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To: Governor LeVander
From: Public Welfare Facilities Committee
Date: July 21, 1970
Re: Report and Recommendations of the Committee

Members:

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Department

Minnesota Council on Alcohol
Problems Minnesota
Association for
Retarded Children

Minnesota Association for
Mental Health

Health Planning Director
State Planning Agency

Administrator, Fergus Falls
State Hospital

Definitions and Abbreviations:

Region: Refers to the Development Regions 1 - 11, as designated by the Governor (see Appendix 1), 314(b) Comprehensive Health Planning Agencies serve one or, in some cases, two regions.

Area: Areas which are: served by a Mental Health-Mental Retardation Board.

M.I. refers to mentally ill persons. M.R.

refers to mentally retarded persons.

Ineb. refers to persons dependent on alcohol or other drugs. The abbreviations are used to shorten and simplify and are not intended to indicate that all members of one disability group need the same services or are identical in other ways.

PUBLIC WELFARE

REGIONAL FACILITIES REPORT

I. Rationale

The numbers of residents in the State Public Welfare Facilities are shown on the following table. The projections for 1975 are based on the past 5 years' experience with mentally ill and mentally retarded residents, and on more recent experience with inebriate residents.

	M.I,	M.R.	<u>Ineb</u>	<u>Total</u>
1965 (1/31)	6,701	6,080	289	13,070
1969 (1/31)	3,679	5,021	385	9,085
1970 (3/9/70)	2,888	4,802	453	8,143
1975 (projections)	1,706	3,715	578	5,999

Because of the decreasing numbers of residents projected for the State facilities, the advanced age and large size of many of the buildings, and new concepts in care and rehabilitation of the residents being served and anticipated, a Planning Project was undertaken to formulate a utilization pattern for the State facilities. Based on this utilization, new uses are proposed, several antiquated buildings are recommended for demolition, and selective new construction is recommended. Suggestions as to the specific building appropriations for each facility are included.

The basic assumption on which the calculations and recommendations are based is a regional utilization of State facilities, so that each State hospital serves as a regional resource, with the other private and public agencies serving the needs of the region.

II. Policies

1. The individual Comprehensive Health Planning agencies and the Mental Health-Mental Retardation Area Boards shall be involved in planning. Broad community representation on these Councils and Boards must be obtained. State agencies must continue to exercise their responsibility in planning for services in cooperation with these groups.
2. Each area and/or region shall develop a range of services, under private (proprietary or non-profit) and local governmental auspices, in which the State hospital is one part - one resource in the continuum of care.

3. The implementation of area and regional planning and development of services is necessary in order to provide more adequately:
 - a. Continuity of service
 - b. "Close to home" services
 - c. Appropriate level of service
 - d. Appropriate type of service
 - e. Utilization of local resources and competence
4. The multi-purpose campus concept may include: programs designed for early treatment, continued treatment and new program areas. (Examples: Day Care, corrections-related treatment programs, drug-abuse treatment.) Each facility will not necessarily meet all specialized needs of the region.
5. Geriatric care is to be provided in local facilities (non profit, proprietary, local government), except for those in need of care in a regional State facility for special reasons.
6. Selective new building and/or remodeling of State facilities should be planned in order to carry out new program needs, and permit demolition of antiquated buildings which are no longer functionally appropriate. Such new buildings should be adaptable to use by different disability groups. Consideration should be given to modular units, and other innovative building techniques, to increase flexibility and adaptability of the buildings. The concept of planned obsolescence should be considered. The facilities used by the metropolitan region should receive priority for new buildings in this biennium.
7. The Department of Public Welfare, in cooperation with appropriate local groups, should develop a plan for providing residential training and treatment services for mentally retarded and inebriate persons in the metropolitan region. Consideration should be given to:
 - a. Increasing private capacity
 - b. State construction of new facilities
 - c. Utilization of existing facilities in the metropolitan region
8. In order to expedite transfers of residents, flexibility should be permitted the Commissioner to re-allocate personnel line items and funds between the facilities involved.

III. Recommendations

The recommendations are based on 5 year projections of patient requirements, should be implemented promptly, and completed within the next biennium.

