Willowbrook: From Institution to the Community

A Fiscal and Programmatic Review
of Selected Community Residences
in New York City

New York State
Commission on Quality of Care
for the Mentally Disabled

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CLARENCE J. SUNDRAM
Chairman

MILDRED B. SHAPIRO
I. JOSEPH HARRIS
Commissioners

PREFACE

In accordance with its statutory responsibility to oversee the quality of care and the expenditure of public funds in programs serving persons with mental disabilities, and in response to a specific request from the New York State Senate Committee on Mental Hygiene and Addiction Control, the Commission initiated a programmatic and fiscal review of 24 community residential programs serving individuals with severe and profound developmental disabilities in the New York City area in the winter of 1981. This report contains the findings, conclusions, and recommendations of this review.

The findings, conclusions, and recommendations contained in this report represent the unanimous opinion of the Commission and have been shared with the Office of Mental Retardation and Developmental Disabilities. The Office's response, contained in Appendix D, indicates agreement with the report's findings and conclusions and support of its recommendations.

Clarence J. Sundram
Chairman

Mildred B. Shapiro
Commissioner

I. Joseph Harris
Commissioner

ACKNOWLEDGMENTS

This report represents the contributions of many people involved with providing services to the developmentally disabled in community programs in the New York City metropolitan area. The staff members of the residences we visited deserve special mention for taking the time to show us their programs and answer our questions. The administrators of the voluntary agencies and the Borough Developmental Services offices are also to be commended for their willingness to participate and to contribute to our study. Central Office staff from the Office of Mental Retardation and Developmental Disabilities were very helpful in accessing the detailed fiscal and staffing information we required. Finally, special mention must be given the staff of the New York City County Service Group office for their ongoing cooperation and assistance.

STAFF

Nancy K. Ray Director Policy Analysis and Development Bureau	Project Manager
Deborah A. Blessing Assistant Director Quality Assurance Bureau	Principal Researcher
Charles C. Bradley Assistant Director Policy Analysis and Development Bureau	Principal Researcher
Robert J. McCausland Program Cost Analyst Policy Analysis and Development Bureau	Principal Researcher
Geraldine B. Kirpens	Secretarial Stenographer

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EXECUTIVE SUMMARY

In the past decade, spurred by Governor Hugh L. Carey's decision to sign the Willowbrook Consent Decree,* New York State has been in the forefront of a national movement to reduce reliance upon large institutions as the primary mode of providing residential care and services for developmentally disabled persons. In that decade, the population of the State's institutions for the mentally retarded, or developmental centers, has dropped from over 25,000 to 12,830. In addition, a significant number of mentally retarded and developmentally disabled persons, who once would have been admitted to institutions, have been placed in residential alternatives in the community.

The urgent need to establish a large number of community residential facilities to meet the requirements of the Willowbrook Consent Decree for removing class members** from institutions, and to provide community-based residential alternatives to institutions for hundreds of other developmentally disabled citizens living in upstate communities, has also altered the traditional separation of roles between the State and voluntary agencies. Concerned

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*On April 22, 1975 Governor Hugh L. Carey signed the Willowbrook Consent Decree which required the State of New York to place Willowbrook class members in the least restrictive residential setting appropriate to their needs. The decree further specified that the State must reduce the inpatient census of Staten Island Developmental Center, then called Willowbrook, from its 1975 census of 2,761 to 250 by April 1981. N.Y. Ass'n. for Retarded Children v. Carey, 393 F. Supp. 715 (E.D.N.Y. 1975).

**Persons who are included in the class action lawsuit which led to the signing of the Willowbrook Consent Decree.

over the job security of a significant segment of its institutional work force as the population of institutions decreased, and in an attempt to comply with the compelling court imposed deadlines for achieving community placements of class members, the State decided to commence direct operation of community residential programs. This alteration of roles, whereby the State--while retaining control over the planning, licensing, funding and regulatory processes--competes with voluntary agencies in an arena that was traditionally their exclusive domain, has not been without controversy.

