



ELSEVIER

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Research in Developmental Disabilities 26 (2005) 17–31

Research
in
Developmental
Disabilities

A cost–benefit analysis of community and institutional placements for persons with mental retardation in Oklahoma[☆]

Scott Spreat^{a,*}, James Conroy^b, Amanda Fullerton^b

^aWoodlands Program, Woods Services, Inc., P.O. Box 36, Langhorne, PA 19047, USA

^bCenter for Outcome Analysis, 426B Darby Road, Havertown, PA 19083, USA

Received 25 August 2003; received in revised form 20 November 2003; accepted 1 March 2004

Abstract

Matched samples of 174 pairs of persons with mental retardation who live in either community settings or congregate care settings were compared on both cost and outcome dimensions. It was learned that costs were significantly lower in community programs. Greater levels of service and integration were evident in the community programs, but institutional programs offered vocational opportunities for more individuals. Although we were able to predict with accuracy who lived in community and institutional settings, we were unable to predict costs.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Cost–benefit analysis; Mental retardation; Community programs

1. Introduction

Helping people to live within the general community has become an increasingly dominant theme in the mental retardation service delivery system in the United States. A variety of community based residential alternatives are coming to supplant the more traditional institutional model for serving people with mental retardation. In 1967, more

[☆]Data have been obtained through a cooperative agreement with the Oklahoma State University Department of Sociology's Developmental Disabilities Quality Assurance Research Project. Since 1989, the Sociology Department at O.S.U. has conducted yearly independent assessments of consumer outcomes for approximately 3700 individuals receiving services from the Oklahoma Department of Human Services Developmental Disabilities Services Division.

*Tel.: +1 215 750 4000.

E-mail address: sspreat@woods.org (S. Spreat).

than 195,000 Americans lived in large public residential facilities (Amado, Lakin, & Menke, 1990), but this number had declined to approximately 50,000 by the year 2000 (Prouty, Smith, & Lakin, 2001). According to Prouty and Lakin (1996), well over 100,000 persons have moved from large, segregated public facilities to smaller, group home like settings in the community.

This shift in residential patterns has both caused, and been furthered by, massive changes in funding mechanisms over the same time period. This funding change can be referred to as the shift from ICF/MR to Waiver funding. Both funding mechanisms are part of Title XIX of the Social Security Act, often called Medicaid. The ICF/MR program stands for “Intermediate Care Facilities for [People with] Mental Retardation.” ICF/MR funding began in 1971 (Conroy & Fullerton, 2002). It evolved from nursing home funding regulations within Medicaid.

From its beginning in 1971, the ICF/MR program was enthusiastically welcomed by the states. From zero in 1971, there were more than 100,000 people receiving ICF/MR funding supports in 1977 (Lakin, Prouty, White, Bruininks, & Hill, 1990). ICF/MR program participation expanded rapidly in the 1970s, leveled off in the 1980s, and began a slow gradual decline in the 1990s (Prouty et al., 2001). It is anticipated that this decline will continue as states more widely adopt the more flexible and integrated approaches that are supported under the Waiver program.

The “Waiver” funding mechanism began in 1981 via Congressional mandate (Section 2176 of P.L. 97-35), and was designed to provide an alternative to the rather restrictive and institutionally oriented ICF/MR regulations and rules (Conroy, 1996). States could request that the ICF/MR regulations be “waived” in favor of states’ own methods of approval and certification of facilities. Indeed, the growth of the Waiver as a preferred way of accessing Federal dollars has been phenomenal, increasing from none in 1982 to over 90,000 participants in 1993 (Conroy, 1996).

It appears that the trend toward serving people who have mental retardation in the community, primarily with the assistance of Federal Medicaid Waiver funding, is a trend that will continue. However, controversy about this trend and this public policy does still exist. A few groups, such as family members of persons who live in institutional settings, unionized public employees, and other commentators, continue to challenge the effectiveness and cost of deinstitutionalization, especially for individuals with more significant disabilities (Erb, 1995; Spare, 1996; Voice of the Retarded, 1996).

For this reason, among others, it is important to continue to gather information on the relative cost and quality implications of serving people with mental retardation in more and less integrated settings. Carter and Newman (1976) offered early guidance that program evaluation, and ultimately social policy decision making, must be based on a simultaneous consideration of both costs and outcomes. This is particularly the case with regard to residential care, where providing support for individual with mental retardation is an extremely expensive proposition.

Over the past 20+ years, the benefits and limitations of community placement have been defined. Numerous studies have shown that community living is associated with improvements in the quality of life for persons who leave congregate care facilities (cf. Conroy & Bradley, 1985; Craig & McCarver, 1984; Dagnan, Trout, Jones, & McEvoy, 1995; Haney, 1988; Rose, White, Conroy, & Smith, 1993). Perhaps the most convincing analysis of the

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات