Remarks by Howard Paulsen, Chairman
Kental Retardation Planning Council
Presented to the Senate Welfare Committee
October 6, 10 a.m., Room 28, State Capitol

Mr. Chairman, Members of the Senate Welfare Committee, we appreciate this opportunity to put before you the unfinished business of the Minnesota Mental Retardation Planning Council and to set forth our suggestions and recommendations as to how the deliberations of your committee can provide further forward progress in the cause of combatting mental retardation.

In the 3 l/2 years effort conducted by the Mental Retardation Planning -Council, our goal has been to develop an array of services along a continuum of care available to any retarded person at the time and place that he needs them.

¥e feel that services should be made available as close to the people who are being served as is feasible, giving consideration to such factors as available staff, driving distances, fiscal and administrative capabilities, and the size of the population group necessary to support a particular service.

In our two-volume comprehensive plan, presented to you prior to the 1967 session, we described the specific services which are needed and our recommendations for how they might be provided. Of the over 200 specific proposals, many have already been accomplished and we are grateful to the leadership and humanitarian. concern of this state's policy-makers for the progress which has been made. However, there remains much to be done. Our purpose here today is to present four of the most urgent needs which appear to us to be appropriate for in depth consideration and action by your committee. They are:

1. Child development centers

2. Improvements in residential care

3. Strengthened state organization for the administration of programs

h. Codification of laws affecting the retarded -

1. Child development centers.

A basic pre-requisite to any service for the retarded or otherwise handicapped person is a thorough diagnosis and evaluation of his disability, including a detailed definition of the degree of severity and a prescribed course of treatment. Further, there should be periodic re-evaluations as a person matures and responds to changing conditions. We have learned through experience the tragic effects of institutional placement of youngsters who have been improperly diagnosed. Years later, often by accident— we discover they could have been in the community, instead. Sometimes if the deterioration which occurs in an institution has not become irreversible, we can and do return them to the community— sometimes to full or part time employment.

The diagnosis and evaluation should be done by a team consisting of a physician, social worker, nursej psychologist, educator, and other appropriate specialized services, including a psychiatrist, orthopedist, speech therapist, and physical therapist. A prototype of this kind of child development center has been functioning in the Fergus Falls area since 1958 and in Owatonna'during the past year. As the Mental Retardation Planning Council studied the problem, we found extensive agreement/among professionals that major improvements in diagnostic and evaluative. services was urgently needed. Accordingly, we proposed the establishment of a netvrork of child development centers. A bill to accomplish this was introduced into the 1967 session, Senate File 1150 and House File 1371. In spite of broad support, it was clear that there was not ample time for full consideration of all the implications of this legislation. We strongly recommend that your committee take advantage of this interim period to fully analyze the need for these centers and the alternative methods which might be used to establish them. For example: Which of the operating state departments.should have administrative responsiblity for such centers? Would it be well to establish a separate, interdepartmental committee of experts to establish policies and standards for the centers? Should the centers be state-supported and administered or locally-administered 'with state aids, similar to the mental health centers, or should some other intergovern-. mental arrangement be sought? In establishing a netvrork of child development centers, careful study should be given to the relationship of the centers to the broad planning which is nov; going on in the State Planning Agency, including the delineation of regional service centers for all state programs. Certainly, one of the knottiest problems we encountered in forwarding the establishment of a network of chi3_d development centers was the fact that the services to be offered by the centers touch on the responsibilities of many differing departments of state government and call on the professional skills of many different disciplines.

In giving further study to this question, it would be well to consult with the state medical society and some of the special academies of the medical profession such as pediatrics and the academy of general practitioners, the state departments of health and education and welfare, the voluntary agencies such as the Minnesota Society for Crippled Children and Adults, the Minnesota Association for Retarded Children, and the United Cerebral Palsy, and the chief authors of the bill, Senator Keith Hughes in the Senate and Representative Emery Barrett in the House.

2. Residential care.

A second major problem area is the need for improvement in the quality of residential care nov; available to those retarded children for whom placement outside their home is necessary.

As the Mental Retardation Planning Council considered this matter, we came to the basic conclusion that the large impersonal state institution is not and cannot be made into an effective setting for the kind of care which children must have. We strongly support the establishment of smaller facilities and the reduction in population of the state institutions, as it is already occurring. We believe that

small residential facilities, ;Aether state supported or private, possess the follovdng major;advantages:

(a) Residential care facilities should be located so they are easily accessible to county welfare departments which cany primary responsiblity for placement and followup services. Thus a continuity of counseling and other services can be maintained.

(b) Community support and sensitivity to the problems of the mentally retarded can be stimulated. The facility can be integrated into an array of community services rather than being isolated. Volunteer and professional services are more readily available.

(c) Facilities are more accessible to the families of residents. We feel that geographical proximity is a major factor in maintaining the interest of the family, which is indispensable to patient well-being and morale.

(d) Staff-patient ratios can be maintained at a level which permits more personalized care than is possible in large institutions.

(e) . Decentralization in the location of facilities could broaden the base for recruitment of staff and development of supportive services.

