

**REPORT TO THE COURT**

**THE INDIVIDUALS WHO MOVED FROM PENNHURST**

**MARCH 17, 1978 – NOVEMBER 30, 1980**

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

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SPECIAL MASTER**

**FEBRUARY, 1981**

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"Matched Comparison Study of Adaptive Behavior Growth Among Deinstitutionalized Clients" by Temple University, November 10, 1980.

## INTRODUCTION

This report to the Federal District Court focuses on the 140 individuals who have moved from Pennhurst to community living arrangements (CLA's) between the March 17, 1978 Court Order and November 30, 1980. This is the second in a series of reports which concentrates on individuals in the community.<sup>1</sup>

This report contains information which was gathered in late 1980 by the Special Master's staff, through extensive monitoring of the services provided to the individuals who have moved to CLA's. Additional information was obtained from the counties or through review of updated records or files. Wherever possible, services have been described for all 140 individuals, including "out of region" individuals. Otherwise, information has been given for the 129 people who live in CLA's of the five county Southeastern Region.

The first three injunctions of the Court's Order of March 17, 1978 provided the framework for this report. These requirements are summarized as follows:

- Paragraph one requires the Commonwealth and Counties to provide suitable community living arrangements together with other necessary community services.
- Paragraph two requires the Commonwealth and Counties to develop and provide a written Individual Habilitation Plan in accordance with professional standards.
- Paragraph three requires the Commonwealth and Counties to monitor the community services to assure the necessary quantity and quality of services are provided and maintained.

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The first report, "Report to the Court: The Individuals Who Moved From Pennhurst (March 17, 1978--August 31, 1980)" was filed with the Court on October 1, 1980.

## OVERVIEW

The provision of community services to Pennhurst residents continued at a slow pace during recent months. During the 1980-81 fiscal year, the Commonwealth and county defendants have provided community services to an average of four additional Pennhurst residents per month.

214 people who were residents of Pennhurst on March 17, 1978 are no longer there. Of that number, fifty-five have died. As of November 30, 1980, 140 resided in community living arrangements. Ninety per cent of the individuals who have moved to CLA's during this fiscal year were classified as either severely or profoundly mentally retarded.

The 140 individuals lived in areas with significantly fewer residents and significantly more staff per resident than were in their former living areas at Pennhurst. The Special Master's staff generally observed that the monitored CLA's were safe, clean, home-like, appropriately furnished, and oriented to preserve the dignity of individuals.

The observed CLA's were the antithesis of the overcrowded, understaffed, or custodial care residences that have generally characterized institutional care, and of the unsupervised, unsafe, and unhealthy residences that have characterized boarding homes in the recent past.

Primary health care, such as annual health examinations, has been provided to the 129 individuals in the counties of the Southeastern Region. Many specialized health needs were also being successfully addressed. All but one of the residents had medical assistance or another means to cover medical expenses. The uninsured individual was in the process of obtaining coverage.

All of the 129 individuals regularly attended school, vocational training, or skill training programs away from their residences (except for one person whose program is temporarily in his residence). Additional community services, such as recreation programs, were available and were utilized by almost all of the people.

An indepth study of the community services of six randomly selected severely or profoundly retarded individuals revealed that they were benefiting from an array of community services. The benefit was apparent in both the quality of their lives and their skill development. Improvements in their adaptive functioning were shown. Each of the six had increased his/her self care, daily living, and communication skills. Of these six individuals, the four who can communicate verbally expressed a preference for living in the community rather than at Pennhurst.

For 138 of the 140 individuals, the program of services was described in the individual's habilitation plan and was based on the individual's needs, as summarized in the plan. Goals, methods, activities had been planned and were being implemented for almost all of those who moved to the community. In two out of every three cases, there were current Individual Habilitation Plans (IHP's) that conformed to the published guidelines<sup>1</sup> and had been approved by the Special Master.

