

HISTORICAL REVIEW OF DAYTIME ACTIVITY CENTER PROGRAMS IN THE STATE OF MINNESOTA

BACKGROUND

Prior to 1961, there were few day activity centers serving the mentally retarded in the State of Minnesota. There were only seven counties in the entire state where day activity facilities were available to the retarded child. Consequently, most parents of mentally retarded children in the state had to choose between keeping their child in the home where no services were available, or sending the child to a state institution when space became available. Most of the few day activity centers which were in existence at this time were located in urban areas where financial support was available from private agencies. Even in these areas, the lack of adequate financing tended to limit the extent and quality of the programs offered and the number of individuals that could be served. Very few non-urban communities provided any kind of services for the mentally retarded as alternatives to Institutional placement.

The 1961 session of the Minnesota Legislature, acting upon the recommendation of the Interim Commission on the Problems of the Mentally Retarded, Handicapped, and Gifted Children passed a pilot project daytime activity center statute. The goal of this statute was to more clearly express and identify the need for such centers, the proper types of programming, staffing, and facilities, and the costs for providing such services. The sum of \$36,000 was appropriated to the Department of Public Welfare so it could reimburse up to fifty percent of the operating costs of centers selected by the Commissioner to be pilot project programs. Through this legislation, nine centers were established.

These centers proved successful and, through the further activity of the Minnesota Association for Retarded Citizens and the Minnesota Department of Public Welfare, amendments were made in 1963 resulting in minor changes in the basic law and providing an allocation of \$155,000 for the biennium of 1963 through 1965. With this larger allocation, it was possible to continue the nine centers already in operation and approve fourteen additional centers. Local funding was accomplished through either a combination or private funding or, in the case of many centers, through county general revenue funds.

From 1965 to the present time, there have been additional laws enacted, rules promulgated, and philosophical concepts supported that have had a great Impact on the DAC program in the State of Minnesota. A brief summary of these laws, rules and philosophical concepts follows:

RULE 31

DPW Rule 31, the DAC administrative rule, became effective July 1, 1971. Up until this time, the staff of DACs consisted largely of non-professional, part-time personnel. Rule 31 required minimum qualifications for DAC directors; and, through the addition of trained, professional staff, the DAC system has matured.

Rule 31 also encouraged school responsibility for school-age mentally retarded children and defined the responsibilities of DAC boards.

TITLE IVA - TITLE XX

Title IV, implemented January 1, 1972, brought about tremendous proliferation of programs, primarily in the opportunity to serve those who formerly had no program. The State was able, in the short period of two biennium's, to increase their appropriation from \$1,800,000 to \$3,650,000. Probably the greatest impact was from local counties to commit monies for expansion from a nominal to a substantial amount.

TMR LAW

Until the enactment of the Trainable Mentally Retarded law (TMR), DACs were the major substitute for trainable special education as we know it today, and the majority of DAC participants were school-age. The TMR law mandated the Department of Education to be responsible for all trainable Individuals. The Department of Education defined trainable as any individuals who can reasonably expect to benefit socially, emotionally, or physically. Essentially, this position eliminates the possibility of anyone being sub-trainable. Consequently, local school systems had one of two choices: either providing the educational program in their school system or purchasing it from a vendor such as DAC, WAC, sheltered workshop, or other facilities able to provide an alternative program. In any event, the responsibility rested with Education. This allowed DACs to shift the focus of their programs either to preschool or to adult programming.

CONCEPT OF DE-INSTITUTIONALIZATION AND DEVELOPMENT OF COMMUNITY ALTERNATIVES

The "philosophy" underlying long-term care and support for many groups of "less-able" citizens has changed markedly in the recent past. Up until only a few years ago, the standard policy response had been to provide long-term support in settings in which individuals having similar conditions and needs were grouped and separated from the community-at-large. In some cases, the rationale was attributed to supposed "economies of scale" in this form of service delivery; in other cases, public attitudes dictated that certain individuals needed to be sequestered from the community for the community's safety and welfare. Such care was often custodial in nature, with minimal attention given to fostering programming that stressed recognition of individual capabilities and potential, or addressed and assured that basic human and civil rights for Individuals in such settings would be upheld.

