

PRESENTATION TO THE SENATE PUBLIC WELFARE COMMITTEE

8:00 A.M., JANUARY 18, 1967

Mr. Chairman, Members of the Senate Public Welfare Committee,

We wish to thank you for this opportunity to report to you our recommendations for further significant development of Minnesota's program for the mentally retarded. Also, to express our sincere and deep appreciation for the numerous improvements you made possible through your 1965 actions.

The film you have just seen touches on services to all retarded — special education, day activity centers, workshops, residential care, diagnostic services, and others. During the balance of our time, we will focus on just several items.

There will, we know, be bills before you on day activity centers, sheltered workshops, and other matters related to mental retardation. As we have studied the needs, we have coordinated closely with the Department of Public Welfare and the Mental Retardation Planning Council. For the most part, we are in complete agreement.

Our program this year is more complete than ever before and our recommendations relate in a very important way to each other.

Because community services for the retarded, such as the day activity centers, sheltered workshops, and community residential care, and education, all relate to state institution care, I would like to report recent discussions with the Department of Public Welfare and the Planning Council.

In December of 1965, we met to formulate a projection on the state's future residential care needs. We met again in December of 1966 to review this plan and consider any necessary modifications.

We have concluded that:

- 1) The present three major institutions and three small institutions (Owatonna, Lake Owasso, Shakopee Childrens Home) should care for a total of 3,860 retarded.
- 2) About 600 retarded, emotionally disturbed adults can be cared for in institutions for the mentally ill.
- 3) About 1,740 additional retarded should be cared for in new regional state facilities, in both the Twin City area and geographically selected locations throughout Minnesota.

This means that we see no significant increase in the total number of retarded cared for in state operated facilities. We foresee a significant increase in the number of retarded cared for in community residential facilities, constructed and operated by churches and non-profit groups and in foster homes and group homes. Such facilities could care for nearly 1,800 retarded by 1970, at no construction cost to the state.

There are several key things which must come about though to make such a plan feasible:

- 1) The state should change its financial support for care of retarded to include those in non-state facilities. Provision would have to be made to reimburse counties that portion of the cost of care not paid by patients or by their parents. Cost of doing this would be about \$2,600, 000 for the next biennium.

At the present time, counties pay about \$1,475, 000 each year for care of 1, 200 retarded in community residential facilities. When the retarded are later placed in state institutions, the county liability for each patient drops to \$10 per patient per month. We are not proposing that the state pick up a county responsibility. We are proposing that the state continue its practice of paying for long-term care of the retarded.

- 2) Community day facilities must be expanded, such as day activity centers, sheltered workshops, trainable classes.
- 3) There is still a need to replace many old and inadequate buildings at the Cambridge and Faribault State Schools and Hospitals.

Under this proposal, each retarded person who needs residential care could be placed in a residential facility best suited to his needs.

Private non-profit groups would be encouraged to construct and staff facilities, thus relieving the state of a part of this economic burden.

Governor LeVander has endorsed the proposal to reimburse counties for residential care in his Inaugural Address Appendix. He has also supported the proposal which Jerry Walsh will now explain, namely, a Division of Mental Retardation in the Minnesota Department of Public Welfare.

Robert L. Lockwood, Chairman
Governmental Affairs Committee
Minnesota Association for Retarded Children

DIVISION OF MENTAL RETARDATION

Our proposal to establish a Division of Mental Retardation is not meant to be a reflection on the present Division of Medical Services. On the contrary, it is recognition that the limited staff is unable to deal effectively with all of the planning, coordination, operation and problems in the vast fields of mental illness, mental retardation, geriatrics, alcoholism, and emotionally disturbed children.

Nor is our proposal hasty, since we first made exhaustive studies in 1960. Years of observation and experience have shown that the program for the retarded is not developing as it could or should. Major problems of staffing, programming, medical care, training and treatment, continue to exist.

Two years of study by the Mental Retardation Planning Council have clarified many of the problems which must be solved.

As you are aware, the problem of mental retardation is not a simple one which can be disposed of by placing the retarded in remote institutions. Today's expanding programs include day activity centers, sheltered workshops, residential care, recreation, boarding homes, foster homes, community institutions, parent counseling, nursing services, sheltered living, diagnostic services, public education, staff training, guardianship, and services to the counties.

Coordination with the expanding services of the Departments of Education, Health, and Employment Security, with the Legislature, and with federal agencies, requires concentrated staff effort.

At the present time, the Section on Mental Deficiency within the Division of Medical Services, consists of three social workers. The Section functions as the guardian for the Commissioner of over 10,000 retarded.

Consultants in the Division of Medical Services have been very helpful but readily admit that they are unable to give the necessary time and effort to both programs for the mentally ill and programs for the mentally retarded.

A listing of reasons why NOW is the time to establish a Division would fill several pages; however, the expanding opportunities under federal legislation are alone compelling reasons.

A Division of Mental Retardation would be working with programs for all retarded who are not a responsibility of the schools. There are many and they are the most handicapped, and those who need extended complicated programs.

A total of \$45,733,964 is being requested by the Department of Public Welfare for schools and hospitals for the retarded for the biennium; in addition, \$1,500,000 for state matching funds for day activity centers. A program of this magnitude warrants an expenditure of one-half of one percent for direction, coordination, and planning.

We feel that such a Division should include a Director, Assistant Director, and Consultants in the areas of day activity centers, public information, community institutions, social work, nursing, occupational therapy, physical therapy, dietetics, and planning, and regional coordinators.

We believe that the state would be able to hire a good person at the Division level to take charge of this program.

The Mental Retardation Planning Council, which has done much during the past several years to coordinate and plan services for the retarded, will go out of existence in December of 1967. Now is the time to establish a Division of Mental Retardation to pick up and implement their many excellent recommendations.

We have many additional and compelling reasons for a Division and hope to be able to present these to you when legislation is before you in bill form.

Gerald F. Walsh, Executive Director
Minnesota Association for Retarded Children