beginning of the report year. This number is the same as the number of active cases at the close of the preceding year.

2. Item 2. New cases admitted to service: Count the number of new cases admitted to service during the year and furnish frequencies by age groups as indicated. When classifying by age, use the child's age in whole years at the time of admission.

3. Item 3. Reopened cases (not previously treated this year): Count cases reopened this year which had been closed prior to this year.

4. Item 4. Total cases under care this year: Enter the number of cases on which there was some activity during the year (total of item 1 plus item 2, plus item 3).

5. Item 5. Cases closed, withdrawn, or otherwise terminated: Count cases moved away, deceased, withdrawn by parents, or otherwise placed on inactive status.

6. Item 6. Active cases carried over to next year: Enter the number of cases which have been carried over to the next year (item 4 minus item 5).
**Mental Retardation Services Report**

**Part A: Applications for service accepted**

1. Applications carried over from last calendar year.
   - 
2. New applications accepted during year (Total).
   - 

Distribution of new applications by source of referral:

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Hospital or hospital outpatient department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or relative</td>
<td></td>
</tr>
<tr>
<td>Private physician</td>
<td>Other community agency</td>
</tr>
<tr>
<td>Health department</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
</tbody>
</table>

3. Total applications (1 + 2).
   - 
4. Applicants admitted to service during year.
   - 
5. Applications withdrawn during year.
   - 
6. Applications carried over to next year (3 minus the sum of 4 and 5).
   -

**Part B: Case activity—number of children served**

<table>
<thead>
<tr>
<th>Status or action</th>
<th>All ages</th>
<th>Under 1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-17</th>
<th>18-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Active cases carried over from last year</td>
<td>XXXXX</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>2. New cases admitted to service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reopened cases (not previously treated this year)</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>4. Total cases under care this year (1 + 2 + 3)</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>5. Cases closed, withdrawn, or otherwise terminated</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>6. Active cases carried over to next year (4 - 5)</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>
INSTRUCTIONS for
MENTAL RETARDATION
CLINIC SERVICES REPORT

HSM-397

1974

The purpose of the annual report on Form HSM-397 is to provide statistical information on the services rendered to children by clinics supported in whole or in part by Federal grants under Title V of the Social Security Act. Data on the types and volume of services and characteristics of children served are necessary for program planning and analysis.

The mental retardation clinics shall submit two (2) copies of the annual report on HSM-397 to the Bureau of Community Health Services, Division of Monitoring and Analysis, U.S. Department of Health, Education, and Welfare. Clinics supported in whole or in part by Maternal and Child Health or Crippled Children's funds through State agencies shall transmit the copies to the appropriate DHHS Regional Office. Clinics supported by grants directly from the Bureau of Community Health Services and not through State agencies shall transmit the copies to:

Department of Health, Education, and Welfare
Bureau of Community Health Services
Division of Monitoring and Analysis
5600 Fishers Lane, Room 6A-10
Rockville, Maryland 20852

The report covers children under 21 years of age who receive services in a mental retardation clinic or services rendered outside the clinic by staff assigned to the clinic. A mental retardation clinic is defined as an outpatient medical facility providing comprehensive evaluation, treatment, or follow-up services primarily to children suspected of or diagnosed as being mentally retarded, by an interdisciplinary team, of which a physician takes the medical responsibility for all patients seen and is in attendance at regularly scheduled hours. The clinic may also include branches, at which the same clinic team provides the services; in such cases, a consolidated report must be submitted, combining the data collected at the branch clinic(s).
GENERAL INSTRUCTIONS

1. Applicability: Mental retardation clinics supported in whole or in part by Federal grants under the Social Security Act, Title V, shall submit an annual report on Mental Retardation Clinic Services Report, Form HSM-397. (Revised May, 1974)

2. Purpose: The purpose of the annual report on Form HSM-397 is to provide statistical information on the services rendered to mentally retarded children by clinics supported in whole or in part by Federal grants under Title V of the Social Security Act. Data on the types and volume of services and characteristics of children served are necessary for program planning and analysis.

3. Frequency and Due Date: An annual report Form HSM-397 shall be prepared on a fiscal year basis, July 1 through June 30, by each of the clinics in 1, above. It shall be submitted on or before August 31 following the close of the reporting period.

