

Title: Analysis of Expenditures and Outcomes of Residential Alternatives for Persons with Developmental Disabilities

Author(s)/Publisher/Date: Stancliffe, Roger K., and Lakin, K. C. (1998). American Journal on Mental Retardation, 102, No. 6, 552-568

Key concepts/Target audiences: This article examines the costs of deinstitutionalization and well-being of people with mental retardation who have moved from large residential facilities into community programs. Information on outcomes and expenditures associated with relocating individuals from institutions to community settings is useful to state administrators, policy makers, health and social service agency administrators, and service providers.

Summary: This study examined expenditures, staffing, and outcomes including community access, social activities, community inclusion, family relationships, and choice among 116 adults with severe or profound mental retardation who moved from state institutions in Minnesota to various community settings. These individuals and their outcomes were compared to 71 persons who remained institutionalized. The study was conducted in response to a mandate by the Minnesota legislature to examine and document the costs and outcomes of Minnesota's community alternatives for persons with severe and profound cognitive impairments who were recently discharged from state institutions. Residential and total expenditures were analyzed. Institutional and community placement and public and private community options were contrasted. Other characteristics such as funding program, residence size and residential staffing were examined. The analysis focused on the following: differences between institutional and community services regarding individual outcomes, per-person expenditures, and resident to direct-support staff ratios, differences in expenditures and outcomes by living-unit size or by ownership, and predictors of outcomes, expenditures, and staffing.

Results: Findings reveal that residents who moved to community settings had better outcomes in every area evaluated as compared to individuals who remained institutionalized. In addition, community settings had more favorable direct-care staffing levels and lower costs. State-operated

community residences were substantially more costly than private services and direct-care staff wages were substantially higher in public community facilities. Outcomes were related to participant characteristics (adaptive behavior) but not to residential setting characteristics such as residence size or ownership.