This represents a significant effort by the counties to meet the Special Master's stated goal of a current plan for each former Pennhurst resident.

Currently, no individual is moved from Pennhurst without an IHP. This is a substantial change resulting from the Court's requirements of employment of case managers and adherence to extensive guidelines. Prior to the Court Orders, almost all the people who moved from Pennhurst lacked an Individual Habilitation Plan.

In late 1980, the Special Master's staff conducted the first indepth monitoring of the community services for nearly all of the former Pennhurst residents in South-eastern Region CLA's. The individualized monitoring was conducted to assess whether the necessary quantity and quality of services were provided and maintained to fulfill the IHP goals and to meet the individual's needs. Written recommendations were made following each visit.

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<sup>1</sup>"Guidelines for Case Managers: Implementation of the Individual Habilitation Plan Process," prepared by Carla S. Morgan, Special Master, revised August, 1980.

During the same time, the Commonwealth piloted their first comprehensive and individualized monitoring of the services provided to former Pennhurst residents. The Commonwealth's "audit" format was used to evaluate the services provided to twenty-two individuals. Commonwealth officials have stated their intentions to audit the community services provided to other former Pennhurst residents in future months.

An assessment of the relative benefit of community services has been undertaken as part of the longitudinal study of the Pennhurst case, by Temple University Developmental Disabilities Center (See Appendix). The examiners administered the Behavior Development Survey (BDS) to matched groups on whom baseline BDS's had been completed in 1978. The study matched thirty-one persons who had moved to the community from Pennhurst (the "movers") with thirty-one persons who stayed at Pennhurst (the "stayers") according to sex, level of retardation, IQ, number of years at Pennhurst, years of birth, and test results on the 1978 BDS. The Temple Study found that "the thirty-one clients who have moved to community settings have gained far more, in the sense of expressing behavioral skills, crucial for independent functioning, than their 'twins' who remain at Pennhurst."

Overall, essential services were being provided, key standards for delivery of community services were being met, and the individuals who left Pennhurst since March 17, 1978 seemed to be benefiting from life in the community.

MARCH 17, 1978 COURT ORDER,

PARAGRAPH ONE

PROVISION OF COMMUNITY SERVICES

Commonwealth and county defendants, their successors, and their officers, agents, servants, employees, attorneys and all persons in active concert or participation with them are permanently enjoined to provide suitable community living arrangements for the retarded residents of Pennhurst, and those retarded persons on its waiting list, together with such community services as are necessary to provide them with minimally adequate habilitation until such time as the retarded individual is no longer in need of such living arrangement and/or community service.

Judge Raymond J. Broderick  
United States District Court

## THE POPULATION

There are now 140 individuals who have moved from Pennhurst to the community between March 1978 Court Order and November 30, 1980 (Table 1). Most of the persons who moved from Pennhurst moved to CLA's. No one moved to a boarding home. No one has been readmitted to Pennhurst or any other state institution for retarded citizens.

In the thirty-three months since the Court's Order, the Pennhurst individuals have moved to CLA's at an average rate of four persons per month (Table 2). 953 individuals, including nine who are not retarded, still remain at Pennhurst. During the September 1, 1980 to November 30, 1980 period only Delaware, Montgomery and Philadelphia Counties have moved individuals (Table 3).

Prior to each move, the counties prepared an Individual Habilitation Plan which was reviewed and approved by the Special Master. Since July, 1980, the approved IHP's have then been reviewed at a hearing by the Hearing Master to determine whether the planned community services would be more beneficial than the services at Pennhurst (pursuant to the Court of Appeals Opinion of December 13, 1979 and that the move was voluntary (pursuant to the Supreme Court Order of June 30, 1980).

Two-thirds of the people who have moved to CLA's are men and one-third are women, closely paralleling the distribution by sex of those who still remain at Pennhurst. Those who moved to the community had spent an average of twenty-one years in the institution.

Of the 140 individuals who have moved to CLA's seventy percent are classified as either severely or profoundly retarded (Table 4), as are eighty-five percent of those who remain at Pennhurst. Ninety percent of the individuals who have moved to CLA's during this present fiscal year are classified as either severely or profoundly retarded (most are profoundly retarded).

## THE COMMUNITY LIVING ARRANGEMENTS

All of the Pennhurst residents who moved to the community, with the exception of the nine persons who lived with their relatives, resided in units funded and approved by the Community Living Arrangements Program governed by the Commonwealth of Pennsylvania and the county governments. Twenty-six private agencies, under contract with the governmental units, actually operated the CLA's.

These CLA's were either apartments or family-sized houses, where one to eight residents lived. The typical population in the CLA residents' previous Pennhurst area was eleven to twenty people. Nine percent lived in Pennhurst areas with forty-one to fifty residents.

Each of the 140 individuals lived in a CLA with fewer residents than in their former Pennhurst living area (Table 5). The average CLA had one-eighth the number of residents than the former Pennhurst living area. The CLA's averaged 2.5 residents; the Pennhurst areas averaged 21.2 residents.

With the exception of several individuals who were purposely placed into semi-independent living within the CLA program, all others have one form or another of twenty-four hour staff supervision.

139 of the 140 CLA residents lived in CLA's with more staff members per resident than in their former Pennhurst living area<sup>1</sup> (Table 6). At Pennhurst, the average was one staff member for eight residents. At the CLA's, the average was one staff member for two residents. In other words, the CLAs averaged four times more staff members per resident than the individuals's former Pennhurst living areas.

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This comparison was drawn for the 3-11 p.m. shift in the institution and approximately the same time period in the CLAs. The Special Master's staff conducted a phone survey of CLA Project Directors on December 19, 1980 as the basis of the CLA information. "The Pennhurst Center July 18, 1980 Staffing Study" is the source of the information on the individuals' former Pennhurst living area.

The highest staff ratio in the CLA's was three staff to one resident. The lowest staff ratio in the CLA's was one staff to six residents. The range in the former Pennhurst living areas was one staff to four residents (highest) to one staff for ten residents (lowest).

At the time of the monitoring visits, the residents were observed to be fully and appropriately dressed. The monitors did not observe any suspicious bruises, cuts or scars.

The apartments and houses were observed to be generally clean and free of offensive smells. Most rooms and furnishings were home-like in appearance and decoration. The residents had dressers and other places to store their clothing and personal possessions. Almost all of the residents had personal possessions. Usually residents had a private bedroom or a bedroom shared with only one other person. The bathrooms in the CLA's afforded privacy for the individuals and were equipped with toilet paper, soap, etc.

Ninety percent of the CLA's had written emergency procedures that included information on doctors, ambulances, police, fire, poison centers, etc. A similar percentage of CLAs had the required general fire and safety procedures.

## HEALTH CARE

General health is the first area of concern in the IHP, and is a similar priority in the monitoring process.

Primary health care has been provided to the former Pennhurst residents who live in CLA's. Between September, 1979, and November 1980, annual medical examinations were performed by physicians for all but one of the former Pennhurst residents living in CLA's. That individual had refused any medical or dental treatment. All of the women involved were seen by a gynecologist for examinations (Table 7). Dentists examined eighty-nine percent of the CLA residents.

Case managers and residential staff have made arrangements for continuing health care. Physicians have been identified to provide ongoing medical treatment for ninety percent of the individuals. Similarly, dentists have been identified for most of the people. Gynecologists have been identified for most of the women. While specific doctors and dentists have been utilized for care in their fields, clinics have been heavily relied upon for gynecological care.

Monitors from the Office of the Special Master confirmed that plans to meet both primary and specialized health needs were usually being addressed. For many individuals, case managers or residential staff had identified the need for additional health evaluations, examinations, or treatments. Nearly half of these appointments or referrals had already been scheduled. For others, referrals or appointments had not been made. No instances had been identified where an individual with a serious condition was not being treated in the community due to an inability to obtain health care.

