

# State plan for retarded at developmental centers called totally unworkable

By ROBERT MIRALDI

(Second of three parts)

For almost 20 years now Morton Posner has been fighting a battle for the 20,000 retarded residents of the state's developmental centers. Posner's goal: Eliminate institutions and allow retarded persons to develop and live in the community like everyone else.

"Regardless of disability, people need not be put away in dehumanizing institutions," says Posner, director of the Federation of Parents Organizations.

Logically, one would think, Posner should be elated with the state's plan to place 8,800 people in small community settings by 1981 and upgrade the quality of living in existing institutions. "It can't be done in five years," Posner says.

"It just can't be done. The plan is unreasonable, not feasible; it's not a workable plan. The whole thing does not tie together."

The criticisms made by Posner—and they are pointed and numerous—are shared by many consumer, Island mental health officials and by officials in the Department of Mental Hygiene, the bureaucracy which has developed the plan.

One top-level official of the Department of Mental Hygiene, asking not to be identified, called the state plan "impossible." The official, familiar with Willowbrook Developmental Center and the problems of community placement, added:

"Theoretically, it's not that it can't be done. But the machine has to work before the machine can produce. The question is implementation. The department is just too diffuse right now."

Alan Saperstein, a resident of the Willowbrook area and a director of U.S. Health, Education and Welfare Department's office of long-term care, has heard the criticisms of the plan. For the state to keep receiving \$125 million in federal money, the state plan must work, he says.

"There are generalities in the plan

which must be translated into specifics," Saperstein says. Two specifics which Saperstein and HEW insist on are:

¶ Prior to the discharge of any retarded persons from an institution to the community, medical, occupational and rehabilitative services must be available in that community. For the most part, those services do not exist today.

¶ Prior to discharge, every retarded person "must have an individual, active treatment plan that sets forth an integrated plan of development."

Saperstein says HEW's only mission is "to ensure quality care." If it becomes evident during the state's placement process that "dumping" is taking place, he says, "we will cut off federal funds to individual centers."

"I know the history New York has for psychiatric patients, the history of dumping. I enter into this concern. I'll give the state every opportunity to fulfill what they want. But I enter into the federal-state relationship with a suspect frame of mind.

"I don't want to cut off funds," Saperstein says, "but I will."

The way Posner sees it from his Manhattan office, the funds will eventually have to be cut off because the plan "is guaranteed to self-destruct." Posner fears that a failure now will set back the placement movement 10 to 15 years.

Among Posner's criticisms are the plan's five-year timetable; the lack of retraining of state employees for community shift; lack of emphasis on programmatic elements; lack of a conflict-of-interest monitoring system.

State officials claim that Posner's preoccupation with the numbers—8,800

by 1981—is not warranted. "If we find things are not working, then we will give up on the numbers," says James Introne, a member of Gov. Carey's program staff.

"People have criticized that we have moved too hastily, but we recognize that there are people behind those numbers. We won't slavishly adhere to the numbers," adds Introne from his Albany office.

Hugh O'Neill, a deputy commissioner with the state Department of Social Services, concurs with Introne, saying "it is really important that you do not play a numbers game."

O'Neill raises other questions about the placement effort, however! Will there be enough staff to follow up on the placement? Will success be measured by the number of placements and not the quality? Are social workers trained to meet the needs of retarded persons in the community?

At this point they are unanswered questions.

Murray Schneps, a member of the Willowbrook Review Panel and an outspoken community placement advocate, disagrees with Posner's contention that five years is not a workable time frame. "Five years is a lot of time," he says.

What Schneps doesn't like about the plan is its emphasis on family care or foster care (4,200 beds out of the 8,800 total). "The state is working backwards. Family care is the ultimate closeness, the ultimate step."

Schneps wants a higher priority given to group homes with eight to 10 residents in a facility. "Family care is not the answer. Retarded people will end up in poor areas because of the economic incentive. People will seek only money to keep foster care homes.

"I don't think that 9,000 placements is too much," Schneps adds, however. "I am naturally concerned about the state's ability to implement any large-scale plan. But I am encouraged by the work of the Metropolitan Placement Unit."

The future, it seems, rests with the Metropolitan Placement Unit, set up to place past and present residents of Willowbrook into the community.

(Tomorrow: Doing what's never been done before.)