4. Number of copies: The mental retardation clinics shall submit two (2) copies of the annual report on HSM-397 to the Bureau of Community Health Services, Division of Monitoring and Analysis, HSA, Department of Health, Education, and Welfare. Clinics supported in whole or in part by Maternal and Child Health or Crippled Children’s funds through State agencies shall transmit the copies to the appropriate DHEW Regional Office. Clinics supported by grants directly from the Bureau of Community Health Services and not through State agencies, shall transmit the copies to:

   Department of Health, Education & Welfare
   Bureau of Community Health Services
   Division of Monitoring and Analysis
   5600 Fishers Lane, Room 6A-10
   Rockville, Maryland 20852

5. Coverage: The report covers children under 21 years of age who receive services in a mental retardation clinic or services rendered outside the clinic by staff assigned to the clinic. A mental retardation clinic is defined as an outpatient medical facility providing comprehensive evaluation, treatment, or follow-up services primarily to children suspected of or diagnosed as being mentally retarded, by an interdisciplinary team, of which a physician takes the medical responsibility for all patients seen and is in attendance at regularly scheduled hours. The clinic may also include branches, at which the same clinic team provides the services; in such cases, a consolidated report must be submitted, combining the data collected at the branch clinics(s).
SPECIFIC INSTRUCTIONS FOR COMPLETING REPORT

PART I. General Clinic Information (Page 1).

1. Clinic - insert name of clinic providing mental retardation services.

2. Clinic Director - insert full name of the Director of the clinic.

3. Address - insert complete address of the mental retardation clinic.

4. Report for year ending - June 30, 19___. See Section 3 of general instructions.

5. Geographic area served - Indicate portion of State, county, metropolitan area, or other geographic limits applicable to determining eligibility for clinic service, such as: State of North Carolina; Greater St. Louis; San Fernando Valley.

6. If clinic travels or has branches, list locations covered in this report - insert the locations of the branches, other than the main address given in Item 3. No entry is necessary if clinic operates only in the location specified in the main address.

7. Policy regarding services provided to patients -
   a. Maximum age for new patients - if the clinic has a restriction on the maximum age at admission, enter the maximum age at last birthday accepted.
   b. Scope of services - check the applicable boxes indicating the broad types of services offered by the clinic.
      (1) Evaluation consists of the medical diagnosis and recommendations for treatment, arrived at by a multidisciplinary process. This comprehensive procedure usually involves pediatric examination, psychological testing, social service interview, public health nurse conference, other special screening or testing as indicated, and finally, the weighing of all the information and arriving at a diagnosis and treatment plan for the patient and his family.
      (2) Treatment includes the provision of specific physical, mental social interventions and therapies which halt, control or reverse processes which cause, aggravate or complicate malfunctions or disfunctions. (AAMD)
      (3) Re-evaluation refers to the re-examination of a patient, employing whichever evaluation procedures are indicated, for the purpose of reviewing the previous appraisal and making any necessary change in the diagnosis and recommended treatment.
   c. Are clinic policies restrictive on referrals from other sources? - check appropriate box. If referrals for service at the clinic are accepted only from physicians, or if other restrictions are in effect, state the policy briefly.
8. **Administrative responsibility for clinic** - check the agency, institution, or organization that has primary administrative responsibility for the operation of the clinic, regardless of physical location. If administrative responsibility is more or less equally divided among several authorities, check those applicable.

   a. **Government**
      (1) Local: public health or welfare - check this box if the clinic is part of the local official public health or welfare department.

      (2) State: MCH; CC: Mental Health: Other - check applicable box if the clinic is part of the State maternal and child health, crippled children's, or mental health program or if none of these apply, check the Other box, and specify the State program or agency which administers the mental retardation clinic program.

   b. **Non-government**
      (1) University medical school - check this box if the clinic is operated by a medical school affiliated with a university.

      (2) Hospital - check this box if the clinic is administered by a hospital. (If the clinic is located in a hospital which is part of a university medical center, check the box for university medical school.)

      (3) Independent association, foundation - check this box if the clinic is operated by an independent association, foundation, or other organization. Insert the name of this organization.

**PART II. Applications, Patients, and Visits During Year**

A. **Applications for Service**

   An application is a written request for service on behalf of a child for whom the available services seem appropriate on the basis of a preliminary judgment by a member of the clinical staff, but does not include casual inquiries regarding clinic services. The written form of the application may be a referral slip or a letter, as well as a specified application form.