For some individuals, community-based health care has resulted in improvements of health or daily functioning. Pages 21-25 describe a wide range of treatment modalities (medical, surgical, pharmaceutical, and physical therapy) and their application to relevant conditions (medical, dental, vision, mobility and medication-related problems).

The illustrative anecdotes are not meant to be interpreted as a thorough analysis of health care in the community; they are included to document some health-related conditions that have been cured, ameliorated, or made more manageable for the individuals through appropriate intervention.

All but one individual has insurance or another means to pay for medical expenses. The one individual has applied for but has not yet received coverage. For almost all persons, medical assistance or medicare is the source of payment for medical expenses (Table 8). Only a few persons have private insurance.

In spite of the commonly anticipated difficulty in locating dentists or other health care providers willing to accept medical assistance reimbursement, case managers have almost always managed to arrange for necessary community-based health care services.

## OTHER COMMUNITY SERVICES AND BENEFITS

### Day Program

Without exception, regardless of the severity of skill deficits, each of the 140 CLA residents regularly attended a day program, eg. a public school, vocational training, or skill training program (Table 9). Twenty-seven individuals are of school age and were enrolled in either a public school program or other day programs. The 113 adults have been enrolled in either workshops or other day programs.

139 of the 140 former Pennhurst residents attended day programs away from their residence. One individual received his day program at his residence.

### Transportation to Day Program

Most of the people were transported to their day program by the day program provider (Table 10). Ten people utilized public transportation to the day program; each of them was described by staff who work with them as "aware of danger".

### Recreation

All but two of the 140 persons living in CLA's participated in recreation programs (Table 11). Most participated in community-sponsored programs. Only ten people participated exclusively in CLA-sponsored recreation activities.

### Other Services

The availability and use of health care, day programs and recreation actitivities were assessed during the monitoring process. The monitors also inquired about other needed services. Forty percent of the persons needed such services or therapies as speech and physical therapy and training in mobility or safety. In half of the cases, providers had been identified and referrals had already been made.

### Income

Ninety-one percent of the former Pennhurst residents in Southeastern Region CLA's had a public source of income such as Supplemental Security Income, Social

Security, or Veteran's Administration benefits. Most people received Supplemental Security Income (SSI). Three people had no income. For those receiving public benefits the representative payees were staff members in forty-one percent of the cases and relatives in thirty percent of the cases. Twenty-five percent of the individuals were their own payees. The payee was unknown in four percent of the cases.

### THE COMMUNITY EXPERIENCE OF SIX INDIVIDUALS

These detailed analyses of the community experience of three individuals classified as severely retarded and three individuals classified as profoundly retarded were undertaken to assess the impact of community services upon the lives and development of the former Pennhurst residents.

A random selection procedure was used to identify these individuals from the group of severely impaired and the group of profoundly impaired individuals who represent 46.6 percent and 23.6 percent respectively, of the 140 people who have moved to CLA's from Pennhurst since March, 1978. Information for these analyses was drawn from available sources: interviews, visits and observations of the individuals, interviews with day program, CLA and case management staff, Individual Habilitation Plans (IHP's), other reports, documents and correspondence including Pennhurst records, and the monitoring performed by the Office of the Special Master.

For each individual and in relation to all areas of functioning the same basic two-part questioning strategy was pursued: 1.) What is the individual doing now? and 2.) Does this represent a change from their previous level of skills or their prior status? Respondents to these questions in all instances were instructed to comment only in terms of their direct knowledge of the individual and to focus on the time period since they had come into contact with the individual. Respondents were required to provide specific behavioral examples to document any opinions or judgements expressed.

These analyses, focusing on people's day to day lives, were undertaken to illustrate, in terms of actual individuals, the implications and meanings of the community service information which is expressed throughout the rest of this report.

COMMUNITY EXPERIENCE: MR. T.

