A Report on the Availability of Group Homes for Persons with Mental Retardation in the United States

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Note to Readers

This report was prepared by the senior authors as part of their participation on the Task Force on Fiscal and Program Planning of the National Association of State Mental Retardation Program Directors. The senior authors are solely responsible for its contents. Every effort was made to verify information provided by state representatives. Any and all omissions or errors are the responsibility of the authors. Population referenced rates were included for comparative purposes only and should not be used to serve as a comment on the greater or lesser availability of group home type programs in the individual states. It is recognized that states have a variety of other alternate programs available, as noted in the limitations section. It is hoped that this information will provide a framework for the continued sustenance and development of all types of residential options for persons with mental retardation or other developmental disabilities.

Additional copies may be obtained from the authors or from the National Association of State Mental Retardation Program Directors, 113 Oronoco Street, Alexandria, Virginia 22314.

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9 8 7 6 5 4 3 2
SUMMARY

A telephone survey of each state's mental retardation/developmental disabilities agency was conducted to determine the national availability of group home type community residential programs. Each of the states was found to have a group home program. Nationally, some 58,063 mentally retarded or otherwise developmentally disabled persons were found residing in 6302 program sites. Of this number, about 15% of the residents were children or adolescents and 85% were adults. Some 18% of group home residents lived in ICFs/MR.

The national average group home size was 9.2 beds/home. Of the total of 6302 homes, 91% were homes of 15 beds or less. Some 92% of the states had 75% of their homes in this size category. About two-thirds of the homes were operated by not-for-profit agencies; 18% were operated by proprietary agencies, and 13% by government. Two-thirds of the states had group homes that were also certified as ICFs/MR. Of the total number of homes nationally, 18% were certified ICFs/MR.

The survey revealed a large group home population. Coupled with those individuals in specially licensed family care and independent apartments, it would appear that there are at least 68,000 non-institutional beds nationally available in community home-like settings specifically for persons with mental retardation. Estimates have been presented that show an additional 55,000 beds should be available to meet the out-of-home group living needs of persons with mental retardation.

Two listings of contact person(s) in each state and the District of Columbia were also compiled. The first listing includes the name, address and telephone number of the contact person(s) in each state's mental retardation/developmental disabilities designated agency that administered, certified, or otherwise oversaw that state's group home programs. This listing appears as Appendix A in this report. The second listing includes the name, address and telephone number of the contact persons(s) for the state's association of group home operators (if such an association existed). This listing appears as Appendix B in this report.
Numerous types of community residential facilities are used by the individual states to provide out-of-home living arrangements for persons with mental retardation or other developmental disabilities. In the 1970's, several national studies examined the variations within these programs (Baker, Seltzer & Seltzer, 1975; Bruininks, Hauber & Kudla, 1980; O'Conner, 1976). Most of these studies employed designs which involved sampling generic community facilities programs to obtain information on their size, character, and occupants. These facilities were chosen for inclusion either because they were not institutional in character (Baker, Seltzer & Seltzer, 1975; O'Conner, 1976) or were not publicly operated (Bruininks, et al, 1980), consequently, discrete program models were not the focus of the studies.

Observers of the deinstitutionalization and communitization process in the United States have noted that a variety of community residential programs have been established at an ever-increasing rate (Braddock, 1981). At the same time institutional populations have decreased in practically all of the states (OMRDD, Note 1). To accommodate this shift in the location of the retarded population, the community residential program that has come most into prominence is the group home. The group home program model can be defined as a small neighborhood-based group living residence that provides a long-term or transitional supervised living environment and is staffed with either live-in or shift personnel.

To determine the scope of the group home program nationally, an investigation was undertaken to determine the number of group homes, the availability of group home beds, the auspice of the programs, and to what extent the group homes were certified as intermediate care facilities for mentally retarded persons (ICFs/MR). This study was undertaken in conjunction with a broader inquiry related to rate setting methodologies conducted by the Task Force on Fiscal and Program Planning of the National Association of State Mental Retardation Program Directors (NASMRPD, Note 2).