The most intense controversy, however, has focused upon the removal from institutions of the most severely disabled residents. Today, approximately 3,000 persons with profound and severe developmental disabilities reside in communities across the State, in a variety of residential settings of varying types and sizes, operated by voluntary agencies or by the State itself, through its Office of Mental Retardation and Developmental Disabilities (OMRDD). Over 30 percent of these placements are in New York City where, as a result of the Willowbrook Consent Decree, placement efforts have had the highest priority.

While the efforts to provide homelike residential settings in the community for developmentally disabled citizens are increasingly gaining general acceptance, some parents, providers, legislators, and other voices in the community-at-large have raised questions concerning the programmatic and fiscal viability of small, discrete community residential facilities for the multiple and specialized treatment and care needs of severely and profoundly developmentally disabled individuals. Reservations have especially been expressed over the appropriateness and fiscal advisability of placing severely and profoundly

disabled individuals in two- and three-bed apartments* and the State's role in operating community residences.

In response to these questions, and at the specific request of the New York State Senate Committee on Mental Hygiene and Addiction Control, the Commission undertook this study of the services and costs of a variety of community residential facilities serving severely and profoundly developmentally disabled persons in the New York metropolitan area. This review was based on a stratified sample of 24 community residential facilities, 9 of which were operated by the State and the remaining 15 by 5 different voluntary agencies. Of the 24 facilities in the sample, one-half were group residences serving 6 to 15 clients, and the other half were apartment residences serving 2 to 3 clients. The 24 facilities provided services for 160 male and female clients, ranging in age from 13 to 65, 74 percent of whom were diagnosed as severely or profoundly retarded. Seventy-three percent were also members of the Willowbrook Class, who had previously resided in an institution. All but four of the remaining clients had previously lived with their families.

In the course of this study, Commission staff made site visits to each of the residences, interviewed the senior staff, assessed the general living conditions, and reviewed client records. Follow-up interviews were conducted with senior staff of the voluntary agency or State Borough Developmental Services Office (BDSO) of OMRDD responsible for monitoring community residential programs. Cost and staffing level data were obtained for fiscal year 1979-80.

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*These apartment residences were established in response to an order of the Federal District Court in the course of its continuing supervision of the implementation of the Willowbrook Consent Decree. N.Y. Ass'n. for Retarded Children v. Carey, E.D.N.Y. Dk. Nos. 72 (iv. 356/357, October 22, 1979) (unreported).

The findings, conclusions, and recommendations of this review reported herein reflect the unanimous views of the Commission. In preparing this report, a conscientious effort was made to base our conclusions on the findings of the review of the sampled 24 residences. At the same time, it must be acknowledged that the conclusions are likely to have been influenced by the findings of numerous site visits, conducted as part of the Commission's ongoing oversight responsibility, to community-based and developmental center programs across the State serving persons with developmental disabilities. This may be a weakness if one thinks solely of the scientific rigor of the study. It is a strength to the extent that it provides a base of experience and a frame of reference for the observations, conclusions and recommendations stemming therefrom.

The overall findings and conclusions of this report follow. First, small community-based residences can provide safe, attractive, comfortable and homelike environments capable of addressing the identified care and treatment needs of severely and profoundly developmentally disabled persons. In fact, the majority of the residences in our sample did provide such care and treatment.

- The vast majority of these programs afforded their residents the opportunity to enjoy community life and to participate in normalizing activities such as the use of public transportation, shopping, attending theater and dining in restaurants.

- These programs provided personalized, individual care for their residents.

- All residents had annual medical examinations and annual assessments performed.

- All residences offered habilitative training in activities of daily living on-site weekly, and 22 of the 24 residences offered recreational opportunities on-site at least once a week.

- Twenty-one of the 24 residences offered a range of specialized services on-site, including speech therapy, nursing services, physician services, and/or psychological services.

