NORTH CAROLINA CENTER FOR
PUBLIC POLICY RESEARCH INC.

NEWS RELEASE

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Center Says State Policy Ambivalent on Deinstitutionalization

The N.C. Center for Public Policy Research says the state's efforts to move clients out of human services institutions and into community-based programs are moving too slowly. The Center reports deinstitutionalization efforts are being frustrated by the fact that two-thirds of the state's funding for mental health, mental retardation, and substance abuse services is still being spent on institutions. The Center says localities often object to efforts to close institutions like Dorothea Dix Hospital in Raleigh, however, because of fear of the economic consequences.

In an article in the Center's quarterly magazine, North Carolina Insight, authors Michael Matros and Roger Manus argue that the state should link state funding to the number of persons served in community-based programs. Thus, as clients move out of psychiatric institutions, training schools, and schools for the deaf and blind, the funds would follow the clients and be shifted to local mental health centers, local schools, and the community-based alternatives programs for juveniles.

"The number of North Carolinians in 25 state institutions under the Department of Human Resources (DHR) has decreased 40 percent in the last ten years," says Matros, who is associate editor of the Center's magazine. "But despite that major decline in population, state appropriations to those same institutions have nearly doubled," adds Manus, who is a staff attorney with a

P. O. BOX 430 219 FAYETTEVILLE STREET, SUITE 400 RALEIGH, N. C. 27602 (919) 832-2839

mental disability law project of N.C. Legal Services. The article by Matros and Manus documents this clear trend in three separate human service systems where there are state institutions and county-based programs.

In the 15 mental health, mental retardation, and substance abuse (mh/mr/sa) institutions, the number of persons served has dropped 17 percent, from 29,567 to 24,444 persons in the 1972-1983 period. These numbers include "revolving door" clients who receive services more than once in a single year. Appropriations for those institutions, however, doubled during the same period.

Meanwhile, the number of persons served in the 41 local mh/mr/sa centers across the state skyrocketed from 48,365 to 136,703. But appropriations for these local programs did not keep pace. Only 35 percent of the current mh/mr/sa appropriations go to local programs, even though 85 percent of client services are now conducted locally.

Similar trends were found in the institutions under DHR's Division of Youth Services. The population in state training schools for juvenile offenders has declined from 2,097 to 632 in the 1970-83 period, while appropriations for training schools rose from $6.5 million to $12.8 million. Meanwhile, there was no distinct community-based alternative (CBA) program in 1970, but, by 1983, more than 43,000 young people were being served in CBAs. Again more juveniles are served in local CBA programs, but more money goes to residential training schools.

Finally, the Center examined trends in three state schools for the deaf and the Governor Morehead School for the Blind. In the last decade, the residential population declined from 1,285 to 870, but appropriations increased 170 percent.

Matros and Manus gave several reasons for the client movement out of institutions. First, the availability of federal money led to construction of local mental health centers. Second, court decisions and state legislation required that mental patients be treated in the "least restrictive environment" and that children be mainstreamed into local school systems. And, medical developments like outpatient treatment programs and psychotropic drugs allowed some persons with alcohol, drug, or mental problems to remain in their communities.

"The state has done a good job in the last ten years of making a public commitment to deinstitutionalization," says Matros. "But now we're at the point where the institutional population has declined so far that closing some institutions must be considered. The state cannot afford to continue to expand funds for two systems -- both for institutions and for community-based programs."

For more information, call Michael Matros or Ran Coble at (919) 832-2839 or Roger Manus at (919) 834-0723.