METHOD

Participants. The participants were each state's mental retardation/developmental disabilities designated agency that administered, certified, or otherwise oversaw that state's group home programs (Appendix A). All fifty states and the District of Columbia were included.
Procedure. Telephone interviews were conducted between April and May, 1982 with representatives of each of the fifty states and the District of Columbia’s mental retardation and/or developmental disabilities service agency. Informants were either the agency’s representative responsible for the group home program or for client information services. With some exceptions, the one agency was responsible for that state’s group home program; in a few instances, however, the responsibility for the oversight of the state’s group homes was divided between more than one agency, usually because of the age of the group home residents. In these instances, all the agencies involved were contacted.

January 1, 1982 was used as the standard date for the information requested. In a few instances, states provided information updated to the point of the survey call, but in no case later than May, 1992. Due to the states’ differing levels of capability to compile or maintain such information, in a few instances it was impossible to obtain precise information on the actual number of group homes and/or the number of individuals residing in them. For some states, it was only possible to obtain approximations; however, every effort was made to obtain information which was considered reliable by the state’s representative.

State agencies were requested to provide information on the group home programs as indicated in the data set section below. Information on foster family care, residential care facilities or schools, or apartments without 24-hour staff was not included in the study, consequently each state’s data may not reflect that state’s entire community residential facilities program.

Descriptive information was collapsed into a tabular format. State data on persons in group homes were converted to a rate/10,000 basis. State population information was based upon published results of the 1980 Census (Department of Commerce, 1981).

Data Set. A specifically designed interview form was used which permitted the coding of the following information:

1. The number of group home sites with a capacity of 15 or less beds and whether the homes were operated by governmental, not-for-profit, or proprietary agencies.

2. The number of group home sites with a capacity of 16 or more beds and whether the homes were operated by governmental, not-for-profit, or proprietary agencies.
3. The number of group home sites certified as Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) with a capacity of 15 or less beds and whether the ICFs/MR were operated by governmental, not-for-profit, or proprietary agencies. (Information on ICFs/MR with a capacity of 16 beds or more was not used because, in most part, these were not group home type programs.)

4. The number of individuals 17 years of age or younger residing in group homes.

5. The number of individuals 18 years of age or older residing in group homes.

6. The name, address, and telephone number of the contact person within the state agency responsible for the group home program.

7. The name, address, and telephone number of the contact person for the state's association of group home operators (if such an association existed).

Definitions. The following definitions were used as part of the survey:

1. **Group home** - a community-based, group living residence for mentally retarded or otherwise developmentally disabled children or adults, providing a home-like environment on a long-term or transitional basis, and staffed by either live-in or shift employees on a 24-hour basis.

2. **Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)** - a community-based, group living residence for mentally retarded or otherwise developmentally disabled children or adults, certified as an ICF/MR under the provisions of 45 CRF 249.12 (DHEW, 1974).

3. **Governmental auspice** - operated by a state, county or other governmental agency.

4. **Not-for-profit auspice** - operated by a not-for-profit voluntary agency or organization.

5. **Proprietary auspice** - operated by a proprietary organization on a for-profit basis.

Limitations of the Data. Information on foster family care, residential care facilities, schools, apartments without 24-hour staff, and nursing facilities was not included in the study. Consequently, each state's data do not reflect that state's total community residential facilities program.
The public, quotable records of each state as they were given to the interviewer were accepted as reliable statements and no verifications of data were made.

The "group home" designation has not been standardized nationally and, in spite of attempts by this study to define the term, there is reason to believe that some community facilities may have been excluded from both the count of group homes and the occupants of those homes. Attempts were made to include all group homes in this study but the likelihood that some were not inducted should be noted. The reported number of group homes and the occupants of those homes are, in the opinion of the authors, conservative.

The ICF/MR certification process is, in many states, handled by agencies other than the designated mental retardation/developmental disabilities service agency and the number of ICF/MR facilities in a state should be regarded as those that are known by the reporting agency.