The present "philosophy" of care and assistance that directs the course of all Developmental Disabilities programming at the national, state, and local level is embodied in the concepts of "normalization" and "Individual program planning," and is encompassed in the goals of "de-institutionalization" and developing "community alternatives."

The thrust of legislation in Minnesota has been towards de-institutionalization. State hospital population for the retarded in January, 1961 was 6283, as compared to 3363 in January, 1976.

De-institutionalization represents efforts to return institutionalized individuals who can develop necessary living skills to settings in which an array of community service alternatives necessary for their personal development (residential, educational, employment, protective services) are available. It also represents efforts to maintain individuals who have or can develop necessary living skills and are now residing in a community setting within that setting, rather than their entrance and residency in a state facility. Programming for those whose needs are best met in an institutional setting should have a corresponding emphasis on encouraging personal development in as least restrictive a means and setting as possible.

The concept of normalization embodies the recognition that many individuals having substantial developmental handicaps will increasingly benefit by participating in the rhythms and patterns of everyday life experienced by the community-at-large, rather than residing in a sequestered institutional setting. Consequently, they are entitled to a lifestyle that is as close to "normal" and "least restrictive" as their condition allows, and to assistance which will encourage self-sufficiency, maximum personal development and the opportunity as a citizen to contribute one's worth and value to the community. This assistance should be provided according to unique needs and potential on the basis of individualized planning for the acquisition/maintenance of essential living skills.

In 1976, the Minnesota House of Representatives established a Select Committee on De-institutionalization. This Committee has the broad objective of obtaining Information for making short-term and long-term recommendations to the House during the 1977 session. Specific areas being reviewed include characteristics of populations being served, ranges of costs involved, quality of care, responsibility for provision of care and quality control mechanisms.

RULE 34

Prior to the implementation of DPW Rule 34 in 1972, many retarded persons were leaving state institutions and moving into nursing homes and other inappropriate residences. Rule 34 established and protected the human right of mentally retarded persons to a normal living situation, through the development and enforcement of minimum requirements for the operation of residential facilities and services. It also served an educational purpose in providing guidelines for quality service. It required that residents be provided with developmental and remedial services called for by individual assessment and program plans outside of the residential facility whenever possible, and when rendered in the facility, such services had to be at least comparable to those provided in the community.

Rule 34 placed a heavy burden on DACs in terms of participants. It forced a re-assessment of responsibility to the entire retarded population. Hew participants came from everywhere—people placed in communities out of state institutions, private residential facilities, nursing homes, group homes, etc.

WORK ACTIVITY

Because of the shift of focus of DAC programs to preschool and adult programming, a need for work activity for adult participants became necessary. DPW and DVR worked out a cooperative venture to provide work activity as a component (approximately 2 hours) of the DAC program, jointly funded by the two departments.

Movement of participants to a work-oriented program takes place within DACs based on the individual's program plan. Here a gap in the continuum of services exists. While some participants are able to move on from DACs to full-time work in sheltered workshops or competitive employment, others need a program that provides more work activity than DACs currently provide, while still meeting developmental needs.

TRANSPORTATION

Prior to FY '76, DAC transportation was funded in a variety of ways. Under permissive legislation, many school districts provided DAC transportation and received aids from the Department of Education. In many cases, school districts did not do this and DACs were forced to find alternate transportation. The cost of this alternate transportation was usually included in the DAC budget and it was funded, together with other operating costs, through state and local funds.

The 1975 Legislature changed all of this by providing a special appropriation to pay for 100 percent of approved costs for transporting DAC participants to and from the centers. For DACs, this has meant considerable simplification of the funding system for transportation. This change also has had the impact of enabling services for Individuals who previously were not able to attend DACs due to lack of transportation funding.

SUMMARY

The DAC program in Minnesota has been an ever-enlarging, ever-expanding community-based program serving mentally retarded and cerebral palsied individuals. The program has grown from seven centers serving largely a school-age population in 1961 to 101 centers and 29 satellites serving 4367 participants through homebound, preschool and adult programs in FY '77.

Much of this growth can be attributed to national and state legislation supporting the concept of de-institutionalization and the development of community-based alternatives. During this period of growth, the leadership and composition of the Minnesota Legislature has shifted radically, but the thrust of legislation has remained consistent with these concepts.

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