

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

SUB-COMMITTEE ON COMMUNITY SERVICES
GOVERNMENTAL AFFAIRS COMMITTEE

APRIL 4, 1964

MINUTES

The fourth meeting of the Sub-Committee on Community Services, Governmental Affairs Committee, Minnesota ARC, was held at the Minnesota ARC office on April 4, 1964, Present were:

Dr. R. H. Ferguson, Chairman
Mrs. T. W. Hogan
Mrs. Robert Larsen
Chester Tollefson
Dr. Richard Bartman
Merlen Kurth

Absent: Mrs. David Donnelly

The specific topic under discussion at this session was sheltered living facilities. Dr. Richard Bartman, Director of Children's Mental Health Services, Department of Public Welfare, was present to discuss the type of sheltered living facility legislation that the Department of Public Welfare intends to introduce at the next session of the legislature.

Dr. Bartman said that a bill similar to the one introduced in 1963 would be re-submitted. It would call for a pilot project consisting of three sheltered living units with approximately eight individuals in each. He feels that it fits into a total plan of services for the mentally retarded very well.

PARTICIPANTS

Dr. Bartman made these comments which indicate the type of person whom he feels could be handled through sheltered living facilities within the community.

1. The participants would probably all come out of institutions except that each might have space for one individual to be placed on a temporary basis.
2. The residents will be ambulant, not geriatric, but individuals who have resided in an institution for 20 or 30 years.
3. Their I.Q.'s will probably be 50 or over.
4. A specific unit would be segregated by sex. However, both male and female individuals would be tried within the community homes,
5. The probable age range of participants would be 40 years and up, although over the age of 60, nursing home care seems more appropriate.
6. Selection of the participants would be made by the institution staff and the coordinator of sheltered living units.
7. These individuals would be people of less capability than those who are presently being returned to the community from the institution on an individual basis.

COMMUNITIES AND FACILITIES

Further questions brought up these comments by Dr. Bartman pertaining more directly to the units themselves and the communities where they would be located.

1. Prior to selection of a community for a sheltered living facility, the community would be checked for the availability of a variety of resources. These might include: a mental health center, an interested medical society, existence of leisure-time activities, and the interest of community groups in doing volunteer services with the residents. A whole structure of services would, hopefully, be available.
2. The county welfare department, where a unit was located, would be expected to help to move out individuals from the facility when and if they were ready to be moved. They would also be expected to offer counselling to residents and be involved in other planning for them.
3. There should be no problem in securing necessary facilities for the projects. Possible sites might include the Twin Cities, one perhaps in Duluth or on the Iron Range, and one elsewhere.
4. The Availability of sheltered workshop facilities might be a factor in selection of sites. Participants would be expected to do more than sit around and watch TV. They might be able to do lawn work and snow shove ling,, for example.
5. They would be expected to become part of the community, somewhat like people now residing in independent living units in institutions, but much more independent than them.
6. The sheltered living units would offer a type of community facility different from either boarding home care or nursing home care. It would be very helpful in the continuing development of community services for the retarded.

PROGRAM

Dr. Bartman offered the following comments concerning program.

1. The program would be supervised by a state office coordinator of sheltered living units. Each home would have a married couple living with the residents, supervising their day-to-day activity.
2. There would be no pressure to move these individuals out into society as in the case of half-way houses. However, it would be anticipated that over a period of years there would be individuals who would attain independence thereby creating a turnover.
3. The individuals involved would be younger and, therefore, the program would be considerably different than that of geriatric centers such as Oak Terrace and Ah Gwah Ching.
4. Living in these units would tend to create a feeling of greater dignity on the part of the individuals involved than does life within the institution,

5. Individuals involved in the program would be well cared for because of the size of the units and the manner in which supervision could be offered.
6. Medical attention, while provided by local people normally, would be paid for through the state. Serious physical problems would be handled by the individual's transfer to a general institution for treatment.
7. The per capita cost of the program would be equivalent to present costs for institutional care.

OTHER COMMENTS

Other questions were raised that brought about these comments.

1. While the individuals who would become participants in sheltered living units probably are workers at the institutions, there seems to be a tendency for the necessary I.Q. level for an individual to be assigned to certain jobs to drop as higher I.Q. individuals are no longer available,
2. There may be a certain dignity about having a job although there may be other more rewarding experiences for them than work.
3. It appears that some legislators felt that the amount of money requested was not sufficient to provide for a worthwhile pilot program. Therefore, the amount of appropriation requested may be raised.
4. This should not be part of the institutional budget because there would be disadvantages in tying these to institutions as annexes.
5. The only other state where sheltered living facilities of this type have been proposed is California where churches are providing some service of this type.
6. Problems which might lead to sheltered living unit failure or abandonment would include:
 - a. The possibility of community objection,
 - b. The misplacement there of someone who had committed a crime.
 - c. The failure of community groups to offer sustaining local support.
 - d. Poor supervisory people within the homes.
7. In defining present institutional care, the following types of treatment were identified.
 - a. Survival--keep resident alive.
 - b. Custodial--retain resident in the same condition.
 - c. Group treatment--offer therapies of types,
 - d. Individual--offer intensive care
 - e. Research type program,
8. Sheltered living units might eventually serve 400-500 individuals from institutions.

FUNDS EARNED BY PARTICIPANTS

Considerable discussion surrounded the issue of whether or not it would be possible for residents to earn money and retain it or whether it would be necessary to transfer it to the state,

It was suggested that the Sub-Committee recommend to the full Governmental Affairs Committee that patients be able to retain a portion of income. A statement was offered to the effect that up to \$75 a month be retained by the individual with 50 per cent of additional income accessible, at the discretion of the commissioner, not to exceed the calculated cost of patient care. It was felt that this should be defined very carefully for the protection of the individuals involved against future interpretations by commissioners. Dr. Bartman will get an opinion from the Assistant Attorney General on this.

This discussion led to a decision that the Sub-Committee recommend an investigation into present laws pertaining to the rights of the institutionalized person to retain any of his earnings or other income.

In response to a question concerning the type of community facilities that Minnesota should be aiming for under available federal funds for community facilities for the retarded, Dr. Bartman indicated that he felt one good use might be for small residential units of 30 to 32 people. These would be set up on the basis of specialized needs of specifically handicapped individuals. Advantages might be that they would offer the best possible care; that their existence would gradually improve staffing in general institutions; and that smaller facilities would cost less per bed to construct,

The meeting was adjourned. A report of the Sub-Committee's recommendations to the full committee will be prepared, circulated to committee members for comments, and then finalized and submitted to the full Governmental Affairs Committee by the chairman.

Respectfully submitted,

Merlen G. Kurth
Acting Secretary

Copies to: Sub-Committee Members
Governmental Affairs Steering Committee
Dr. Richard Bartman

MGK/mstm