RESULTS

The survey revealed that all states had group homes and that nationally approximately 58,063 persons resided in such residences, resulting in a national utilization rate of 2.56/10,000 (Table 1). Of this number, 42,781 persons (or 73.6%) resided in homes that were 15 beds or less in size. Practically all states could report the number of individuals in their group home by age. Of the persons identified by age (N=54,727), 7,984 or 14.6% were less than 18 years old and 46,743 or 85.4% were 18 years of age or older. Most children or adolescents resided in homes of 15 beds or less (Ni=5,010; 62.8%); this was also true, but to a greater degree, among the adults (N=35,244; 75.4%). The smallest and largest number of persons per state residing in group homes was 52 in Hawaii, and 6,836 in California. However, on a per capita basis, the states with the lowest (.25/10,000) and highest (.725/10,000) utilization rates were Oklahoma and Alaska. Figure 1 graphically portrays the variations in utilization rates nationally.

The 53,063 group home residents were found to be residing in 6302 discrete program sites (Table 2). The national average group home size was 9.2 beds/home. Of this total number of sites, 5,719 or 90.7% were homes of 15 beds or less capacity. In fact, 30 (56.8%) of the states had only homes with 15 beds or less capacity, and 47 (92.2%) of the states had more than 75% of their homes in this category.

Not-for-profit, proprietary, and governmental agencies accounted for 68.3% (N=4,281), 13.4% (N=1,158) and 13.3% (N=834), respectively, of the ownership of the programs.
number of discrete program sites ranged from 8, the smallest number, in Delaware, to 723, the largest number, in New York. Table 2 also reveals the state-by-state breakdown according to auspice, number of residents, and percentage distribution of homes by size category.

Two-thirds (N=34) of the states (as well as the District of Columbia) had group homes certified as ICFs/MR (Table 3). In fact, five states, New York (N=229), Minnesota (N=216), Texas (N=192), Michigan (N=133), and Colorado (N=63), had 72.3% of all the ICF/MR group names in the nation. These same five states had 73.7% of the nation's ICF/MR group home residents. ICF/MR group homes represented 18.3% of the total number of group home sites nationally, and the 10,664 individuals residing in ICF/MR group homes comprised 18.4% of the nation's group home population.

The overall ICF/MR group home utilization rate was .47/10,000. The individual state rates ranged from .05/10,000 for both Illinois and Kansas, to 5.32/10,000 for Minnesota. Most of the ICF/MR group homes were operated by not -for -profit agencies (72.3%); governmental and proprietary agencies only operated 15.0% and 12.7%, respectively, of the names.

Twenty-five of the states reported that an organization or organizations existed within the state that represented the interests of the group home providers (Appendix B). Mostly, these were associations of group home operators or administrators.

**DISCUSSION**

Significant progress has been made by many states in both deinstitutionalization of, and in making more available community living alternatives for, persons with mental retardation and other developmental disabilities (Braddock, 1981; Bruininks, Kudla, Hauber, Will & Wieck, 1981). The results of this survey confirm that there has been a dramatic growth in the overall availability of group homes. The 611 community residential facilities identified by O'Connor (1976) in 1972-74, and the 3,686 (15 beds or less) community facilities cited in 1977 by Bruininks et al. (1980) have now grown to over 5,700 (and to some 6,300 larger group homes are considered), representing a growth rate of over 900% over the past ten years.

The 1977 survey also revealed some 23,500 persons in group homes at that time (if we infer that programs of 15 beds or less were group homes). Our data reveal that some (or 58,000 if larger group homes are again considered) individuals now reside in community group homes for persons with retardation, a growth rate of 183%. The 1977 data also indicated an utilization rate of 1.09/10,000 for homes of less than 15 residents. Our
current findings show that the rate has increased to 1.89/10,000 for the same type of programs, and to 2.56/10,000 when greater than 15 bed capacity group homes are included.

