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State Inst - Owatonna

INTERIM REPORT
OF
DEPARTMENT OF PUBLIC WELFARE

CLOSING OF OWATONNA STATE SCHOOL

November, 1969



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

November 28, 1969

Governor Harold LeVander
State Capitol
St. Paul, Minnesota


Dear Governor LeVander

Attached is an interim report of the Department of Public Welfare concerning the closing of Owatonna State School and the development of a new program at Brainerd.

This report, prepared by Mr. Ardo Wrobel, Director, Mental Retardation Program Office, is a statement as to why this department felt that the school should be closed, what is being done in evaluating the needs of the students who are now there, and what plans are being developed for the program at Brainerd.

I would appreciate it if you would forward a copy of this report to Mrs. Molly Woehrlin, President, Minnesota Association for Retarded Children, Inc.

Sincerely


Morris Hursh
Commissioner



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

November 25, 1969

ON THE CLOSING OF OWATONNA STATE SCHOOL

Ever since legislative enactment of the Special Education Act, 1957, professional people involved in mental retardation, legislators and department staff have wondered about the future of the Owatonna State School.

The rapid growth of special education classes in public schools has reduced the need for Owatonna as a school and vocational center for educable mentally retarded students. As this type of population decreased at Owatonna, resulting from increased community ability to keep children in school, children with severe emotional and behavioral problems were being referred to Owatonna with increasing frequency. Although the majority of students now at Owatonna have such emotional and behavioral problems, others, it was felt, could be kept in the community, in school or at work if individually planned and satisfactorily arranged for.

This evolutionary change in the type of educable mentally retarded children at Owatonna resulted in a major segment of the population needing a therapeutic and treatment program because of the types of problems they manifest.

The future need for Owatonna as a school was in question for several years. Related questions were raised in a report by the Minnesota National Laboratory¹, February, 1969. (See Attachment #1.)

The Minnesota National Laboratory Study was taken seriously when the question of closing Owatonna was raised in the 1969 legislature, because the Project staff included highly respected professionals in the special education field. Also significant is the fact that the study was done before the explosive question of closing was raised.

Mr. Richard A. Johnson², Study Director, feels that his recommendations for a study of Owatonna State School are being carried out as recommended.

1. The Minnesota National Laboratory is a part of the Minnesota Department of Education. The MNL was contracted to conduct "A Study of Educational Programs in Minnesota's Institutions for Mentally Retarded." The Study was supported through the Elementary and Secondary Education Act, Public Law 89-10, Title I, and conducted in 1968.
2. Mr. Johnson is Director of Special Education, Minneapolis Public Schools.

The buildings at Owatonna State School are quite old and need major remodeling or replacement to continue as a school. This is further complicated by change in the type of program needed for fewer children.

Adequacy of the buildings, which need major remodeling or replacement, was a factor in department considerations. This has been a long-standing problem as reported by Mr. C. M. Henderson, Superintendent, Owatonna State School, in a statement to the Governor's Advisory Committee on Mental Retardation, dated July 19, 1962.¹ (See Attachment #2.) No major appropriations have been made for remodeling or replacement at Owatonna.

Growing evidence of need for a treatment type program for substantially fewer children, as subsequently supported by the evaluations concluded in October, 1969, was a key factor in decisions to phase out the program. The difficulties cited in the Minnesota National Laboratory report about establishing a treatment-oriented program are obviously influenced by Owatonna's long history as a special school.

The prospects of operating a treatment program for less than 100 students in a deteriorating facility designed as a school seems to be inappropriate.

Other changes in the overall state program for mentally ill and mentally retarded are taking place. State institutions for mentally ill and mentally retarded are gradually being changed to multi-purpose facilities, each to serve both the mentally retarded and mentally ill in separately administered programs.

Rapid changes in program techniques and methods as well as changes in the types of persons treated and trained requires this department to be responsive to changing needs. Buildings need to be used to best advantage, but they, too, become outmoded even before they need to be replaced. It has been recommended by authorities in the mental retardation field that resident building should be built to self-destruct in 15 to 20 years to keep pace with changing needs. This would help to keep programs from being locked-in to the facility and to be more adaptable.