Mr. T., a twenty-three year old man, has been living in the community for two years. He is classified as profoundly retarded. He interacts with his environment only on a very limited basis. He is non-verbal and when unoccupied engages in a wide repertoire of self-stimulating behaviors. Staff who work with Mr. T. reported that he exhibits fewer of these behaviors now than when he entered the community and less of the extreme posturing that usually accompanied this behavior. Mr. T. was described as "calmer, healthier" and "doing tremendously better" by his day program providers.

Mr. T. lives in a community living arrangement<sup>1</sup>, attends a day program, and receives supportive services. He is now, reported staff, more able to tolerate programming and training. Due to the severity of his handicap, Mr. T. makes his progress toward his individual program goals in small but nevertheless apparent steps.

In dressing, behavioral data documented that Mr. T. can now complete the last step of zipping his pants, as well as perform the last step in putting on his socks, with greater independence. Mr. T. is now independently throwing away the paper towel after handwashing and is starting to turn on the water himself - something he had previously resisted. CLA staff reported that he is now learning to bring the toothbrush to his mouth. He is also involved in a program to build his tolerance for wearing eye glasses. The individualized training Mr. T. is receiving appears to be excellent; it is highly structured, addresses his complex needs through multiple avenues, and it is delivered in a caring manner. The overall quality of his day program would be enhanced if the program had more adequate space in which to organize a more distraction-free environment.

Range of motion exercises as recommended in a physical therapy evaluation are provided to Mr. T. in his day program. Programming recommended by an occupational therapy evaluation is also provided.

Assisting Mr. T. to decrease his abnormal posturing and to ease his contorted sleeping position have eliminated the circulatory problems for which Mr. T. had formerly required medication and services from vascular specialists. Mr. T's dandruff condition has improved and the CLA staff continue to treat it with specialized shampoo. He has also had a thorough dental exam which required hospitalization for anesthesia. His reported episodes of gum bleeding have stopped; Mr. T's dentist felt that this was in response to being exposed to correct toothbrushing techniques for the first time. Although Mr. T. still does not chew, the CLA staff have found that he no longer requires pureed food and that he has not had any choking episodes.

Mr. T. has made progress in establishing eye contact with objects, an important step for further skill training. His eye contact with other people has not yet developed much; the CLA and day program are working to help Mr. T. tolerate and enjoy eye contact more. In attending to tasks, Mr. T. is showing some progress and more independence, but this is still somewhat erratic.

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<sup>1</sup>The CLA in which Mr. T. was originally placed in was closed when the county, dissatisfied with performance of the provider, terminated the provider's contract. Mr. T. was placed in respite care and then in his present placement. His case manager was responsible for the coordination of his transition and placement.

Mr. T's communicative skills have begun to expand. He shows a slight increase in sound localization and he can now respond to simple commands, no longer always requiring physical prompts, but rather less directive gestures. In beginning to learn to anticipate sequences of events, Mr. T. has begun to display some basic problem solving strategies.

Mr. T's throwing of objects and pushing people have decreased as has his bizarre behavior and posturing. A behavioral overcorrection procedure program is being developed for Mr. T. (which will subsequently be presented to the day program's Human Rights Committee) to reduce the self-stimulatory behaviors which interfere with his participation in other aspects of his program.

Coordination between Mr. T's day program and his CLA is achieved through daily written entires into a program "book" that travels with him to his day program and when he returns home.

Mr. T. has participated in recreational trips including shopping, picnics, and numerous visits to Dairy Queen. Mr. T. occasionally swims at the YMCA.

COMMUNITY EXPERIENCE: MS. S.

For the first time in her life, Ms. S., a forty-two year old woman, is able to get in and out of bed by herself. She is able to do this utilizing a piece of adaptive equipment designed and built for her in the community living arrangement, where she has lived for a year and a half. She shares her apartment with a woman from Pennhurst with whom she chose to live, and a resident advisor who focuses on assisting Ms. S. in a manner that fosters her independence.