Another factor indicative of growth is the more prevalent use of the ICF/MR group homes. Allard and Toff (1980) reported that in 1979, only seventeen states were using the Title XIX ICF/MR program to support a portion of their group homes. With 34 states now using this program model and financing method, a growth rate of some 200%, this increase is notable.

Many states are continuing to develop extensive community living alternatives, but because of the current fiscal climate nationally and in the states individually, this growth may abate. However, there still appears to be an outstanding need for more group home beds nationally. The minimal need for group home, non-ICF/MR type beds has been proposed to be at a rate of 5/10,000 (Alpha Center, Note 3). If this rate was to be attained, it would mean that the nation would need an additional 55,000 group home beds, double that of what exists today. It is known that the total number of specially-licensed foster family care beds (a similar living arrangement) amounts to less than 5-7,000 nationally and has not grown significantly in the past few years (Bruininks, Hill & Thorsheim, 1980; Hill, Note 4), and that specially operated unsupervised apartment beds cannot amount to more than 50% of that number. This would mean that about 10,000-11,000 other least restrictive community living alternative beds may be available, but in all probability, most of these are already used. The institutional population nationally has decreased from 190,000 to 130,000 over the past ten years (OMRDD, Note 1). If this trend continues, then the demand for group home beds certainly shall continue to increase. Given this press, as well as that of new individuals being identified and needing a home-like living situation when movement out of home is necessary or age-appropriate, it may be that the group home type residences may be the only community living alternative that can sustain continued growth. The demonstrated growth since the 1970's has indicated that group homes can be made more available.

However, growth can only be sustained when such programs have a sound fiscal base and a well-developed program structure. The majority of the states use a variety of dancing mechanisms, such as cost reimbursement, per diem reimbursement, capitation payments, and outcome based reimbursements (NASMRPD, Note 2). Notwithstanding the methods of reimbursement, more critical to the future of this program is the stability of funding for these programs whether emanating from the state legislature, Title XIX Medicaid payments, or other sources. With the current federal administration's ruminations
relative to constraining growth and current spending in human services, the future course of
these programs has to be questioned.

On another aspect, we would expect that the group home program structures vary
from state to state, and even within the state. There is an obvious need for more
information on this program type from a number of perspectives; these would include
structural, administrative, and clinical. Empirical data are needed on the manner in
which these programs are structured within states. These data should include information on state
regulatory processes, systemic supports, financing, service networking, etc. The
administrative aspects should include information on administrative practices, staffing,
staff training, etc. Information on clinical aspects should address habilitative practices,
influences upon resident growth, etc. Indications are that, in many states, the occupant
population has shifted to represent a more impaired group, consequently placing a
greater
demand upon the financing and provision of services within the programs. These aspects
to be considered. Lastly, contrasts with other program models such as foster family
are and group homes used by the other sectors within human services (e.g., child welfare or
mental health) need to be carried out.

Certainly, the current status of this type of community living alternative justifies
into these issues and the continued growth of this alternative makes this type of search
imperative.
REFERENCE NOTES


2. NASMRPD. Preliminary survey findings on residential rate setting, reimbursement and methods of payment. Alexandria, VA: National Association of State Mental Retardation Program Directors, 1981. (Obtainable from NASMRPD, 113 Oronoco Street, Alexandria, VA 22314.)


4. Hill, B. Center for Residential and Community Services, University of Minnesota. Personal communication.
REFERENCES


Tables and Figures

Table 1: Rates and age distributions of people living in group homes as of January, 1982
Table 2: Number, auspice and utilization rates of group home sites as of January, 1982.
Table 3: Number, auspice and utilization rates for intermediate care facilities for the mentally retarded as of January, 1982.
Figure 1: Utilization rates of group home beds by states, January, 1982.
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<tr>
<th>State</th>
<th>State Population (x10000)</th>
<th>Number Of People Living In Group Homes</th>
<th>Number Of Residents Per 10,000 Population</th>
<th>Residents 17 Years Old in GHS</th>
<th>Residents 18 Years Old in GHS</th>
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<td>≥16 Beds*</td>
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*Includes ICF- MR Sites with 15 Beds or less