The dramatic reduction of mentally ill in state institutions has made space available for mentally retarded. The legislature has directed that such space be made available to reduce overcrowding in institutions for mentally retarded at Faribault, Cambridge and Brainerd. The Health Planning Council of the State Planning Agency published the "State Policies Plan for the Provision of Residential Care" in December, 1968. This report includes that the State long-range goal should be to minimize the number of persons in any kind of residential care while maintaining a system of residential care for those who require it. The report further recommends that "The State should develop multi-program regional centers with varying degrees of residential and program specialization on the same campus for persons not able to be served in community facilities." The report further recommends "separate program planning and residential units."

A variety of special programs, separately administered for mentally retarded, have been started on the campus of state institutions for mentally ill. Others

1. Taken from the report of the Governor's Advisory Committee on Mental Retardation, October 8, 1962, Maynard C. Reynolds, Chairman.

ar being planned. The result of such plans clearly anticipated that sufficient space would become available at Brainerd.

The possibility that Brainerd State Hospital could accommodate to special programs other than those now conducted for mentally retarded, was thought about before the Owatonna closing was discussed. The "Mental Retardation Facilities Construction Plan"¹ published in June, 1967, states that "Brainerd probably has enough beds now to serve its present thirty-six county receiving district . . ." It further recommends that "Brainerd State School and Hospital might also become a multi-purpose facility serving all handicapped persons, including the mentally ill and mentally retarded from the counties in the North Central section of the state. Complete diagnostic services could be provided. Special education programs similar to those at Lake Park-Wild Rice Home, Christ Child School for Exceptional Children, or the State School at Owatonna, as well as sheltered work stations for all handicaps, might also be incorporated into the Brainerd program."

Since Owatonna State School is legally defined as a state-wide program having the entire state as its receiving area, it is not planned to change the program's state-wide responsibility, even though relocated at Brainerd.

After we have gained some experience, knowledge and skill in the Brainerd Training and Treatment Center for emotional and behavior problems, we will consider the possibility of establishing similar special programs in other multi-program institutions as they develop. A state-wide study of such needs will be done to determine the state's responsibility for a state-operated program in relation to available community-operated services. On the other hand, development of local community services, especially in the metropolitan area, could further reduce the need for a state-operated program at Brainerd. Brainerd could play a key role in helping local communities develop such services.

The overriding consideration is the development of a specially-planned program for those children, who, in addition to the disadvantage of retardation, have serious emotional, behavioral and social adjustment problems. Designing, conducting and evaluating a program aimed at returning them to their community and home as soon as possible is our plan. This requires the help and cooperation of parents, volunteers, parent associations, other agencies, and the community at large.

Location entered into the consideration to relocate at Brainerd. Located in the geographical center of the state, Brainerd would more equally distribute driving distance for all parents. This is of no great satisfaction to parents who will have to drive 65 more miles to see their child at Brainerd rather than Owatonna, but for other parents the distance will be shorter.

Frequency of visits also enters into the success of the program, because it is good for parents to visit with and maintain communication with their children.

1. Prepared by the Minnesota Mental Retardation Planning Council, (Mrs.) Sally Luther, Chairman.

The report of a "Conference on Residential Care,"¹ which was attended by a department representative on June 13 and 14, 1968, included a research report concerning distance, frequency of parental visits and what accounts for them. M. Michael Klaber, Ph. D., research director of the study of institutions, found that "there is no evidence that distance to an institution is a primary factor in parental visits." (See Attachment #3.) Research data further show that "when parents see their children happy, developing, and responsive, they will visit them; if they see that their children are failing to develop, they do not visit. The data at hand place the onus of abandonment by the family squarely on the shoulders of the institution and not on the parents."

The department was prepared to advise the legislature when asked whether it could operate as good or better a program than at Owatonna. The resulting controversy concerning secrecy was a very unfortunate aspect to the entire matter.

Since the 1969 Legislature provided for the closing of Owatonna to take effect in June, 1970, it also provided for transfer of staff who want to transfer to Brainerd or other state institutions operated by the Department of Public Welfare. This included special provision for paying moving costs.

The legislature further charged the department with the responsibility that "the children at Owatonna not be transferred to Brainerd State Hospital until a comparable separate educational treatment program is available." But no provision was made to operate Owatonna after July 1, 1970.