Ms. S's adaptive functioning is more severely impaired than her cognitive functioning, due to cerebral palsy and epilepsy. Ms. S. spent twenty-eight years at Pennhurst. Since moving to the community, Ms. S. has shown an overall gain in her adaptive functioning, as documented by the objective testing carried out as part of the Pennhurst "Longitudinal Study"<sup>1</sup>. Ms. S's grooming skills have improved. Her resident advisor reported that she can now comb and brush her hair as well as apply deodorant and cologne. She now sets the table, uses small kitchen appliances, identifies cooking ingredients and prepares her lunch to take to the workshop.

Dentures obtained in the community to replace missing and irrevocably decayed teeth have assisted Ms. S. in improving her articulation, making her speech more easily understood by those around her. Staff who work with Ms. S. attributed the improvement in her speech to both her new dentures and the individual speech therapy she has been receiving in conjunction with her day program. She has become more communicative and will now indicate when she has to go to the bathroom. Ms. S. achieved one of her program goals documented in her individual plan, becoming more social and increasing her interaction with co-workers.

Under the supervision of a physical therapist, Ms. S. receives exercises from the CLA staff for the spasticity in her arms and legs. Her independence is enhanced by the adaptive equipment installed in her bedroom and the bathrooms in her apartment and workshop. She continues to push her own wheelchair.

Ms. S's workshop reported that she has learned many vocationally-related skills relevant to functioning in a workshop, including counting, size and color discrimination, and packaging objects. She is also involved in a money skills group. Her present vocational goal is to increase the amount of work she produces. This goal and Ms. S's overall vocational functioning would be enhanced by a more constant supply of contract work for the workshop. Additionally, with more extensive skill training, and training in a wider range of skills, Ms. S. could be assisted to be even more vocationally productive and independent.

Ms. S's mother has been in contact with her daughter's day program and CLA. The staff reported that she is pleased with her daughter's community program and visits her at her apartment.

Ms. S's community placement was selected, in part, to respond to her desire to live with a friend from Pennhurst. Ms. S. enjoys country music and goes out to restaurants, movies and dances. When questioned in regard to her preferences, Ms. S. expressed her preference for where she lives now, as compared to Pennhurst, and would like to stay. Among the things she likes better is that "she is able to go out more."

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<sup>1</sup>"Longitudinal Study of the Court Ordered Deinstitutionalization of Pennhurst" conducted by Government Studies and Systems.

COMMUNITY EXPERIENCE: MR. R.

"Open to experience" and "willing to try anything" is how Mr. R. is now described by his case manager and his resident advisor. During the forty-five years he spent at Pennhurst, he was described as "difficult to motivate" and "reluctant to experience new things". Mr. R., age fifty-five, has now lived in the community for a year and a half; his community living arrangement is an apartment where he lives with another older man and a resident advisor. Mr. R's functioning level is classified as severely to profoundly retarded.

The staff who work with Mr. R. reported that he has made a good adjustment after he experienced an acute schizophrenic episode last year, which was determined to be related to a drastic medication cut. He required two weeks of inpatient psychiatric hospitalization, after which he was able to return to his apartment. Staff reported that his behavior has improved tremendously since his hospitalization; now they find him to be more social, more cooperative and willing to interact more with other people. At his day program, Mr. R. talks to his roommate, eats with him and spends time with him. While at Pennhurst, Mr. R. had been reported to be a loner, had interacted very little with others and was detached. Mr. R. now receives a much smaller dosage of psychotropic medication, which he requests himself nightly.

During the first two months he was at the CLA, staff reported that his speech increased. When he first moved to the community they found him to be almost non-verbal, without any labels for common objects, such as a table or refrigerator. While at Pennhurst Mr. R. had developed his own system of sign language, although he had never received any formal instruction in signing. A speech evaluation performed in the community recommended that the CLA staff carry out an informal speech stimulation program encouraging Mr. R. to verbalize. Visitors to his CLA, including the case manager and program monitors, reported that Mr. R. seemed very social and interested in communicating with people; he might benefit from being encouraged to develop a larger signing repertoire to facilitate his communication.