**Indicates total age distribution not easily broken into age of residents by size of sites
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<td>West Virginia</td>
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<td>Wyoming</td>
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<td>812</td>
<td>150</td>
<td>1157</td>
<td>18.3</td>
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</tbody>
</table>
FIGURE 1: Utilization Rates of Group Home Beds by States, January, 1982
APPENDIX A:

Alabama

Alabama Department of Mental Health
Community Programs and Community Living Arrangements 135 South Union Street Montgomery, Alabama 36130

Ray Owens
205-834-4350

Alaska

Alaska Department of Health and Social Services Developmental Disabilities Section Pouch H-04 Juneau, Alaska 99811

Dr. Robert P. Gregovich
907-465-3370

Arizona

Arizona Department of Economic Security Division of Developmental Disabilities P.O. Box 6760 Phoenix, Arizona 85005

Dan Scott or Jerry Dandoy
602-255-5775

Arkansas

Arkansas Department of Human Services Mental Retardation/Dev.Dis.Svcs. Community Client Services Suite 400, Waldon Building 7th and Main Little Rock, Arkansas 72201

Bonnie Martin
501-371-3419
District of Columbia


Christina Eames 202-673-6897

Florida

Florida Department of Health and Rehabilitation Services Developmental Services Program Office Client Services Section 1311 Winewood Blvd. Building 5 Tallahassee, Florida 32301

David Rodriguez 904-488-3673

Georgia

Georgia Department of Human Resources Division of Mental Health and Mental Retardation Room 307H 47 Trinity Avenue, S.W. Atlanta, Georgia 30334

Van Younginer 404-656-6543

Hawaii

Hawaii Department of Health Family Health Division Community Service for the Dev. Dis. 741A Sunset Avenue Honolulu, Hawaii 96816

Ethel Yamane 808-732-0935

Idaho


Paul Swatsenborg 208-334-4181

Illinois

Illinois Department of Mental Health & Developmental Disabilities 402 Stratton Office Bldg. Springfield, Illinois 62706

Ann Kiley 217-782-5063

Indiana

Indiana Department of Mental Health Division on Dev. Dis. Residential Services 429 N. Pennsylvania St. Indianapolis, Indiana 46204

Mike Morton, Director 317-232-7836

Iowa

Iowa Department of Social Services Bureau of Children Services Hoover State Office Bldg. Des Moines, Iowa 50319

Jim Krogman 515-281-6003
Iowa

Iowa Department of Social Services
Bureau of Adult Services Hoover
State Office Bldg. Des Moines, Iowa
50319

Bill Turner
515-281-6003

Kansas

Kansas Department of Social
and Rehab. Svcs. Mental Health
and Retard- Svcs. 5th Floor
State Office Building
Topeka, Kansas 66612

Dr. Dan Homer, Al Nemec
913-296-3773

Kentucky

Kentucky Department of Human Resources
Depart, for Health Services Division of
Comm. Services for the M.R. 275 East
Main Street Frankfort, Kentucky 40601

Daryl Martin
502-564-7700

Louisiana

Louisiana Department of Health
and Human Resources Office
of Mental Retardation Comm.
Srvc. Div. 721 Government
Street Baton Rouge, Louisiana
70802

George D. Stock
504-342-6814

Maine

Maine Department of Mental Health
and Corrections Bureau of
Mental Retardation Room 411
State Office Building
Augusta, Maine 04333

Robert N. Foster
207-289-3161

Maryland

Maryland Department of Health and Mental Hygiene
MR/DD Administration 201 W. Preston Street
Baltimore, Maryland 21201

Daryl Hagy 301-
383-3314

Massachusetts

Massachusetts Department of Mental Health
Licensing Unit
160 N. Washington Street
Boston, Massachusetts 02114

Michael Weeks
617-727-2154

Office for Children
Group Care and Placement,
Licensing and Consultation Unit 120
Boyleston St. Boston, MA 02116

