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STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

OFFICE OF THE
COMMISSIONER
612/296-2701

GENERAL
INFORMATION
612/296-6137

MENTAL RETARDATION DIVISION

ROLES AND FUNCTIONS OF STATE OPERATED RESIDENTIAL FACILITIES
FOR MENTALLY RETARDED PERSONS IN MINNESOTA

I. Purpose:

- A. To place state operated residential facilities in perspective with the broader Comprehensive Service System for Mentally Retarded and otherwise Developmentally Disabled.
- B. To identify the population that will be served in the state operated residential facilities.
- C. To delineate the role and function of state operated residential facilities as supportive of Minnesota's Comprehensive Service System for Mentally Retarded and otherwise Developmentally Disabled.
- D. To specify state facility staff responsibilities to local planning groups and other service providers in evaluation, treatment and prevention.

I. Population to be Served:

- A. Severely and profoundly retarded persons who have other physical or sensory disabilities that require combinations of specialized services currently unavailable in the local community.

Exclusions: 1) mildly or moderately retarded persons and

- 2) severely or profoundly retarded persons who do not have physical or sensory disabilities

- B. Persons whose physical or behavioral condition precludes placement in a privately operated nursing facility. >
- C. Mentally retarded persons with severe behavior disorders who cannot be adequately served in privately operated facilities. This includes retarded persons whose behavior disorders require

AN EQUAL OPPORTUNITY EMPLOYER

treatment procedures which may establish conflict between the clients right to treatment and other constitutional rights.

1. Treatment procedures in this category may include the moderate and intensive levels of aversive and deprivation procedures, and intrusive medical procedures and controls.
2. Populations of clients include mentally retarded persons;
 - a) with destructive behavior to property, or posing severe risks to the neighborhood;
 - b) who are dangerous to themselves or others;
 - c) persons with psychotic behaviors needing intensive and/or medication controls;
 - d) who are chemically dependent.

DPW? 3. Each state facility shall develop its own capability or ensure through cooperative planning that a specialized unit in another state facility will take appropriate referrals.

D. Mentally retarded persons needing and requesting temporary care through referral from the local social service agency (LSSA), for which court ordered placement is not required. Services shall include:

1. Crisis care where immediate action is necessary. Admission procedures are to be established in each state operated residential facility to prevent delay in handling such emergencies.
2. Parental relief for vacations and family emergencies when other local options are not available near the home community. M.S. 252A.11, as amended in 1977, permits temporary care for a specific period of time not to exceed 90 days in any calendar year.
3. Short-term intensive training and treatment when community alternatives are not available or have failed. Specific criteria should be developed with local community staff. This may include the provisions of behavior therapy as a resource for residents of local facilities when it is determined desirable to remove the resident from the current living situation.
4. Back-up services to privately operated residential facilities in the event of natural disaster, strike or closure. To be provided until appropriate placement can be made by the responsible county agencies and DPW's Central Office.
5. Diagnostic and evaluation services in a controlled environmental setting not appropriately available through local mental health or privately operated residential services. This

is to be done on basis of request from the LSSA in order to assist in determining an appropriate service plan and placement.

- E. Court ordered placement of persons under provisions of the Minnesota Hospitalization and Commitment Act.

III. Admission, Transfer and Discharge:

- A. Admission - Admissions may be made only of those clients referred through the LSSA in accordance with DPW Rule 185. The state facility staff may not refuse an appropriate referral (including those under emergency conditions). If it is determined that a special alternative would be more appropriate in special cases, the responsible state facility staff must assist the referring LSSA until an appropriate placement is made. An appropriate alternative is considered to be a local community resource or another state operated residential facility that has a specialized program for that particular type of presenting problem.

- Parents*
B. Transfer - The state facility staff may not transfer residents to another state operated residential facility or privately operated residential facility without the involvement and approval of the responsible LSSA. Questionable situations shall be referred to DPW.

- C. Discharge - Consistent with joint discharge planning, the state facility staff shall inform the LSSA when a resident is determined ready for community placement, and shall assist the LSSA in developing a discharge plan. This shall include a written summary concerning readiness for placement and recommendations concerning a continuing plan of after-care services. After-care services may include staff liaison with the resident in his new residence if such relationship is considered by the LSSA to be important in making a successful placement. Undue delay or lack of LSSA responsiveness as it pertains to discharge planning shall be reported to DPW.

IV. Role in Support of the Comprehensive Service System for Mentally Retarded in Minnesota:

Mandated by this Policy:

1. To assist DPW and local units of the Comprehensive Service System in research and data collection, including assistance related to state-wide services and local needs assessment. To conduct research and data collection on state facility populations as requested by DPW and make data available to local planning units.
2. To provide discharge planning with the LSSA as required under provisions of the Minnesota Hospitalization and Commitment Act.
3. To participate in local mental health, human service and county agency need assessment; planning and coordination of services. To ensure the opportunity of mental health center staff to be involved in state planning of community alternatives.

4. To cooperate and assist mental health, human service and LSSA staff in planning local alternatives.
5. To develop specialized services required to carry out the provisions of this policy, which may include specialization in certain state operated residential facilities as a resource for others.
6. To conduct local studies of state facility residents who come under the provisions of this policy in order to project facility needs.
- * 7. To cooperate and assist local mental health, human service and LSSAs in providing training services for staff of privately operated facilities and support services and state operated residential facilities.
- ? 8. To cooperate and assist local mental health, human service and LSSAs in program development in:
 - a) specific techniques and methodology in the care and treatment of severely and profoundly retarded;
 - b) management of behavior problems to prevent deterioration and possible referral to a state facility;
 - c) development of local community options that would encourage and allow retarded people to remain in his/her surroundings, prevent disturbances of routine, and encourage utilization of volunteers to assist in providing services;
 - d) provision of training of parents and relatives of residents to assist them in providing appropriate care as requested by the LSSA.

V. Strategies:

- A. Privately operated residential facilities and support services are expected to be sufficiently developed to care for persons who do not come under the provisions of this role and function policy for state operated facilities during the next five years. Until the privately operated residential facilities and local support services are so developed, the state residential facilities shall provide services to:
 1. Eligible persons who do not come under the provisions of this policy (appropriate local community facilities are not yet available);
 2. Eligible persons who do come under the provisions of this policy.
- B. State facility staff shall identify those residents for community placement who do not come under provisions of this policy. This shall include identification of those who are:

1. Currently ready for placement in privately operated residential facilities and
2. Under a training program to prepare them for placement in privately operated residential facilities.

Such information shall be kept up to date and made available to DPW and the appropriate community mental health, human service and LSSAs for placement and development of services. Discharges are to be made as services become available.

- C. After local residential and support services are sufficiently developed to care for all persons who do not come under the provisions of the role and function policy for state facilities, staff will be responsible for carrying out the provisions of this policy only.
- D. The Department of Public Welfare will support local county mental health and human service agencies if they opt to develop local service alternatives for persons who come under the provisions of this role and function policy, provided such development does not detract from the development of services to persons not coming under this policy.

W:dp

1. Leadership role of OPW
2. Each inst to develop own plan
3. What M.R. want