The State hospitals will have in general a multi-purpose role, serving disability groups as needed in their service area. Not all groups must be served by all hospitals. Specifically it does not seem practical to project a multi-purpose role for Faribault State Hospital at this time.

The recommendations are made primarily in terms of new admissions into the State hospital system. It is recommended that transfers occur on a regular schedule as programs and personnel are prepared.

Since the metropolitan region is the major growth area and the heaviest demand for care is in the metropolitan region, it is recommended that

Gillette State Hospital
Lake Owasso Childrens Home
Glen Lake Sanatorium and Oak Terrace Nursing Home

be used for new programs particularly for mentally re-,
tarded.

- a. Gillette State Hospital will presumably be moved to a medical center, as a children's orthopedic building or section of an existing facility. The present building should then be used for a unit for mentally retarded for residential care and/or day care.

Planning for the utilization of Gillette should be instigated promptly by the Department of Public Welfare with the Metropolitan Council Comprehensive Health Planning Board, the east Metro Mental Health-Mental Retardation Coordinating Committee and other interested groups. Renovations required to keep Gillette functioning as a hospital will no longer be necessary. Modifications should be planned for the biennium 1971-73 when its utilization is precisely determined.

- b. Negotiations should be initiated to obtain a long term lease on Lake Owasso Children's Home by the Department of Public Welfare. The Department of Public Welfare, with the Metropolitan Council

Comprehensive Health Planning Board, the east Metro Mental Health-Mental Retardation Coordinating Committee and other interested groups should plan for the specific programs for mental retardation to be carried on. The State should utilize Mental Retardation Construction funds. Special Education and Vocational. Rehabilitation funds as necessary.

- c. Glen Lake Sanatorium and Oak Terrace Nursing Home should be the site of program development for mentally retarded and inebriate. There is an extensive school and training program presently operative there for M.R., it is centrally located in Hennepin County, and is an appropriate site for residential as well as day care. The State should utilize M.K. Construction funds. Special Education funds and Vocational Rehabilitation funds.

Nursing Home patients can be accommodated in private or county facilities in the patients' area of residence, or in regional State facilities.

Tuberculosis patients who require in-patient care can be hospitalized in special units at several hospitals and sanatoria in the State, and the State reimburse the hospital for such care. St. Mary's in Duluth, Ramsey Hospital in St. Paul, Hennepin County General Hospital and the Veterans Administration Hospital in Minneapolis, and Mineral Springs Sanatorium in Cannon Falls are all presently providing or planning to provide such care. Hospitalization for tuberculosis is rarely for more than a few weeks with modern therapy, and the number of patients requiring this care is steadily decreasing,

5. Ah-Gwah-Ching should be phased out as a health care facility and utilized for a more appropriate purpose. Nursing home patients can be accommodated in private or county facilities in the patients' area of residence, or in regional State facilities.
- 6, Comprehensive Health Planning agencies and/or area M.H.- M.R. Boards should examine the State hospital utilization data for their region and attempt to analyze the contributing factors accounting for the wide range in utilization, from .74 to 5.35 patients per 1000 population. (See Table No. 2).

IV. Recommended Utilization of State Facilities

Region 1 - Transfer and admission of all disability groups to Fergus Falls State Hospital.

Region 2 - Transfer and admission of all disability groups to Brainerd State Hospital.

Region 3 - Transfer and admission of all disability groups to Moose Lake, except:

M.R. from Aitkin, Itasca and Koochiching to Brainerd. (Rationale; All disability groups from Region 3 at Moose Lake would be beyond its capacity at this time. One M.H. Center area would continue to use Brainerd for M.R. Some M.R. residents from St. Louis County would remain at Brainerd until further development of local services and/or available space and program at Moose Lake.)

Region 4 - Transfer and admission of all disability groups to Fergus Falls State Hospital.

Region 5 - Transfer and admission of all disability groups to Brainerd State Hospital.

Region 6 - Transfer and admission of all disability groups to Willmar State Hospital.

Region 7 - Transfer and admission of all disability groups to Cambridge State Hospital,

Region 8 - Transfer and admission of all disability groups to Willmar State Hospital.

