

patients.

"I don't think the quality of care would drop in the larger facilities," said Midge McGraw, a spokeswoman for OMRDD. "In fact, the quality of care could be better because of more specialized staff we would supply, like around-the-clock nursing."

But the idea has not set well with some parents and professionals, who argue that larger homes would be nothing more than small institutions.

Staten Island already has one such facility, the Nina Eaton Center operated by United Cerebral Palsy of New York State, and even the UCP people say it is nothing like a group home.

"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," said Keith Penman, regional director of the non-profit agency.

Penman ticks off the advantages of a 10-bed home compared to a 50-bed facility: Closer camaraderie between patients and staff, more privacy, and greater capability for patients to "manipulate their environment" because there are fewer restrictions.

These are differences that that enhance the personal growth of even severely and profoundly retarded, multi-handicapped persons, Penman says.

Proclaiming that smaller is better, plaintiffs involved in the original consent decree are not only fighting the idea of 50-bed facilities, they also are lobbying for more three-bed homes.

The fight over numbers was dragged into federal court last spring, and state officials asked to have the consent decree altered to allow for larger residential facilities.

Judge John R. Bartels denied the request, but an appellate court recently sent the case back to Bartels, claiming that the judge had not taken into account the state's expert witnesses.

Bartels has not yet issued a new ruling, and probably will not in the immediate future, because the plaintiffs are now asking the U.S. Supreme Court to hear the case.

Participants in the debate agree it is a sticky situation, and note that each side is motivated by more than just finding the best

care for patients: The state wants larger facilities because they are more cost-efficient and would hasten the deinstitutionalization process; some parents, on the other hand, may be inspired by guilt.

"The idea of the three-bed apartments caters more to the needs of parents than to clients," said Tony Pinto, president of the Benevolent Society for Retarded Children. "The three-bed apartment makes me feel better, but is the client that much better off? For the situation that exists today, 50-bed facilities could meet the needs of some."

"In this day and age, cost-effectiveness is certainly an issue," said Ms. McGraw, OMRDD's spokeswoman. "We have to have good quality care. We have to deliver the services. But money is tight and we have to be cost-effective."

The current controversies are also overshadowed by the larger question of whether total deinstitutionalization will ever occur.

Some of the more idealistic advocates say that everybody could benefit from community living. Others are more pessimistic.

"We're not naive enough to believe that everyone fits in a group home," said Ms. McGraw.

"Not everyone can be deinstitutionalized, although that's purely a personal opinion," said Marjory Ames, of the Interagency Council on Developmental Disabilities in Manhattan. "A small percentage will always need to be in the institutions — the elderly, those who are both mentally retarded and mentally ill.

"The problem is that you can't let the pendulum swing so far in favor of deinstitutionalization that you ignore needs of some of the population."

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