

arded children.

We found, in our experience, that one quarter of the children coming to us actually weren't even mentally retarded when they had a good evaluation. So that's the first thing that is extremely important.

Why were they brought there?

They were brought there because they were referred by doctors who thought the children were retarded. They were children who had behavior problems, or hearing problems, or visual problems, or cerebral palsy, or a combination of these kinds of handicaps.

Are many children hospitalized because their parents want them to be?

I don't think that's true. I think most children who are hospitalized in our state institutions are there because their parents just couldn't face it any longer. They had struggled with it without any help, essentially feeling very isolated and alone.

Are the parents who now have their children back at home glad about the change?

Most of the parents we are dealing with never had their child go into the state institution. For example, last year our center had 167 requests for state institutional care, but when we actually evaluated them only 35 were bonafide and the remainder are in community programs at the present time.

I think the important thing about the regional center is that the state invests money earlier in the course of care of the retarded child. It thereby prevents disability and long term institutionalization.

What kind of programs are carried on outside the hospital?

Outside of the hospitals, we have a public school program for all children who are mentally retarded. Not just the mildly retarded or the trainable retarded which New York has, but also a program in the public schools for the profoundly retarded. So if a child starts out at a profoundly retarded level, at three years of age he's improved to where he can go into what we call the trainable level. He can move up within the same system, so that education is responsible for the training

of all retarded children from zero I.Q. right up to the very gifted. I think this is the way all states will eventually go.

I think the other interesting thing is the relationship between the regional center and the state institution. A person can only be admitted to a state institution if they're screened through a regional center. The regional center decides that the state institution is the proper role and the proper facility for that person, and we admit a person to a state institution for a specific program in a specific period of time. The case is reviewed and remains active with the regional center, even while the person is in a state institution.

Who staffs regional centers?

The regional center is composed of an interdisciplinary group of professional people- pediatricians, social workers, public health nurses, nutritionists, psychologists, educators and this kind of personnel. We also have a community advisory board that's composed of professionals who advise us. Lastly, we have a mental retardation area planning board that's composed of parents of the mentally retarded, so that we have a parent group that has a policy input in the terms of how the center provides services.

In what way?

Well the mental retardation area plan actually governs budget, and is proposed and written by the parents with the assistance of the professional staff on the area planning board. The regional center is responsible to the area planning board for implementation of policy.

One of the more general problems of medical care on Staten Island is the conflict between consumers and providers. There is a feeling among some community groups, particularly minority community groups, that providers (officials in hospitals, and so forth) dominate all programs on Staten Island and that this is a bad thing. Is there a similar problem in California?

Yes there is, and I think this is a universal problem here in the states. The medical profession has been very strongly entrenched and feels it has done a very good job in terms of medical care.