Susan Shields
617-727-8958

Massachusetts Department of Mental Health
Office of Program &. Services 160 N.
Washington Street Boston, MA 02114

Rene Cochin
617-727-9863
Michigan

Michigan Department of Mental Health  
Office of Community Placement  
Lewis Cass Building  
6th floor  
Lansing, Michigan 48926

Mr. Urbano Censoni, Director  
517-373-2900

Montana

Montana Department of Soc. Rehab- Svcs.  
Developmental Disabilities Division  
Management Systems & Planning Bureau  
P.O. Box 4210 111 Sanders Street Helena,  
Montana 59601

Patricia Sharp  
406-449-2995

Minnesota

Minnesota Department of Public Welfare  
Mental Retardation Program Division  
Centennial Office Building  
4th floor  
St. Paul, Minnesota 55155

Gordon Krantz  
612-296-2136

Mississippi

Mississippi Department of Mental Health  
Division of Mental Retardation  
Robert E. Lee Bldg. Jackson, Mississippi  
39210

Ray Wallace  
601-354-6692

Missouri

Missouri Department of Mental Health  
Division of Mental Ret. and  
Developmental Disabilities 2002  
Missouri Blvd. P.O. Box 687 Jefferson  
City, Missouri 65101

Sharon McBride  
314-751-4054

Nebraska

Nebraska Division of Public Institutions  
Office of Mental Retardation  
Statehouse P.O. Box 94728 Lincoln,  
Nebraska 68508

Glenn Teal 402-  
471-2851

Nevada

Nevada Department of Human Resources  
Division of Mental Hygiene & Men. Ret.  
1937 N. Carson St. Suite 244  
Capital Mall Complex  
Carson City, Nevada 89710

Jack Middleton  
702-885-5943
New Hampshire

New Hampshire Division of M.H. and Dev. Service
Community Dev. Serv. Office
Hazen Drive Concord, New Hampshire 03301

Richard Crocker
603-271-4707

North Carolina

North Carolina Division of Mental Health and Mental Retardation Serv.
Albemarle Building 325 N. Salisbury Street Raleigh, North Carolina 27611

Libby Dishler &
Richard Parker
919-733-3654

New Jersey

New Jersey Department of Human Services Division of Mental Retardation
Community Services 222 South Warren Street Capital Place One Trenton, New Jersey 08625

Wendy Bartfalzi
609-984-5349

North Dakota

North Dakota Department of Human Services Community MR/DD Programs Habilitation Services 909 Basic Avenue Bismarck, North Dakota 58505

Jack C. Brooks
706-224-2768

New Mexico

New Mexico Health and Environment Department
Behavioral Health Services Division Developmental Disabilities Bureau
P.O. Box 968 Santa Fe, New Mexico 87503

Louis Landry, Chief
505-827-5271, Ext. 241

North Dakota

Ohio

Ohio Department of Mental Retardation and Developmental Disabilities
Office of Quality Assurance
State Office Tower Room 1257
30 E. Broad Street Columbus, Ohio 43215

Robert Gibson
614-466-5515

New York

New York State Office of Mental Retardation and Developmental Disabilities Bureau of Residential Services-3rd Floor 44 Holland Avenue Albany, New York 12229

Richard P. Johnson
518-473-4100

New York

New York State Office of Mental Retardation and Developmental Disabilities Bureau of Residential Services-3rd Floor 44 Holland Avenue Albany, New York 12229

Richard P. Johnson
518-473-4100

Oklahoma

Oklahoma Department of Human Services Division of Mental Retardation and Developmental Disabilities Division of Placement and Residential Dev. P.O. Box 25325 Oklahoma City, Oklahoma 73125

Ray Ashworth
405-521-3617
Oregon
Oregon Department of Human Resources
MR/DD Program Office 2575 Bittern St.,
N.E. Salem, Oregon 97310