Mr. R. has learned to prepare breakfast and lunch and can now also cook two main dishes for dinner CLA staff reported. Mr. R. can now clear the table independently but still requires reminders on how to set the table. Both his toileting and bathing skills have improved. Mr. R's previously reported reluctance to shave has become irrelevant since he initiated growing a beard; accompanied by staff, he now visits a barber monthly. CLA staff need to provide Mr. R. with reminders on general grooming. Although Mr. R. has a history of hoarding behavior, that behavior is reported to have decreased.

Mr. R's productivity has increased in his day program. He is also receiving training in time identification and mobility as part of that program. Mr. R. has begun to identify different functional times of the day, such as lunchtime or breaktime. He understands what money is used for and CLA staff are assisting him in increasing his money-related skills.

When questioned, Mr. R. indicated a preference for living in the community so that he can be closer to his family. Visits from his family have increased since he moved into the community. Mr. R's visitors have included his sister, his cousin, and an aunt and uncle. Mr. R's sister has approved his Individual Habilitation Plan.

Mr. R. enjoys movies and restaurants; he has gone on supervised weekend trips.

COMMUNITY EXPERIENCE: MS. Q.

Ms. Q., a twenty-seven year old woman, has lived in an accessible community living arrangement for two years. She has cerebral palsy and is classified as severely mentally retarded.

Ms. Q. has become more responsible for herself, seeming more aware of herself as a person and as an adult, according to reports by her CLA staff and case manager. She shows more self-control and is more cooperative than when she first moved to the community. Behaviors such as yelling and cursing have decreased. Ms. Q's case manager reported that she is handling disappointments about her family, such as cancelled plans or difficulties in parting, more maturely. CLA staff worked intensively with Ms. Q. prior to Thanksgiving and reported that she and her family all spoke of how much better that made the holiday.

In contrast to the "quiet loner" she was described as at Pennhurst, Ms. Q. is reported now to be speaking more and more understandably. After a speech and communication evaluation done in the community, a consultant trained the CLA staff, who now provide a program to Ms. Q. directly to stimulate her verbal and gestural communication. Utilizing an adaptive device attached to the phone Ms. Q., despite her spasticity, can now dial independently and initiate communication with relatives and friends.

Since living in the community, Ms. Q. has been evaluated by dentists who subsequently identified the need for extensive restoration work which has now been completed, preserving as many of her teeth as possible. Hospitalized and under anesthesia, she had five extractions, twelve to fifteen fillings, a root canal, and a cap. Ms. Q. had a gynecological examination to evaluate menstrual irregularity, but no specialized treatment was required. Orthopedic care, physical therapy, and prescription shoes that compensate for a difference in the length of her legs have helped Ms. Q. to be less dependent on her wheelchair. Ms. Q. ambulates with crutches independently. Staff reported that Ms. Q's stamina has increased. She can negotiate longer distances in restaurants and in her day program and ambulate independently from her first floor apartment to a car.

A waterpik and an electric toothbrush purchased for Ms. Q. by the CLA function as adaptive equipment making it possible for Ms. Q. to care for her teeth independently. Similarly, the installation of a hand-held shower massage has made it possible for Ms. Q. to rinse her hair independently. Staff reported that Ms. Q. has achieved additional program goals, including consistently using soap and shampoo and brushing her hair regularly. She now carries her purse to work daily and is also reported to have made significant progress on her goal to dress independently in the morning with reasonable speed. Ms. Q's table manners are reported to have improved and she has learned to use a napkin and cut with a knife. Ms. Q. now clears her own place after dinner. With clearer and more consistent expectations from CLA staff, and with additional structured training in skills related to household tasks, Ms. Q. may be able to function with an even greater degree of independence.