

Dr. Kotch Prelude to Action

By Mark Fast

What has California done to reform the way in which it treats retarded children?

Well California, roughly, has the same population as New York, yet New York has twice as many institutionalized mentally retarded persons as California. They have about 25,000, we have about 12,000.

The reason why we don't have as many as New York is because about 10 years ago a leading European expert on mental retardation came through California. He visited our institutions for the mentally retarded. His response was "You don't take care of your mentally retarded persons as well as we take care of our cattle in Denmark."

This statement received a great deal of publicity, and through the publicity several reporters actually visited the state institutions and wrote articles on them. Finally, the state legislature appointed a study commission to investigate this problem and found several interesting facts. One is that the state was not providing any services to parents until the family actually broke apart. There was no intermediate service to provide. There was no effort made to help the family to keep their child at home.

The second thing commission found was that the amount of money the state was spending on mental retardation was astronomical. It was around \$200 million. So the commission immediately recognized if it could do something that would be better the service, yet cost less money, it was something that it should do. Its key recommendation was that services should be provided to parents when a child is diagnosed mentally retarded and that those services should be not the same nor be provided by the same state departments that provided residential care including the Department of Mental Health.

Our Regional Center Program grew out of this, and it's administered by our Department of Public Health. The Department of Mental Health now only receives a person in a state institution if the regional center screens that person and says he is appropriate. What used to happen was that a retarded person went to a state institution. If the institution had an opening, they admitted the child. Now the person only goes to a state institution if they are sent there by the regional center.

On What basis do they send them?

The regional center has

two funding bases from the state— one for staff and operating, and one for purchasing service. If the child only needs residential care, for example, the regional center can purchase care in the family home, foster home, or in a board and care home. These are much cheaper than what the state can provide. For example, you can get those for about \$400 a month, whereas, in California, residential care in state institutions costs about \$8,000. That's quite a little difference in cost to the state.

Secondly we've been able to reduce the number of institutionalized retarded persons almost by a third in just the three or four years of the centers' existence. We now have fewer patients in our state institutions than we had in 1969, and we're programming it to go down to about 10,000. Is it safe to say that ideally there should be none or very few, institutionalized retarded?

If we went to Willowbrook, for example, we would find that 2/3 of the children there would not need a state hospital. In other words they don't need a doctor every day to look at them like a sick person. But it is true that about a third of the kids there are really quite severely handicapped and need ongoing medical care.

We found this to be true in California. On a survey the state did of our state residents, two thirds didn't need the state institution. They were there because there is no other facility or community service to help the family keep the child at home.

Is the situation comparable in New York?

Oh, I think so, and our state institutions in California are a great deal better than in New York. But I can say, frankly, that both of them are dehumanizing systems. They do not help the person to grow, but instead they reduce him to a vegetable status, so that he's less trouble to the people who are taking care of him. Is there evidence in the new California programs that bringing retarded children out of institutions helps?

Yes. This is substantiated in three ways. First of all we have evidence that a person coming out of a state institution and going into a small family care group develops better, not only from a personality point of view, but also in his ability to

cooperate and work with other people.

Secondly, the persons moving out of state institutions leave the same staff there to serve fewer patients so the program in itself is improving, simply because they have the same staff with fewer numbers of clients.

Finally, it's saving the state money because we have a lower rate of institutionalized persons. This is important from the taxpayer point of view.

Is there anything in New York State comparable to the program in California?

Not that I'm aware of. My understanding here is that, for example, on Staten Island you don't even have a diagnostic service for the mentally retarded. One manned, say, by a pediatrician, public health nurse, social worker and psychologist. This is the basic core group of professionals which should evaluate re-