Lori Lindberg
503-378-2429

Pennsylvania
Pennsylvania Department of Public Welfare
Office of Mental Retardation 302 Health
and Welfare Building Harrisburg, PA 17120

Mel Knowlton
717-783-5758

Rhode Island
Rhode Island Department of M.H./M.R.
and Hospitals Division of Retardation 600 New London
Avenue Cranston, Rhode Island 02920

Bob Day 401-
464-3231

South Carolina
South Carolina Department of Mental Retardation Community Services Division P.O. Box 4706
Columbia, South Carolina 29240

S. Donald LaBelle
803-758-7280

South Dakota
South Dakota Department of Social Services
Office of Developmental Disabilities
Richard F. Kneip Building 2nd Floor
Pierre, South Dakota 57501

Ed Campbell
605-773-3438

Tennessee
Tennessee Department of MH & MR
Division of Mental Retardation
Community Services Section James K.
Polk State Office Bldg. 505 Deaderick
Street Nashville, Tennessee 37219

Pat Nichols
615-741-3806

Texas
Texas Department of MH/MR
Mental Retardation Services
Box 12668, Capitol Station
Austin, Texas 78711

Carl Risinger
512-465-4520

Utah
Utah Department of Social Services
Division for the Dev. Disabled/
Mentally Retarded 150
West North Temple Suite
370 P.O. Box 2500 Salt
Lake City, Utah 84110

Fay Price 801-
533-7146

Vermont
Vermont Department of Mental Health
Comm. Mental Ret. Programs 103 S.
Main Street Waterbury, Vermont 05676

Dr. Ronald Melzer
802-241-2636
Virginia

Virginia Department of Mental Health and Mental Retardation Community
Mental Retardation Services P.O. Box 1797 Richmond, Virginia 23214

Carol Singer Metz, Director
804-786-3907

Washington

Washington Department of Social and Health Services
Division of Developmental Disabilities Regional Services Unit State Office Building #2 Olympia, Washington 98504

John Stern, Asst. Director
206-753-0597

West Virginia

West Virginia Department of Health
Office of Behavioral Health Services
Developmental Disabilities Program Unit
1800 Washington St., East Charleston, West Virginia 25305

R. Kent Bowker, Director
304-34B-2276

Wisconsin

Wisconsin Department of Health and Social Services
Bureau of Developmental Disabilities Office of Regulation and Licensing 1 West Wilson Street
Madison, Wisconsin 53702

Mike Peters
608-266-5808

Wyoming

Wyoming Department of Health and Social Services
Division of Community Programs Developmental Disabilities Unit Hathaway Building Cheyenne, Wyoming 82001

Steve Zimmerman
307-777-6488
APPENDIX B: Statewide Associations Involved With Group Homes for Mentally Retarded/Developmentally Disabled Adults

**Alaska**

Alaska Assn. of Dev. Dis. Contractors
Fairbanks Rehabilitation Association
805 Airport Road Fairbanks, Alaska 99701

Bill Repicci
907-456-8901

**Idaho**

Idaho Shelter Home Operators Assn.
P.O. Box 116 Darlington, Idaho 83231

Van Campbell, President
208-588-3047

**Arizona**

The Arizona Assn. of Provider Agencies for the Developmentally Disabled
Saguaro Foundation P.O. Box 5556
Yuma, Arizona 85364

Brian Spicker 602-783-6069 or 783-4012

**Iowa**

Iowa Assn. of Private Residential Facilities for the Mentally Retarded
1020 William St. Iowa City, Iowa 52240

Benny Leonard
319-338-9212

**California**

California Association of Residential Care Homes 2530 J Street Sacramento, California 95816

Chuck Skoien 916-447-8885

**Maine**

Maine ICF/MR Coalition
1 Green Street Biddeford, Maine 04005

Armand Altman
207-282-3741

**Maryland**

Maryland Coalition of State Residential Program Directors
Howard County Assn. for Retarded Citizens Suite 251
Wild Lake Village Green
Columbia, Maryland 21044