   Services have been initiated when the first encounter has taken place. An encounter is a face-to-face professional contact for purposes of evaluation or treatment, provided by a staff member of the clinic to a patient or his family. Examples, pediatric examination, psychological testing, social work counseling. Service by a generalized public health nurse to a clinic patient is to be counted only if she is assigned to the clinic.

   (1) **Applications carried over from previous year** - insert the number of applications received the previous year from patients for whom no service was initiated before the end of the year. This figure should agree with Part II A, Item 6, of the previous year's report.
(2) **New applications received** - insert number of requests for service for children never previously seen in the clinic.

(3) **Total applications** - sum of Items 1 and 2

(4) **Services initiated** - insert number of patients for whom some service was provided after the application was received. This figure should be the same as Item 2 a in Part II B (new patients admitted), and is equal to or less than Item 3 in Part II A.

(5) **Applications withdrawn** - insert number of cases in which requests for service were withdrawn.

(6) **Applications outstanding end of year (waiting list)** - insert number of applications for service which were received, but for which by the end of the year, neither initiation of service nor withdrawal of applications was made. This figure is the difference between total applications (Item 3) and the sum of those for whom service was initiated and those withdrawn (Items 4 and 5).

**B. Patients Served**

A patient is a child for whom some service was provided, either to him or to his family, at the clinic or at some other location by clinic personnel.

(1) **Patients carried over from previous year** - report the number of patients who received some service the next previous year and were not subsequently terminated by the end of that year.

(2) **Patients added** - report the number of patients obtained as the sum of new patients and reactivated patients.

   a. **New Patients Admitted** - report the number of children who received some service, as defined, by clinic personnel at the clinic or at any other location during the report year, but had never received service by clinic personnel prior to the report year.

   b. **Reactivated patients** - report the number of patients served who were reactivated to receive service after having been terminated by having services discontinued as a matter of record (see Part III B). Do not include as reactivated patients those served who were to be terminated during the reporting year, but later received service; i.e., do not count a patient twice among those served.

(3) **Patients carried over and added combined** - report the sum of Item 1 and 2 above, which will also be the sum of Items a and b below.

   a. **Patients served during the year** report the total of patients who had one or more encounters during the year.
X. New Patients — same as Item 2 a above.

Y. Other patients, carried over or reactivated — report the number of patients served during the report year who were carried over from the previous year or reactivated. These are all patients other than new patients.

b. Patients carried over but not served — report the number of patients carried over from the next preceding year who did not receive service during the report year.

(4) Patients terminated — report the sum of Items a and b below.

a. Terminated after service during the year — report the number of patients terminated after service during the year (for these a reason other than "inactive" can be given).

b. Terminated without service during the year — report the number of patients who were carried over from the previous year and received no service, whether inactive or terminated for another reason.

(5) Patients carried forward to succeeding year — report the difference between Item 3 and Item 4, i.e., the remainder after subtracting patients terminated from the patient group which was considered active.

C. Visits to Clinic by Patient, or to Patient Outside Clinic

(1) Visits to clinic by patient or family — A visit by a patient or his family to the clinic occurs when he or his family appears at the clinic for one or more services, and is seen by one or more of the clinic professional staff or providers; several services, defined in Part II A, may be provided at one visit of a patient. Count only one visit to a clinic on a single day. If the child comes three days in order to complete the evaluation procedure, three visits would be counted. A provider is any member of the staff who has a primary responsibility for assessing the condition of the patient and exercising independent judgment as to care of the patient and for services rendered for a given encounter.

a. Column B — report the number of children who made specified numbers of visits to the clinic, as defined, during the report year.

(1) Item 1a Total — this is the sum of Items b — g below.

(2) Item 1b One visit — report the number of children who made only one visit to the clinic, as defined, during the report year.
(3) Item lc Two Visits - report the number of children who made two visits to the clinic, as defined, during the report year.

(4) Item ld Three Visits - report the number of children who made three visits to the clinic, as defined, during the report year.

(5) Item le Four Visits - report the number of children who made four visits to the clinic, as defined, during the report year.

(6) Item lf Five through nine visits - report the total number of children who made five, six, seven, eight, or nine visits to the clinic, as defined, during the report year.