Region 9 - Transfer and admission of all disability groups to St. Peter State Hospital.

Region 10 - Transfer and admission of all disability groups to Rochester, except:

M.R. from Rice, Steele, Dodge and Goodhue remain at Faribault M.R. from Freeborn to St. Peter. New M.R. patients from all of Region 10 should be admitted to Rochester, and transfers from the above counties accomplished as space permits.

Region 11 - (Metropolitan Area)

Anoka County - Transfer and admission of all M.I. and Ineb. to Anoka State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital, until space permits admission to Anoka State Hospital.

Hennepin County - Transfer and admission of all M.I. and Ineb. to Anoka State Hospital.

Transfer and admission of all M.R. to Faribault State Hospital.

Scott) Transfer and admission of all M.I. and Ineb. to
Carver) Anoka State Hospital.

Transfer and admission of all M.R. to Faribault State Hospital, until space permits admission to Anoka State Hospital.

Ramsey County - Transfer and admission of all M.I. and Ineb. to Hastings State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital.

Dakota County - Transfer and admission of all disability groups to Hastings State Hospital.

Washington County - Transfer and admission of all M.I. and Ineb. to Hastings State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital, until space permits admission to Hastings State Hospital.

Gillette State Hospital and Glen Lake Sanatorium-Oak Terrace Nursing Home site will be developed for residential and day care for M.R. and Ineb. for Ramsey and Hennepin Counties respectively.

This distribution results in all State facilities developing a multi-purpose campus except Faribault State Hospital which would continue to serve the mentally retarded.

According to the appropriate capacity for bed and program space, all facilities could readily handle the residents proposed by 1975. (See Table No. 2)

REGION 1

**Kittson
Roseau
Marshall**

Pennington
Red Lake
Polk
Norman

REGION 2

Lake of the Woods
Beltrami
Clearwater
Mahnomen
Hubbard

REGION 3

Koochiching
Itasca
Aitkin
Carlton
St. Louis
Lake
Cook

REGION 4

Clay
Wilkin
Traverse
Becker
Ottertail
Grant
Stevens
Douglas Pope

REGION 5

Wadena
Cass
Crow Wing
Morrison
Todd

REGION 6

Big Stone
Swift
Lac Qui Parle
Yellow Medicine
Renville
Chippewa
Kandiyohi
Meeker
McLeod

REGION 7

Stearns
Wright Benton
Sherburne
Mille Lacs
Kanabec
Isanti Pine
Chisago

REGION 6

Lincoln
Pipestone
Rock
Lyon
Murray
Redwood
Cottonwood
Jackson
Nobles

REGION 9

**Sibley
Nicollet
Brown
Watsonwan**
Martin
Faribault
Blue
Waseca
LeSeuer

REGION 10

**Rice
Steele
Freeborn
Goodhue
Dodge
Mower
Wabasha
Olmsted
Fillmore**
Winona
Houston

REGION 11

Anoka
Hennepin
Ramsey
Washington
**Carver
Scott
Dakota**

		Table No. 1	
Present Capacity (according to evaluation by Project Facility Director		Residents in 1970 if assigned ac- cording to recom- mended system	Patients Projected 1975* Based on: ra.i. decrease 10%/year m.r. decrease 5%/year ineb. increase 5%/year:
Fergus Falls	849	814	617
Brainerd	888	686	512
(Learning Center)	100		
Moose Lake	729	960	705
Willmar	755	715	530
St. Peter	866	599	436
Rochester	895	843	579
Hastings	483	463	335
Anoka	696	725	488
Cambridge	1,131	1,253**	950**
Faribault	1,102	1,095**	847**
Lake Owasso	107		
Total	8,601	8,153	5,999
Gillette State Hospital	200±		
Minn. Braille School	92		
Minn. School for the Deaf	327		
Minn. Security Hospital	149		
Ah-Gwah-Ching	436		
Glen Lake - Oak Terrace	370		

* M. I. and M.R. rates of decrease based on previous 5 years' experience.
Ineb. increase based on recent experience in opening new facilities.

**A decrease in numbers of residents would be accomplished as facilities
are developed at Gillette and Glen Lake.