- All but one of the 160 clients in the sample attended a day program outside the residence for at least five hours each weekday.

Second, these community residential programs delivered more personalized, individual care for their residents at comparable, and, on the average, lower costs than the cost of care provided in State developmental centers in the New York City metropolitan area.

- While annual per client costs of care for facilities in our sample ranged from $16,892 in one voluntary agency group residence to $57,600 in a State-operated apartment residence, the average annual per client cost among these residences was $28,639 for fiscal year 1979-80, exclusive of day program costs.

- At the same time, the adjusted average annual per client cost for comparable services in developmental centers in the New York City area was approximately $37,024.*

However, the review also indicated that a majority of the apartment residences in the sample, and all but one of the visited State-operated apartments, reported higher annual per client costs than the comparable adjusted average annual per client cost of developmental centers in the New York City area.

Third, while the overall quality of life in the majority of community residences in the sample compares favorably with the institutions they replace, there are

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*To achieve comparability between developmental centers' costs, which included day program costs as reported by OMRDD, $13,425 was deducted from average annual per client costs in the centers, reflecting the State annual reimbursement rate for annual day programming services and the approximate average per client costs for ancillary medical and dental expenses, also not included in the reported community residences' costs.

significant differences among community residential programs based largely on the auspices of operation (State versus voluntary agency), and on the size of the residence (apartment versus group residence).

More specifically, the study indicates clearly that State-operated residences serve a more severely disabled population than do the voluntary-operated residences, and within each auspices, the apartments serve more disabled residents than do the group residences. (For example, all of the non-ambulatory clients in this sample resided in apartments.) Concomitantly, the State-operated residences have higher staff-to-client ratios than their voluntary agency counterparts, and the apartments are more richly staffed than group homes. State-operated programs also cost more: the median per year cost per client for the State-operated residences was $43,093 compared with $27,876 for voluntary-agency-operated residences.* And apartment residences cost most of all. For the most disabled clients, apartments overall cost 60 percent more per client than group residences serving clients with a comparable level of disability.

Aside from the richer staffing of State programs, State employees in entry level direct care positions were generally better paid and entitled to a richer employee benefit package than their colleagues in the voluntary sector.

Fourth, by virtually every indicator of performance utilized in this study, the voluntary-operated residences

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*Readers should note that the reported higher median costs of State-operated residences is largely reflective of the more disabled clients being served in State versus voluntary agency programs in the study's sample, as well as the higher proportion of high cost apartments versus group residences in State-operated sampled residences. While two-thirds of the sampled State residences were apartments, only 40 percent of the sampled voluntary agency residences were apartments.

were superior to the State-run programs in the New York City metropolitan area. For example:

- Although serving a more disabled population, State-operated residences, particularly apartment residences, tended to offer fewer types of services on-site to their residents than voluntary-agency-operated residences, e.g., 80 percent of the voluntary agency residences offered nursing services on-site at least weekly compared to one-third of State-operated residences and, notably, only one of the State-operated apartment residences, offered these services (Report, Chapter II, pp. 23-28).

- Voluntary-agency-operated residences provided medical and dental services outside the residence much more frequently than State-operated residences (87 percent versus 56 percent) (Report, Chapter II, p. 28).

- State-operated residences, particulary apartment residences, had significantly greater deficiencies than did their voluntary agency counterparts in the availability for all clients of updated quarterly treatment plans (22 percent versus 60 percent) and client assessments (0 percent versus 93 percent). In fact, in four of the six State-run apartments, such quarterly plans and assessments were not present for any clients in the apartment and in two BDSOs no client assessments and treatment plans were available on site, but were located at the BDSO several miles away (Report, Chapter II, pp. 28-35).

- Significantly fewer State-operated residences were addressing the identified needs of all clients than voluntary-agency-operated residences (11 percent versus 80 percent) (Report, Chapter II, pp. 33-34).

