

SENATOR CONWAY: Residential would be hospital, live-in situations, apartment-like situations.

SENATOR HALL: And you still don't have a figure on how many people are serviced?

SENATOR CONWAY: Well, if I flip a little later in the chart, I can dig it up for you.

SENATOR HALL: Okay, if you'd mention that later on. Thank you.

SPEAKER NICHOL: Senator DeCamp, please.

SENATOR DECAMP: Question. No question. Pass.

SPEAKER NICHOL: Senator Wesely, then Senator Morehead.

SENATOR WESELY: Pass.

SPEAKER NICHOL: Senator Morehead.

SENATOR MOREHEAD: Mr. Speaker, members of the body, I know the hour is late, but this is an issue before us that I do think needs addressing. I know there are a couple of other amendments on this bill addressing the same issue. The cost and funding for mental retardation services is a frustration to any and all of us that have worked with the budgetary process. We feel a guilt trip laid upon us because we feel like we are not providing enough money on these services, and we feel frustration, as Senator Conway has expressed, in the disparity between the regions and the amount of money compared to the services that they are providing. But in the handout that Senator Conway has distributed he has asked that the budgets be based on both the '83 and the '84 models of Touche-Ross. I want to say that this is a mistake. Touche-Ross developed those models for two different parameters. One model was developed for community based programs, and the other model was based on institutional programs. If you try to take one model and apply it to the other situation, that is like putting the left shoe on the right foot and vice versa. Senator Conway should know that. He is a college professor. He's had all the statistics in the world. He understands statistics. He understands cost models. He should know that you can't take a cost model developed for one situation and apply it to another. When