



STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC WELFARE  
CENTENNIAL OFFICE BUILDING  
ST. PAUL, MINNESOTA 55101

July 26, 1965

To: Chairman, County Welfare Board  
Attention: Welfare Director

State Institution

Program Director, Mental Health Center

Subject: Policies of the Department of Public Welfare on Mental Retardation.

For some period of time there have been indications from the Department of Public Welfare that there have been changes in policy on the state mental retardation program from those described in the Manual on Mental Deficiency published in 1959. These changes relate to commitment, placement out of the home, placement in state residential facilities, and the function of the Section on Mental Deficiency and Epilepsy.

The basic concepts on which these changes are based are related to our concern about the effects of separation of a child from his family, both on the child and on his parents, as well as on siblings. More and more evidence has accumulated over the past years to indicate the fact that separation of infants and small children from their parents without appropriate solution of associated problems may well be disastrous to the emotional and intellectual development of the child and produce lasting emotional disturbance to the parents, sometimes of major proportions. This has been demonstrated to be true for retarded children as well as for non-retarded children. The policies of the Department of Public Welfare, then, are as follows:

1. No child should be considered for placement out of the home without a comprehensive evaluation not only of the afflicted child but also of the family and community resources. Ideally such an evaluation is coordinated and multi-disciplinary and includes pediatric, psychological, social, and psychiatric studies. Mental health centers, the two four-county projects, the services of the University of Minnesota, and services still in the development stage can be utilized for this purpose, as can purchase of locally available service.
2. Commitment to guardianship as mentally deficient is not a necessary or desirable step in all cases. A non-committed person is entitled to the same services as a person under guardianship. A person need not be committed as a prerequisite to admission to a state institution for mentally retarded. If commitment is desirable, it can be

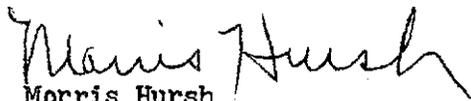
done at any time in the retarded person's life and need not be done when the retardation is first discovered.

3. A final decision on placement should not be made until the parents have been told of the variety of facilities and services available and given the maximum opportunity to consider their feelings both about caring for their child who is retarded and about possible separation for shorter or longer periods of time. When separation is necessary in order to resolve a crisis, or to provide adequate nursing care or supervision, placement should be in a facility as close to home as possible to allow frequent contact between parent and child. Placement should not be considered as a permanent step.
4. In an instance in which a placement outside the home is urged that is considered inappropriate by the county welfare agency, such a placement should be discouraged until reasonable case work effort has been made to help the parents completely assess their situation. In some instances, a temporary placement may be necessary while case work continues. If the parents continue to insist on a long-term placement, a foster home placement is more desirable than institutional placement.
5. Case planning for the retarded should be done as much as possible at the local level among those agencies that will be dealing directly with the person.

Effective October 1, 1965, application for admission to a state facility will be made by the county welfare department directly to the receiving institution, which will maintain its own waiting list. To this end, the MDE Section will leave the initiative for planning and decision with the local agencies. The Section will make every effort to guarantee that continuity of responsibility is preserved at the local level but will remain available for consultation in relation to planning for more complex and difficult cases when this cannot be done locally.

The process of transferring some of the current responsibilities of the Section to the county welfare departments and institutions for mentally retarded involves revision of a number of existing policies and procedures. As these specific changes are formulated, they will be incorporated into the Public Welfare Manual.

Very truly yours,

  
Morris Hursh  
Commissioner