- Of the nine residences in which the absence of client-appropriate decorations and leisure time activities was noted, six were State-operated, representing two-thirds of the study's sampled State-run residences (Report, Chapter II, pp. 16, 19-21).

It is evident that the State-operated community residences in the New York City area, which are relatively new entities compared with the voluntary-agency-operated residences, are not providing the same standard of care we have come to expect of the voluntary agencies. While some have questioned the very propriety of the State's embarking upon the mission of operating community residences, the Commission's site visits to State-operated community residences outside the New York metropolitan area have demonstrated the State's capability to operate quality community residential programs. In these site visits, which have been made to over 60 State-operated upstate residences in the past two years, the Commission has been generally impressed by the quality of care provided, the compliance with State regulatory standards, and the homelike environments maintained by State employees.

At the same time, the Commission recognizes a critical and immediate need for the Office of Mental Retardation and Developmental Disabilities to reexamine their recruitment, training and retraining efforts for employees in community residences in the New York City metropolitan area, particularly in providing a sound orientation to the philosophy of community living for the mentally retarded. The support and supervision offered to such employees also requires reexamination, particularly in small apartments which place multiple and varied demands upon the few available employees. It is essential that OMRDD recognize that the proliferation of State-operated community residential programs in a multitude of small sites, while programmatically sound and beneficial to the residents, places added supervisory responsibilities upon it to assure the quality of the programs being developed.

Fifth, our review of the sampled apartments failed to identify any aspect of care and treatment of severely and

profoundly developmentally disabled persons that could not be provided at least as effectively, if not more so, in a group residence. In fact, in almost all areas reviewed, apartment residences, and particularly State-operated apartments, were rated less adequate than group residences, despite their significantly richer staffing ratios and higher costs. Median staff-to-client ratios for the sampled apartment residences were higher by 30 percent to over 60 percent than those of sampled group residences serving clients with comparable levels of disability. Similarly, comparison of median per client costs for apartments and group residences serving clients with comparable levels of disability indicated that apartment residence care ranged from 21 percent to 60 percent more costly than the group residence care for similar clients. Among the indicators of the less adequate care by sampled apartment residences versus group residences are:

- Apartment residences tended to offer fewer types of specialized treatment services, including speech therapy, nursing services, physician services, and psychological services, and, when offered, to provide them less frequently than group residences (Report, Chapter II, pp. 23-28).

- Significantly fewer of the sampled apartment residences offered their residents recreational opportunities outside of the residence than the sampled group residences (17 percent versus 50 percent) (Report, Chapter II, pp. 25-28).

- Significantly more apartment residences in the sample, particularly State-operated apartments, failed to address the identified treatment needs of at least one-half of their clients than group residences (33 percent versus 0 percent) (Report, Chapter II, pp. 33-34).

- Of the seven residences where clients did not have clothing conforming to community standards, five were apartment residences (Report, Chapter II, p. 20).

Based on these findings, the Commission believes that the use of apartment residences for severely and profoundly disabled persons is programmatically and fiscally misguided and should be discontinued. Commission staff reviewing these apartment residences in the New York City area could cite no advantage of these small units over the larger group residences and repeatedly observed that the apartment modality placed greater and more stressful demands on direct care staff.

Sixth, it is abundantly clear that, given the rapidity with which the community residential program has grown and developed under the pressures of the Willowbrook Consent Decree, the development of a regulatory framework has not kept pace. Program standards and cost control measures, where they exist, have not always been consistently applied, leading to unexplained idiosyncracies in staffing, staff utilization and funding of these programs. Furthermore, while much effort has been devoted to locating and establishing community residential programs, a few have been located in unsuitable areas and others, requiring maintenance and repairs, have been allowed to deteriorate for lack of a systemic mechanism to finance and effect such maintenance and repairs. For example:

- Although, in general, staffing and costs increased in relationship to the increasing level of disability of the clients and the decreasing size of the residence (reflecting diseconomies of scale), there are also significant variances in the level of staffing and costs not readily explainable based on any apparent treatment or programmatic consideration. Residences serving clients of similar disability levels had widely ranging staff-to-client ratios and costs, and some residences serving less disabled clients had higher costs than comparable residences serving more disabled clients:

