

Homes for the retarded provide only one answer

By JULIE MACK
To see them now, it is hard to believe that Tom and Mary spent most of their lives in institutions for the mentally retarded.

Released in the aftermath of the Willowbrook consent decree, they are married, live independently in their own apartment on Staten Island and are raising a son. They still utilize support services, but they function well enough to cope with life's daily tasks on their own.

They have made it. Their story (the names have been changed) is an example of the wonders of deinstitutionalization. Indeed, the movement of the mentally retarded from institutions to the community is generally considered one of the most dramatic and rewarding developments of the consent decree — the state's agreement to reform services in the aftermath of the scandals at the Staten Island Developmental Center, then called Willowbrook State School.

But the movement to community living has not been without problems: The state Office of Mental Retardation and Developmental Disabilities (OMRDD) has had to face neighborhood resistance, controversy over size of

community residences and complaints that not enough homes are available.

In some respects, the situation has improved in the past decade. Community opposition to group homes has abated in recent years. OMRDD and the non-profit agencies which operate group homes have become more sophisticated in their attempts to win the approval of neighbors, and the public has become more understanding and tolerant.

"The community acceptance issue is a problem we're overcoming, although we still got a long way to go," said Joel Levy, executive director of the Young Adults Institute, an non-profit agency for the retarded in Manhattan.

"Whenever a person is moved into a community home and it works out, it becomes a positive advertisement," Levy said. "The homes become more accepted as the public starts to have a frame of reference and they see it works in other areas."

A study by the New York State Institute for Basic Research in Mental Retardation shows that a community's resistance to group homes usually fades once its fears are not realized.

"Once the home becomes es-

'Fifty people under one roof is great for summer camp, but you wouldn't want to spend the rest of your life in that setting.'

established, it is usually accepted or ignored," said Robert Lubin, a scientist at the Institute for Basic Research.

But while deinstitutionalization is running smoothly in some respects, it is becoming more difficult in others.

A major issue now is that those who remain in the institutions are the more severely handicapped patients. Most are severely or profoundly handicapped; many also have physical disabilities. Some need constant medical attention. Others have emotional problems and are psychotic as well as retarded.

"We don't have those beautiful, bright children here anymore," said one employee at Staten Island Developmental Center, noting that the patients in at least one building at the SIDC has a propensity for violence. "You say you want more out of here. OK, that's all well and good. But where are you going to get the

staff and facilities to care for these clients?"

Indeed, the question now facing state officials is where to go from here in the deinstitutionalization process.

The debate is now centering on the size of community residences. The state is currently restricted by the consent decree to a maximum of 10 beds in some homes and 15 beds in others, depending on the type of residents.

The state agency for the retarded is suggesting that severely handicapped patients could be better served in facilities with as many as 50 beds. Officials claim such residences could better serve those patients who need specialized medical care.

Moreover, say state officials, such homes would hasten the movement of patients out of the institutions, because it is difficult to find smaller homes and apartments in New York City that fit the needs of multi-handicapped

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