SOME THOUGHTS ABOUT THE PROPOSED CLOSING OF STATE HOSPITALS FOR THE RETARDED

I find myself appalled and dismayed by the current plans for the state to close the state hospitals (regional treatment centers) at Faribault and Cambridge, and also the units designated for the mentally retarded at other state hospitals.

It is not that I am disinterested in providing for our retarded people all of the medical, educational, social, vocational, physical, and attitudinal resources which they need. On the contrary. I worked as program director of Sheltering Arms, a day school and research program for mentally retarded children, from 1955 to 1983, when the school was closed, partly because of changes in educational philosophies and laws. During those twenty-eight years, I also saw many children, not in school with us psychological evaluation and help to their parents in planning for then. I participated in innumerable committees working on retardation problems. Since my retirement, I have continued to serve on a coupe of advisory boards for residential programs, and to work on an occasional committee.

The projected closing of the state residential facilities will, I believe,lead to having increased numbers of retarded individuals "fall between the cracks" of a one-dimensional service vehicle - community placement in small group homes. Mental retardation is not one single entity; it exists over a vide range of abilities and disabilities; it occurs as no respector of persons among the rich, the poor, and the in-between, in cities, snall towns, and rural areas; it often is accompanied by one or more handicaps in other modalities. The needs of one retarded individual may be very different from the needs of another. A range and variety of needs calls for a range and variety of provisions to meet them. Current concepts, in my view, fall very short of encompassing the entire range of characteristics of the whole retarded population.

"Mainstreaming," for example (the current educational plan of serving retarded children along with normal children in "regular" classes) suggests that retarded children will learn and progress better in non-segregated settings. It is true that the law (P.L. 94-142) says "in regular classes to the extent possible," but lawsuits and advocacy groups have stirred up enough conflict over this qualifying statement to make schools reluctant to exercise their right to make some decisions as to when it is, or is not, "possible." Many of the higher ability retarded youngsters are, and always have been, placed in regular classes. Those referred for special education placement have been those who demonstrated their inability to adjust well in those classes and their need for a different, more tailor-made, school setting. Most of the lower ability retarded (usually referred to as trainable, severely retarded, profoundly retarded) do not - and cannot - fit in well in regular programs. "Normalization" is another concept which has been misunderstood and misapplied. The people who invented the term intended it to mean that the environment of the retarded should be as close to "normal" as was consistent with the needs of the person. Its misinterpretation has often been that "normalization" is a process by which the retarded person will become normal.

The benefits of living in the community, as viewed by the proponents of community placements, are that community participation by retarded people is of value *in* enriching their lives. For some of the retarded, I am sure this is true. But the benefits must surely be related to the extent to which the retarded residents *of* the group home are able to take part in, or to enjoy, or to profit from the experiences available in the community. When attending a community activity requires a one-to-one staff-resident ratio, I wonder about the benefits.

Although many of the higher ability retarded people can benefit from community participation, there are many who cannot. Some of these will be among the trainable ability group; some will be among the severe/profound group; some will be severely physically handicapped. Some, even in the higher ability group, will be severe management problems which, despite enthusiastic believers in behavior modification, often do not yield to treatment efforts. Some will have mixed or dual diagnoses, as when mental retardation occurs along with mental illness. Some will need to have medical or nursing care around the clock.

The other side of the coin is the increased risk for those in community placements of being victimized by unscrupulous people. Risks include not only sexual attacks, but also financial "rip-offs," being used as tools in criminal activities, and the simpler probabilities of getting lost and not being able to seek help appropriately. The more "segregated" situation of regional treatment centers permits more freedom of movement around the campuses, and even to downtown areas, with much less risk. The fact that people in Faribault and Cambridge have had years of understanding retarded individuals is another plus.

People are always concerned about the relative cost of state hospitals versus small community living sites. What seems to have happened here is that people have <u>said</u> that community facilities are less expensive often enough so that other people believe it. As far as I know, there have been no really objective comparisons of the relative costs, as there have been no really definitive comparisons of the relative life benefits of these two settings for retarded people. If in figuring the costs, the expenses of providing supervision to many community sites, plus the costs of the multiple licensing visits currently required for group homes, plus the costs of providing daytime activity programs, plus transportation, as well as the basic costs of housing, staffing, food, and medical care, were

actually added up, we might, or might not, find one or the other alternative to be cost-efficient. As of now, I think we simply lack evidence.

For many years, Minnesota has been a leader in its programs and facilities for retarded people. It would be a mistake to have our state climb onto the bandwagon of community placements for all retarded people without looking ahead to see where the bandwagon would be taking us.

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