-- Two State-operated apartments serving clients of similar levels of disability had staff-to-client ratios of 1.91:1 and 3.58:1, respectively (Report, Chapter III, p. 45);

-- Two voluntary-agency-operated apartment residences serving clients with comparable levels of disability reported widely variant annual per client costs of $22,808 and $40,074, respectively (Report, Chapter IV, p. 71);

-- Two State-operated group residences, one serving considerably more disabled clients than the other, where the facility serving the more disabled clients reported annual per client costs of $26,879 while the facility serving the less disabled clients reported annual per client costs of $32,605 (Report, Chapter IV, p. 71);

-- Of two State-operated apartments, both serving very disabled clients, the reported annual per client cost of the residence serving the less disabled clients was more than double the cost of the residence serving more disabled clients ($52,871 versus $22,089) (Report Chapter IV, p. 71).

- As a result of the differences in size, there are significant differences in job responsibilities and performance expectations of direct care staff assigned to apartments and group homes. Apartments' staff, serving the more disabled clients, had to be "generalists" who performed a variety of tasks, requiring them to prioritize tasks, balance responsibilities and schedule their time in a more sophisticated manner. Yet, they were generally afforded less regular, continuous supervision than staff in group homes because their small size did not warrant the assignment of a full-time manager (Report, Chapter III, pp. 47-49).

- There are also significant variations in the use of clinical staff among the residences surveyed which do not appear to be related to the disability level of the clients, size of the residence, or the auspices of operation (Report, Chapter III, pp. 49-53).

-- Reported utilization of psychologists, speech therapists and occupational therapists for direct services to clients ranged from no utilization to one-third of their time;

-- Nursing staff time spent on client evaluations and assessments varied from a low of 15 percent of their time to a high of 65 percent;

-- Reported use of psychologists, speech therapists, and occupational therapists for in-service training and staff consultations ranged from one-third of their time to three-fourths of their time.

- The overall safety of the neighborhoods in which 4 of the 24 residences were located was also questionable as each was in a very run-down neighborhood, in the vicinity of many uninhabited buildings. Community services in these neighborhoods were scarce and public transportation, when available, was generally not used by staff or residents due to its alleged dangerousness. As a result, the residents of these facilities enjoyed few of the benefits of being part of the community (Report, Chapter II, pp. 15-16).

- Although living conditions were generally found to be of high quality, 4 of the 24 residences had serious deficiencies in housekeeping and 2 had serious safety problems, including exposed heating fixtures and hot water pipes, plumbing problems and inadequate egress in case of fire or other emergency (Report, Chapter II, pp. 15-17).

The Commission concludes that as the community residential programs are becoming an increasingly important part of the State's service delivery system and, indeed, represent the future for most of the system, it is imperative that the regulatory framework within which they operate be further developed and strengthened. The State, through the Office of Mental Retardation and Developmental Disabilities,

must define and delineate its expectations both for its own programs and for those it licenses, and through its supervisory, quality assurance, cost control and regulatory mechanisms, must ensure consistent application of standards in order to achieve and maintain the high quality of care that this study demonstrates is attainable.

Recommendations

Emanating from these conclusions, the Commission recommends certain specific regulatory, policy, and management initiatives to improve and ensure the continued viability of the community residential program for developmentally disabled people in the New York City metropolitan area. Implementation of these recommendations does not require additional new monies and, indeed, should provide the State OMRDD with mechanisms to ensure appropriate cost containment standards in the future.

