

# FACTSHEET

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*A member of the National Association of Protection & Advocacy Systems*

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People First of Wash. v. Rainer RHC



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## Integrated Community-Based Supports and Services: The Right Choice

The longstanding federal policy toward individuals with developmental disabilities, articulated and enacted over the course of nearly three decades, is based on the values of independence, productivity, and integration of citizens with disabilities. The overwhelming majority of developmental disability professionals, public agencies and service providers now see their purpose as that of supporting people with significant disabilities in normal, integrated residential and work settings. Professional and scholarly research clearly shows that individuals with developmental disabilities are better off in family-scale, integrated settings than in large institutions.

Professionals now believe that the task of the service system is not to assign the persons to a facility based on a diagnosis, but to support people in homes they choose themselves, where they can live with the people with whom they want to live. This paradigm shift from the "medical model" to the "individual support model" is reflected in the mission statements, goals and objectives of all the major national organizations concerned with people with developmental disabilities, as well as the policies of the state of Washington and its executive and legislative branches.

Individuals with significant disabilities benefit enormously from opportunities to practice daily living skills in normal environments, and to exercise choice and judgment in their lives. The most important concepts shaping the delivery of developmental disability services during the last decade included "normalization" and "community integration" as formal objectives for those state agencies administering services to individuals with disabilities.

Normalization is the principle that "the 'treatment' of individuals with mental retardation and related conditions must recognize and reflect each individual's dignity as a person, his or her natural membership in their native society and community, and his or her right to live as closely as possible in the manner of their culture."

Community integration is a concept "reflecting the value to people with developmental disabilities of sharing in community life" that includes the following key principles:

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- When former institutional residents are placed in the community, they make highly significant gains in skills and development (adaptive behavior);
- Former institutional residents who move to the community make significantly greater gains in adaptive behavior than those individuals with comparable needs who remain at the institution;
- When people who are labeled severely or profoundly retarded move into family-like community settings, they show even greater gains, proportionally, in adaptive behavior than persons labeled mildly and moderately retarded. No support exists for the proposition that some people are “too low functioning” to succeed in the community;
- Although the initial gains in adaptive behavior following class members’ placement in the community are generally the most dramatic, the gains do not level off but continue. Former institutional residents continue to make significant gains in the community;
- Former institutional residents make significant gains in reducing challenging or maladaptive behavior after they are placed in the community;
- An inverse relationship exists between the size of a residential setting and the degree of community integration of its residents;
- Former institutional residents generally receive more hours of service in the community than they received at the institution; and
- Before community placement, the majority of families of former institutional residents are strongly opposed to community placement of their relatives. However, after community placement, this pattern is completely reversed: the majority of family members become strongly supportive of community placement.

The experience of properly planned institutional closures in other states demonstrates that virtually all residents of state institutions can live in small, integrated residential settings in the community, and that closure can be accomplished without adverse effects to institutional residents.

The issue of whether individuals with developmental disabilities are better off in family-scale, integrated settings than in large congregate settings (settings with more than 15 residents) is no longer an issue for scholars and professionals in the field. There is a strong consensus among scholars who have studied the relation between size and quality of care that family-scale residences are better than institutions for individuals with developmental disabilities in every way that is measurable.