(7) Item lg Ten or more visits - report the total number of children who made ten or more visits to the clinic as defined, during the report year.

b. Column C. - report the number of visits to the clinic made by the specific numbers of children reported in Column B.

(1) Item la Total - this is the sum of Item b - g below.

(2) Item lb One Visit - report the number of visits made by children reported in Column B to have made one visit. This figure should equal the corresponding number of children in Column B.

(3) Item lc Two Visits - report the number of visits made by children reported in Column B to have made two visits. This figure should be double the corresponding number of children in Column B.

(4) Item ld Three Visits - report the number of visits made by children reported in Column B to have made three visits. This figure should be triple the corresponding number of children in Column B.

(5) Item le Four visits - report the number of visits made by children reported in Column B to have made four visits. This figure should be four times the corresponding number of children in Column B.

(6) Item lf Five through nine visits - report the number of visits made by children reported in Column B to have made five, six, seven, eight, or nine visits. This figure should be at least 5 times, but not more than 9 times the number of children in Column B.
(7) Item 1 g. Ten or more Visits - report the number of visits made by children reported in Column B to have made ten or more visits. This figure should be at least 10 times the number of children in Column B.

c. Column D - report the number of new patients, as defined, who made visits to the clinic during the report year. Items a - g are to be reported similarly to the corresponding items in Columns B.

d. Column E - report the number of visits to the clinic made by children reported in Column D. Items a - g are to be reported similarly to the corresponding items in Column B.

e. Column F - report the number of other patients, as defined, who made visits to the clinic during the report year. Items a - g are to be reported similarly to the corresponding items in Column B.

f. Column G - report the number of visits to the clinic made by children reported in Column F. Items a - g are to be reported similarly to the corresponding items in Column C.

(2) Visits to patient or family by clinic staff, outside clinic - A visit outside the clinic takes place when a member of the clinic professional or provider staff sees the patient or his family at his home or some other location outside the clinic for the purpose of follow-up, consultation, or some other service. A visit made by a generalized public health nurse to a clinic patient should be counted if she is assigned to the clinic, but should not be counted if she is not assigned to the clinic.

a. Column B - report the number of children who were visited outside the clinic, as defined, during the report year.

b. Column C - report the number of visits outside the clinic made to children reported in Column B.

c. Column D - report the number of new patients, as defined, who were visited outside the clinic during the report year.

d. Column E - report the number of visits outside the clinic made to children reported in Column D.
e. **Column F** - report the number of other patients, as defined, who were visited outside the clinic during the report year.

f. **Column G** - report the number of visits outside the clinic made to children reported in Column F.

D. **Encounters** - in clinic by patients. An encounter is a face-to-face contact between a user and a health care provider. An encounter does not encompass such services as a laboratory technician drawing blood or collecting urine specimens nor does it include an X-ray technician taking an X-ray film. Each encounter involves a provider who must be acting independently and not assisting or executing orders of another provider. The number of encounters for any one user in any one day is the number of individual providers with whom the user has had face-to-face contact, including contacts resulting from provider referrals for consultation or other purposes.

a. **Number of encounters** - report the total number of encounters

---

**PART III. Selected Patient Information**

A. **New Patients by Service Referring Patient**

The service referring patient is the person or agency which made the contact with the clinic on behalf of the prospective patient.

(1) **Total new patients** - insert number, as defined in Part II A, Line 4. This figure should be the sum of Items 2 through 10 of this section.

(2) **Private physicians** - include referrals made by physicians in the capacity of private practitioners, including physicians with group medical practice.

(3) **Public Health** - include referrals from publicly-operated health services such as well-baby clinics, public health nursing, maternal and child health, etc. Do not include referrals from school.

(4) **Crippled children's service** - include referrals originated by the official state crippled children's agency.

(5) **Mental Health** - include referrals originated by a mental health clinic, a mental hospital, a mental health worker, or other mental health organization.

(6) **Hospital** - include referrals originated in the inpatient or outpatient department of a hospital. Do not include referrals from hospitals for mental patients, which should be reported in Item 5.
(7) Welfare - include referrals which originated in a public or voluntary community agency such as child welfare, family services, public assistance, etc.

(8) School - include referrals which were initiated within the school administrative framework, including school health services (regardless of their relation to the health department).