1. The Commission strongly recommends that the Office of Mental Retardation and Developmental Disabilities continue to pursue its policy of developing community residential programs to serve persons with severe and profound developmental disabilities. The findings of this study clearly demonstrate that such programs can offer more personalized, individual care for their residents in attractive, homelike settings which provide a more normalizing living environment than institutional care, and at a comparable, and sometimes lower cost.
2. The Commission recommends that the Office of Mental Retardation and Developmental Disabilities closely review the performance of State-operated community residences in the New York metropolitan area with a view to identifying and correcting the factors that

have led to a poorer standard of performance than that of the voluntary-agency-operated residences. Among the specific factors that require attention, at a minimum, are the following:

a. Clear standards for treatment and care services to be available to clients of State-operated residences, especially recreational opportunities outside the residences;
b. Clear definition of performance expectations of all levels of staff in different roles;
c. Staff recruitment, orientation, training and retraining for the specific jobs for which they are to be employed; and
d. Provision of supervision for staff in accordance with their needs.

In this effort OMRDD may wish to study the experiences of both voluntary agencies with longstanding records of offering quality and normalizing residential programs and State-operated community residences outside the metropolitan New York area.

3. The Commission strongly recommends that the use of two- to three-bed apartment residences for the severely and profoundly developmentally disabled clients be discontinued as they are neither programmatically nor fiscally effective.

4. The Commission recommends that the Office of Mental Retardation and Developmental Disabilities further develop and strengthen the regulatory framework within which the community residential programs are developed and operated. Specifically:

a. OMRDD should closely scrutinize proposed locations of community residences to assure that the neighborhoods are safe for staff and clients and are capable of providing a homelike and normalizing environment in which personal growth is possible.

b. OMRDD should refine its methods of determining staffing and expenditure levels for community residential programs to ensure that there is a closer and more consistent relationship between the level of client needs and the staffing and expenditures of the program.

c. OMRDD should discontinue its informal policy with certain voluntary agencies of allowing aggregate cost reporting for clusters of residences and require individual cost reporting for each residence. Such residence-specific cost reporting is essential to ensure OMRDD's capability to monitor effectively the costs of individual residences and to develop and implement equitable cost containment standards for community residences.

d. OMRDD should work with the Division of the Budget and the Department of Social Services to develop comprehensive Medicaid rates for community-based ICF-MRs to cover day program, and residential care costs of these programs. The establishment of a comprehensive rate for these programs would greatly enhance the capability of OMRDD to account for total client care costs, to develop effective and equitable cost containment guidelines for these programs, and to preclude the inappropriate duplication of service provision to clients through their residential and day program.

e. OMRDD should further define and delineate its expectations on staff utilization to achieve consistency in the availability of services to clients based upon their needs. Such an effort is particularly needed in developing uniform guidelines for appropriate and cost effective use of clinicians in these programs.

f. Consistent with the previous recommendation, in developing guidelines for clinical staff utilization, special attention should be directed toward minimizing the paperwork responsibilities of clinical staff and maximizing their available time for activities directly related to client care and treatment. In this vein, OMRDD should seriously consider modification of present regulations for quarterly assessments and treatment plans for community residences serving adults, to require only semi-annual assessments and plans for clients after the first year of placement in the programs. Commission reviews of available client assessments and treatment plans in these residences suggest that such a modification would not sacrifice quality client care and indeed, may improve the quality of care by lessening the paperwork requirements imposed on clinical staff, increasing their available time for direct client care, therapy and treatment. Though such a modification would require a waiver from the U.S. Department of Health and Human Services, such a request appears especially timely in view of the federal government's articulated commitment to amend burdensome and non-productive regulations.

g. OMRDD should require that such treatment plans and assessments be located in the residences (not the BDSO) where they will be accessible to direct care staff.

h. Provision must be made, in funding community residential programs, for attending to reasonably foreseeable repairs and maintenance of the facilities. In addition, there should be a clear assignment of responsibility and clear procedures for promptly effecting necessary repairs, particularly of conditions that are potentially hazardous to the well-being of clients and staff.

