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**HEADLINE:** Families Defend Care at Md. Mental Health Facility

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**BODY:**

For the federal officials who recently painted a stark portrait of abuse at Maryland's Great Oaks Center for the mentally retarded, Irving Lawson, Helen Greenspon and Grace Berman have a message:

Butt out.

The three have children or siblings at the facility in Montgomery County, and say their sometimes-daily visits belie the allegations of improper druggings and civil rights violations that have led the U.S. Department of Justice to threaten legal action unless the state spends millions of dollars on more staff and better programs.

The place has had its problems, they admit. But the three, in addition to state health department staff and Great Oaks administrators, contended in interviews and during a tour of the facility Friday that federal officials are unfairly attacking an institution that has been improving steadily.

"Perfect? There is nothing. When I had my daughter at home, it was not perfect," said Berman, whose 40-year-old daughter has been at Great Oaks since it opened in 1970. "The place is clean; they, for the most part, take very good care of the children."

In a letter to Gov. William Donald Schaefer in January, the assistant attorney general for civil rights, John R. Dunne, wrote that after repeated visits to the facility between 1986 and 1990, his office concluded there were "egregious or flagrant" civil rights violations taking place "that seriously threaten the health and safety of Great Oaks residents." He cited, among other things, high injury rates, inadequate training programs and the use of drugs on troublesome patients merely "for the convenience of staff."

Justice department staff have refused to elaborate on Dunne's comments. State officials acknowledge the center had problems, but say Dunne's specific allegations were based on out-of-date information.

Still, the letter has posed a dilemma for Schaefer: At a time when public health experts agree that the mentally

retarded are better off out of large institutions, how much effort and money should be spent keeping the second-largest such facility in Maryland open? With a growing list of developmentally disabled individuals waiting for other state services -- and little prospect of finding the money to provide them -- the answer affects more than just the 250 clients at Great Oaks.

Though relatives and other defenders of the institution may resent the federal pressure, others say it offers a chance to look beyond Great Oaks for alternatives that are less expensive for taxpayers and better for the patients. The state spent almost \$ 240 million in 1990 on services for the developmentally disabled, more than \$ 90 million of it on the system of state mental retardation centers.

"People can be supported in the community," said Lorraine M. Sheehan, a former Maryland secretary of state and president of the state Association for Retarded Citizens.

Although Sheehan said she would not favor closing Great Oaks and "dumping" patients in the community, she said state officials could take the \$ 83,000 they will spend on each patient this year and "start being a little creative" about placing the patients.

The debate over Great Oaks occurs as the momentum to "downsize" or close institutions is greater than ever.

Researchers in the field of treating the developmentally disabled say a "growing majority" agree that community settings, even for some of the most profoundly retarded individuals, are preferable to institutions. And the scarcity of government funding makes it more difficult to justify the cost of large institutions, some of which are running at half or less of their capacity.

"Institutions are an anachronism in American society. We relied on them for more than a century, and we are in the early stages of finally coming to grips with the reality that we made a mistake," said David Braddock, director of the developmental disabilities program at the University of Illinois at Chicago.

Advocates of group homes say that the mentally retarded progress better in a more intimate environment and that community settings prove cheaper, by as much as 10 percent, than large facilities.

The trend toward community-based housing and treatment for the developmentally disabled has accelerated since the late 1960s, when the country's institutionalized population peaked at about 195,000. At least 53 facilities have been closed since then, more than a sixth of the country's total.

In the past year, New Hampshire became the country's first "institution-free" state when officials shut down its only mental retardation facility. New York, with one of the largest mental retardation treatment systems in the country, adopted the goal of closing its remaining 18 institutions by the end of the decade.

Maryland long has been part of the movement toward community-based treatment, closing institutions at the rate of about one a year since 1986. The total institutionalized population of about 1,170 is less than half the 1982 level, while the number of community placements is nearly three times what it was then. In the 1970s, more than 3,000 patients were housed at the Baltimore area's Rosewood facility alone.

Great Oaks Center director Allan Radinsky agrees that some of his patients -- perhaps most -- would be better off in apartments or group homes.

Indeed, in one sense, the facility is working to become obsolete, training patients to feed and dress themselves and teaching other manual skills that will prepare them for a community setting. One building that federal officials cited for many problems, formerly packed with 80 patients, recently was converted to eight four-bedroom apartments that officials hope will give residents more autonomy, Radinsky said.

But it remains uncertain how far the state can go, politically and administratively, he said.

When Schaefer proposed closing Rosewood two years ago, he drew swift, heavy criticism from lawmakers and parents concerned about disrupting a stable source of care. The facility, the state's largest, remains open, even as its patient population has dwindled to less than 500. When Schaefer toured Great Oaks last week, aides kept it off his schedule, in hopes of avoiding publicity and a similar confrontation.

Radinsky said it also is unclear how quickly spots in community homes can be found for patients and how much assistance they would receive after they leave Great Oaks. "Anybody can be in the community," he said. "The problem is the services that people need. We'll need facilities [such as Great Oaks] for a long time . . . We don't want to push people out."

Radinsky and state Health Secretary Nelson J. Sabatini said there may be a group of individuals who need such intense attention that a community setting is not appropriate. Seventeen patients were sent back to Great Oaks from community homes in the past year, Radinsky said.

Irving Lawson said he would prefer to see his 42-year-old brother, Bruce, who is autistic, remain at Great Oaks. His brother receives daily treatment for asthma and has made noticeable strides in learning to feed himself and in controlling a tendency to strike others. "I've seen tangible results," Lawson said.

**GRAPHIC: PHOTO, LOIS MESZAROS, DIRECTOR OF MARYLAND'S DEVELOPMENTAL DISABILITIES ADMINISTRATION, TALKS WITH A CLIENT AT THE GREAT OAKS CENTER FOR THE MENTALLY RETARDED. JOEL RICHARD SON; CHART, JOSE ARAUJO FOR TWP**