(9) Other community agency - include referrals from other public or voluntary agencies such as visiting nurse association or an organization for services to crippled children.

(10) Other not specified above - include referrals from all others, such as parent or relative, or special institutions for the retarded.

B. Terminated Patients by Reason

A terminated patient is one for whom clinic services were discontinued during the report year.

(1) Total patients terminated - report the number of patients terminated during the year. This figure is the sum of Items 2 through 11, and is the same as Part II B, line 4.

(2) Overage - report the number of children terminated because of an age limitation.

(3) Moved out of jurisdiction - report the number of children who moved out of jurisdiction of the clinic for whom services were terminated.

(4) Placement in institution - report the number of children who entered institutions for care and stopped receiving service from the clinic.

(5) Death - report the number of children who died.

(6) Patient withdrew from service - report the number of children for whom service was terminated voluntarily, by indication written or otherwise.

(7) Not mentally retarded - include the number of children evaluated as not mentally retarded, in accordance with medical, psychological, or other means of determination, and for whom no further service in the clinic was indicated.
(8) **Referred elsewhere for service**— report the number of patients referred to a private physician or another agency for care, not included in Items 2 through 7.

(9) **No further follow-up recommended**— report the number of patients for whom no further follow-up was recommended, not included in Items 2 through 8.

(10) **Inactive for no reason above**— report the number of patients terminated because inactive, i.e., receiving no service during the report year and not reportable for a reason listed above in Items 2 through 9. No shows.

(11) **Other (specify)**— report the remainder of patients terminated for reasons other than Items 2 through 10.

C. **Total Patients Served by Age and Sex**— Report age attained on birthday during the year.

A child who reaches 21 years of age during the report year and who received services prior to his 21st birthday should be reported in the age group 20 (item 23). With this exception, persons who reach 21 years of age during the report year are not to be included in the report.

(1) **Column B**— The figure, for each of the age groups specified in lines 1 through 23, is the sum of the corresponding figures in Columns C and D, and Columns E and H. The total of all ages (Item 1) is the same as the figure in Part II B, Item 3aX.

(2) **Column C**— The figure, for each of the age groups specified in lines 1 through 23, is the sum of the corresponding figures in Columns F and I.

(3) **Column D**— The figure, for each of the age groups specified in lines 1 through 23, is the sum of the corresponding figures in Columns G and J.

(4) **Columns E-G**— The figure, for each of the age groups specified in lines 1 through 23 of Column E, is the sum of the corresponding figures in Columns F and G. The total new patients for all ages is the same as the figure in Part II B, Item 3aX and Part III A., Item 1.
Columns H-J -- The figure, for each of the age groups specified in lines 1 through 23 of Column H, is the sum of the corresponding figures in Columns I and J. The total other patients for all ages is the same as the figure in Part II B, Item 3aY.

Note that the figure for all ages in Item 1 is the sum of the figures in Items 2 through 23, for each of the Columns A through J.

PART IV. Classification of New Patients

Mental Retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. The definition and basic system for the statistical classification of patients is that of the American Association on Mental Deficiency in "Manual on Terminology and Classification in Mental Retardation", 1973 Revision: Special Publication Series No. 2. The classification has been expanded and modified in certain respects, for Parts IV A and IV B. However, the behavioral classification of the AAMD applies without modification (See Parts IV C and IV D).

A. Medical Classification of Mentally Retarded Patients by Etiology

Report the number of new patients, each classified according to his most recently established primary medical etiology. The entry on the first line—total new patients—must agree with the number shown in Part II B, Item 3aX, and in Part III A, Item 1. This figure is the sum of the number of patients in each diagnostic category from Code .0 through Code .9 and in categories W and XX.

Codes .0, .1, .2, .3, .4, .5, .6, .7, .8, and .9 represent sub-totals. The sum of these sub-totals plus Code W and Code XX should equal total new patients on the first line. Also, the sum of diagnostic categories within a group gives the sub-total; for example, Codes .61, .62, .63, and .69 add to Code .6.

The last two code categories—W and XX have been added to the nine groups of diagnoses given by the American Association on Mental Deficiency. Code W, not mentally retarded, may include children with specific learning defects, or with blindness, deafness, or aphasia, but not mental retardation as defined. Code XX not determined, is to include all new patients for whom no diagnosis has been determined, those not evaluated.
Code V is the total number of patients in items with a single digit code and is the total number of mentally retarded patients evaluated.