CHAPTER I

Overview of the Study

Historically, persons with severe and profound developmental disabilities in New York State, like the rest of the nation, have been cared for either in public institutions or by their families. In the past decade, however, spurred by Governor Hugh L. Carey's decision to sign the Willowbrook Consent Decree,[1] New York has been in the forefront of a national movement to develop alternative residential opportunities in the community for these individuals. Today, approximately 3,000 individuals with profound and severe developmental disabilities reside in New York's communities in a variety of residential settings, ranging from moderate-sized residential facilities (50-100 beds) to the traditional hostel or community residence to the small community-based intermediate care facility for the mentally retarded (4-15 beds) to two- or three-bed supervised apartments.

Although the efforts to establish community residential alternatives for severely and profoundly developmentally disabled persons have been pursued statewide, these efforts, as a result of the Willowbrook Consent Decree, have been concentrated in the New York City metropolitan area. Over 30 percent of the existing community residential placements for severely and profoundly disabled persons are located in the five boroughs of New York City.

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[1] On April 22, 1975 Governor Hugh L. Carey signed the Willowbrook Consent Decree which required the State of New York to place Willowbrook class members in the least restrictive residential setting appropriate to their needs. The decree further specified that the State must reduce the inpatient census of Staten Island Developmental Center, then called Willowbrook, from its 1975 census of 2,761 to 250 by April 1981. N.Y. Ass'n. for Retarded Children v. Carey, 393 F. Supp. 715 (E.D.N.Y. 1975)

The urgent need to establish a large number of community residential facilities to meet the requirements of the Consent Decree for removing class members[2] from institutions altered the traditional separation of roles between the State and voluntary agencies in the operation of institutional versus community residential care. Concerned over the job security of a significant segment of its institutional work force as the population of institutions decreased and in an attempt to comply with the compelling deadlines for achieving community placements, the State decided to commence direct operations of community residential programs. This alteration of roles, whereby the State--while retaining control over planning, licensing, funding, and regulatory processes--competes with voluntary agencies in an arena that was traditionally their exclusive domain, has not been without controversy. Currently the State Office of Mental Retardation and Developmental Disabilities (OMRDD), through its five local offices (BDSOs/DDSOs)[3] in the New York City area operates 213 community residential facilities serving over 1,600 residents.

The aggressive promotion of community-based, homelike residential settings for the severely and profoundly disabled has been generally applauded. However, parents,

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[2]Persons who are included in the Class action lawsuit which led to the signing of the Willowbrook Consent Decree.

[3]In 1979 the OMRDD established 15 Developmental Disabilities Services Offices (DDSOs) upstate and five Borough Developmental Services Offices (BDSOs) in the New York City area to provide the framework for an integrated and balanced institutional and community service delivery system in each geographical area. In establishing the BDSOs/DDSOs the intent of OMRDD was to explicitly shift the focus of its service system for the developmentally disabled away from the institution as the hub of the system to the BDSO/DDSO located in the community.

legislators, service providers, and the community-at-large have questioned the programmatic and fiscal viability of the small two- to three-bed apartment modality for individuals with severe and profound developmental disabilities, as well as the State's direct operation of community residential programs.

This study, which reports the findings of a review of 24 community residential facilities serving severely and profoundly developmentally disabled persons in the New York metropolitan area, attempts to address some of these questions. Summarizing the findings of a six-month study conducted from January through June 1981, this report reviews the living conditions, client characteristics, treatment and program services, staffing levels, and annual per client costs of the 24 residences. Conducted in accordance with the Commission's broad statutory responsibility to ensure the quality of care and cost efficiency of programs serving the State's mentally disabled citizens, the study also responds to a specific request from the Senate Mental Hygiene and Addiction Control Committee of the State Legislature to examine the care costs of New York City community residence programs serving the developmentally disabled.

Methodology

The 24 residences selected for review represented a stratified sample of small community residential facilities serving residents with severe or profound functional disabilities. While all of the residences served individuals with at least one severe functional disability, the 160 residents included persons with a wide range of abilities and disabilities, some with considerable self-help skills, others nearly totally dependent.