Unfortunately, present state law has the effect of hindering the development of small community-based private, non-profit residential care facilities... This is because the lav; provides that the state pays almost full cost of care in a state institution whereas the county pays almost full cost of care in a facility which is not a state institution. This financial arrangement makes it advantageous for counties to press for state institutional placement of retarded children with the result that there is little encouragement for the establishment or expansion of smaller non-state residential centers in the communities.

At the present time there are approximately 1500 retarded persons known to be in non-state owned boarding homes, nursing homes or group homes distributed throughout the state. There are over 6000 in the state institutions (one of the highest percentages of state institutionalized retarded, population in the country).

The Mental Retardation Planning Council believes that legislation is urgently needed to equalize the availability of state support by making the same amount of state financial assistance available whether care is provided in a state-owned facility or in a non-state facility. A bill to accomplish this was introduced in the 1967 session, S.F. 314 and H.F. 796, authored respectively by Senator Stanley Holmquist and Representative Aubrey Dirlam.

Under the provisions of the bill, county responsibility would remain at $10 per month and the state would pay the balance of the fee in any approved residential care facility, whether state or non-state. The bill reached the Senate Finance sub-committee on welfare and won approval of the House appropriations committee but

it did not become law. As far as we can determine., the substantial appropriation required (estimated at $2,600,000) was the stumbling block, not the principle involved. We believe the real cost would prove to be less than the apparent.cost because of the reduced pressure for further state construction which would occur.

In the past two months two private facilities, one in St. Paul and one in Redwood Falls, for ambulatory retarded adults,have opened, providing approximately 260 places'. Payment for this kind of care has become available through Aid to the Disabled, Social Security, earnings of residents and some supplementation from county funds. For the most part, the residents come from state institutions which relieves overcrowding and removes them from state financial support. We feel that this is a highly desirable trend which could be encouraged, especially for children, by state participation in costs of care, as proposed in S.F. 314, and we urge you . to give it priority consideration.

At the same time we recommend a careful and exhaustive study of the way in which costs of care are computed. For example, the Commissioner of Public Welfare has determined the cost of care in state institutions at $6.30 per day, or approximately $190 per month. This is an average cost arrived at by. dividing the current' operating budget by the number of residents. It makes no distinction between those requiring expensive medical or psychiatric service and those who require very little care or who may even be earning part of their way, through work in the institution. Nor does this figure include cost of the buildings, depreciation, administrative and other overhead costs. Further, it ignores the overcrowding and it is based on the current level of care, not on a desirable level of care,defined by our Planning Council as "that which a normal person receives in his home and community plus special services designed to meet specific individual needs."

Fees charged by private facilities range from approximately $100 for boarding homes to well over $200 for nursing homes. These may or may not include clothing and medications. Also, they may or may not represent the actual cost of caring for a resident, since many of the private non-profit- facilities are subsidized to a considerable extent by their sponsoring agencies. County welfare boards have administrative discretion in how much they will pay for care and for the most part appear to be very conservative in authorizing payment for the retarded, compared with other programs such as nursing home care for geriatric patients or residential care for emotionally disturbed adolescents.

A balance must be found whereby we can stimulate the provision of adequate services and pay for them on a realistic basis, with equitable sharing of public financial responsibility between state and county. The matter is made all the more urgent as *we* begin the transfer of mentally retarded, persons into vacant space in the hospitals for the mentally ill. As they are emptied, obsolete buildings should be razed or used for other-than-residential care purposes, instead of being filled up again by pressure from the community.

One further aspect of the residential care problem is the potential conversion of Gillette State Hospital for Crippled Children. A study by expert consultants

has recommended that the orthopedic program at Gillette be transferred to a more appropriate hospital setting. Use of the vacated facility for residential care the retarded should be carefully examined. Certainly its location and size cc.: it highly.

3. Strengthened state organization for the administration of mental reta.- ' programsJ

The Mental Retardation Planning Council strongly urges.your committee : study the present inadequate budget level for staffing in the area of *szo.~* consultative and supervisory services. The Planning Council recognized -t: need for strengthening the administrative structure related to mental ret; ation services within the Department of Public Welfare. The department re- created a bureau of mental retardation within the medical services divisL-. We hope that the bureau will be given sufficient status and budgetary res-; to provide aggressive and creative leadership in developing services to ti retarded men, women, and children in our state. We solicit your support and encouragement of the department in this effort. We feel that mental retardation services as well as many other kinds of health services, are hampered by the excessive fragmentation and disorganisation. It is to be hoped that, after further study, a new structure can be developed which ••*?'* bring health and welfare and education into closer administrative aligrr.e; Deliberation by your committee on this important question will help brin-7 a resolution, of it, and we urge you to give it your attention.

4- Codification of laws affecting the retarded.

Mr. Melvin Heckt, past president of the Minnesota Association for Re[1];-.': Children, a member of the Planning Council, and newly appointed to the Governor's Council on Health, Welfare and Rehabilitation, will present t'- matter to you.

May T conclude with my thanks for this opportunity to appear before you —; reiteration of the Planning Council's desire to be of assistance to you in eve; possible. As its chairman, I have been gratified by the support and cooperati' of the legislature and other state leaders. As a member of the recently aped. Governor's Council on Health, Welfare, and Rehabilitation, the group which *-rLl".* carry forward the work of the Planning Council, I look forward to continued as; iation with you in the search for better ways to help the retarded and other h- caoped persons in our society.