Jacky Ring
301-730-0638

**Massachusetts**

Massachusetts Council of Voluntary Providers
18 Tremont Street Boston, MA 02116

Father John Cronin
Massachusetts Council of Human Service Providers 59
Temple Place - Suite 508
Boston, MA. 02111
Bob Burns 617-451-3596

New England Child Care Assn.
77 Mulberry Street Leicester,
MA 01524
Father Edmund Tinsley
617-892-4886

New Jersey Group Home Providers Association
Somerset W.A.M.H.
28 South Doughty Avenue
Somerville, New Jersey 08876
Marty Santoluci
201-685-1444

Michigan
Michigan Residential Care Association
15195 Farmington Road
Suite A-l
Livonia, Michigan 48154
Kenneth Hale, Executive Director
313-525-0727

New York
NYS Association of Community Residence Administrators
c/o Rensselaer Association For Retarded Children
27 Brunswick Road Troy, New York 12180
Karen Myers
518-273-6600

Minnesota
Association of Residences for the Retarded in Minnesota
459 Pine Street St. Paul,
Minnesota 55103
Harold Dapper
612-291-7475

North Carolina Community Living Arrangement Assn. The Rockingham Council on MR
Route 8 Box 118 Reidsville, North Carolina 27320
Bonnie Nelson
919-342-4761

Missouri
Missouri Association of Facilities For The Handicapped
P.O. Box 1796 Columbia,
Missouri 65205
Tommy Tomlin
314-875-6181

North Carolina Assn. of Residences For The Retarded
The Tammy Lynn Residential Center
739 Chappell Drive Raleigh, North Carolina 27605
Steve Ramey
919-832-3909

Montana
Montana Assn of Independent Deliverers of Service P.O. Box
1944 Bozeman, Montana
59715
Gary Pagnotta

North Carolina
North Carolina Assn. of Residences For The Retarded
The Tammy Lynn Residential Center
739 Chappell Drive Raleigh, North Carolina 27605
Steve Ramey
919-832-3909
Ohio
Ohio Private Residential Assn.
1350 W. 5th Avenue
Columbus, Ohio 43212
Linda Waddle
614-486-4920

Rhode Island
Rhode Island Association For Residential Services 166
Lavan Street Warwick, Rhode Island 02888
Karen Asher
401-785-9530

Oregon
Oregon Private ICF-MR Assn.
1960 Center Street, N.E.
Salem, Oregon 97301
Anson Bell, President
503-399-7924

South Dakota
South Dakota Association of Adjustment Services 1423 9th Avenue, S.E. Watertown, South Dakota 57201
John Stengel, President
605-886-8048

Oregon Residential Facilities Assn.
1960 Center Street, N.E. Salem, Oregon 97301
Anson Bell, President
503-399-7924

Tennessee
MR/DD Community Program Association of Tennessee Pacesetters, Inc. P.O. Box 631 1904 Fisk Road Cookeville, Tennessee 38501
Fred Waddls
615-528-6521

Oregon Association of Rehabilitation Facilities
1893 Alder Street Eugene, Oregon 97401
Joan Bradley

Virginia
Community Living Arrangements for the Mentally Retarded in Virginia Hampton-Newport News Comm. Services Board Suite 202 1520 Aberdeen Road Hampton, Virginia 23666
Susan Winborne, Chairman
804-826-6714

Pennsylvania
Pennsylvania Association of Rehabilitation Facilities P.O. Box 608 Camp Hill, PA 17011
Rebecca Case
717-763-7053

Virginia Association of Commerce 8701 Duval Street Fairfax, Virginia 22030
Emily Miller
Washington

Washington Developmental Disabilities
Residential Services Association
The Resource Foundation
503-318th St., N.W.
Stanwood, Washington 98292

Beverly Wilson, President
206-258-1094

Wisconsin

Wisconsin Association For
Residential Facilities
922 Ferry Street
LaCrosse, Wisconsin 54601

Peter Kinsinger, Exec. Dir.

608-782-5568