B. Medical Classification of Mentally Retarded Patients by Additional Impairment

(1) Total new mentally retarded patients is the number in Part IV A, Category in Part IV B. Each category in Part IV B will show the number of patients with the additional impairment (positive cases) and the number without the impairment (negative), and the sum of these two, positive and negative, must equal the number of new mentally retarded patients.

(2) The additional impairment categories are adapted from the list of the American Association on Mental Deficiency. Five groups are specified in detail, identified as Codes 3, 4, 5, 6, and 7. Detailed reporting is not required under the two categories identified as Codes 1 and 2.

(3) The following three categories have been added:

a. Minimal cerebral dysfunction (code 0) - a syndrome of altered patterns of behavior and psychological functions due to injury to, or abnormal structure, growth, or development of the central nervous system.

b. Other congenital abnormalities (codes 81 through 89 with the sub-total indicated by Code 8) - comprising a wide variety of malformation, deformities, defects, anomalies, or any deviation from the marked standard, which may be considered to be congenital when present. These conditions should supplement any conditions listed in Part IV A.

c. Academic retardation in school grade (code 9) - failure to make normal academic progress in school as indicated by retention or repetition of one or more grades.

No academic retardation by school grade as pupil in school or not in school - (code 90) - report all patients not in school and all patients in school who are in the grade normal for their age (their chronologic age).

Retention in grade (code 91) - (repetition of grade) report the number of patients in school who have been retained in the same grade more than one year. Exclude any patients reported in code 90.

Placement in grade lower than normal - (code 92) for chronological age of patient - report the number of patients not included in codes 90 and 91 who have been placed in any grade lower than normal for the age of the patient. This code provides for patients in school who are not in the normal grade and have not been retained, but are placed as new pupils below the normal grade.
(4) The zero (0) in the second-digit place indicates absence of the designated condition in accordance with the coding procedure of the American Association on Mental Deficiency as in "10. No genetic mechanism present" and "30. No apparent sensory impairment." This symbolism, zero, is used in all ten groups of Part IV B, the seven AAMD groups given and the three added groups. Count every patient once in each of the groups coded 0, 1, 2, 3, 4, 5, 6, 7, and 9. The sum of the entries in the first line and the second line in each of these nine groups must equal the number of total mentally retarded new patients shown in the first line of Part IV B and in Line V of Part IV A. For example, the count of patients with and without secondary cranial anomaly (codes 2 and 20) must equal the total of mentally retarded new patients. A patient may be counted in more than one of the categories of other congenital abnormalities (codes 8X through 89), so that the sum of diagnostic conditions (code 8) may exceed the number of new patients. Codes ending in a 9 in the second digit place are used for "other," that is for items not included in preceding specific items of a group.

C. New Patients by Intelligence Level

The statistical classification of measured intelligence follows that given by the American Association on Mental Deficiency. The numerical codes and levels are addenda. Total new patients is the sum of the figures in the left hand column in codes 0 through 9, and is the same as the figure in Part II B, Item 2a. Total mentally retarded is the sum of the figures in the right hand column in codes 0 through 9, and is the same as the figure in Part IV A, Item V.

D. New Patients by Adaptive Behavior Level

The statistical classification of adaptive behavior level follows that given by the American Association on Mental Deficiency, 1961 Edition, with the addition of the not determined group (code 9). Total new patients is the sum of the figures in the left hand column in codes 0 through 9, and is the same as the figure in Part II B, Item 2a. Total mentally retarded is the sum of the figures in the right hand column in codes 0 through 9, and is the same as the figure in Part IV A, Item V.

PART V. Classification of Other Patients (Other than New Patients)

Other patients are classified here as mentally retarded and not mentally retarded.

(1) Total Other Patients - report the number of other patients served during the year. This is the same as the number in Part II B, Item 3 a minus 2 A, and in Part III C, line 1, column H. This is the sum of Items 2 and 3 below.
Enter in this space any remarks deemed appropriate to explain any entries on the report, or additional information relevant to the subject matter of this report.

PART VII. Signature of Clinic Director

This line is for the signature of the Clinic Director, and the date of signing. Where the clinic has another title for the top official responsible for the report, that title should be indicated near the signature.