This department has taken steps to insure that legislative intent is fully carried out. A commissioner's bulletin outlining the Department's plan was sent to county welfare departments in June. (See Attachment #4.)

A special advisory committee of persons representing various state agencies which can assist in developing resources for community placement was formed in July. This committee, including representation from the Minnesota Association for Retarded Children, has been most helpful in arranging for appropriate services in the Owatonna student's community, so that the best plan for each child could be carried out. The Advisory Committee on Closing Owatonna included representatives from: Special Education, Title I, Vocational Rehabilitation and Vocational Education from the Department of Education; Special Education, University of Minnesota; the Department of Corrections; and the County Welfare Directors' Association. The committee also included various Department of Public Welfare services: Field Services and Child Welfare, as well as Medical Services Division's Mental Retardation Program Office, which is managing the program change.

A program of full and complete evaluations for each student at Owatonna was started in July by Owatonna staff. Psychology consultants were employed to assist, and Dr. Hector Zeller, consultant psychiatrist, did the psychiatric examinations.

Planning conferences were held for each individual student at Owatonna State School. These conferences included Owatonna staff and case workers from all county welfare departments having one or more clients at Owatonna. In addition a consultant

1. Sponsored by Social and Rehabilitation Services, Department of Health, Education and Welfare, Washington, D. C.

from the Special Education Section, Department of Education, and a central office representative of the Mental Retardation Program Office participated. The purpose of the conferences was to determine the best placement program possible for each student based on an in-depth study of each.¹ We are pleased with the results of the conferences, held for each of the 157 students, which started in August and concluded on October 20. Four to five day-long conferences were held each week. The following are the results: (See Attachment #5.)

To the Brainerd Unit	64
To own home and school	11
To own home and work	13
To foster home and school	11
To foster home and work	18
Residential sheltered workshop	1
Independent living and work	20
Cambridge State Hospital	6
Faribault State Hospital	5
Minnesota Security Hospital	1
Anoka State Hospital	1
Retardation Unit, Fergus Falls	1
Willmar State Hospital	1
St. Peter State Hospital	1
Minnesota Valley Social Adaptation Center	1
A private residential institution	2

The results clearly indicate that there is a need for a special residential treatment and training program at Brainerd for 64 of the 157 residents of Owatonna. This correlates with the Minnesota National Laboratory report, although the number is somewhat higher. We are anticipating some fluctuation in these plans between now and June, 1970, when the move is made. Also anticipating some backlog in admissions², it is currently thought that the new program will need to accommodate 75 or 80.

The results of the individual evaluations done at Owatonna are being studied before specific decisions are made regarding type of services, staff and groupings needed to carry out the program.

The Department of Public Welfare has contracted with Educational Management Services, Inc.³, New Brighton, Minnesota, to study the evaluation information on

1. Attachment #5 is a report by Shirley Bengtson, Mental Retardation Program Office, of the evaluation and planning conferences held between August and October, 1969.
2. County welfare departments, in a bulletin from Mr. Hursh, Commissioner, June 27, 1969, were asked to refer only the most critical cases. Alternate placements needed to be arranged for those who would have otherwise been referred to Owatonna. Since July 1, 6 new referrals were made, 4 were held over from previous referrals. Of these, 7 were admitted, 1 rejected, 1 withdrew, and 1 is still pending.
3. Supported by Title I, Elementary and Secondary Education Act, Public Law 89-10, which is administered by the Department of Education.

each student, and conduct such other studies needed in order to provide us with sufficient information on which to base our specific program plan. This project has assembled highly qualified professional people in mental retardation, and sub-committees are working on (a) pupil assessment, (b) programming, and (c) staffing needs. Their recommendations will be helpful in designing the program, admission policies and a feed-back evaluation system.

We do not anticipate that the Educational Management Services report will find Building 5 at Brainerd in need of extensive remodeling in order to start the program. Building 5 is a 2-floor residential building originally constructed for 184 residents. It will need some renovation, such as painting and privacy partitions in the bathrooms, before June. This need is now being studied, and ways of accomplishing it being explored.

In addition to Building 5, Brainerd has a new School and Rehabilitation Building, which has a variety of possibilities for recreation, education, physical education, music, social activities, etc. The extent and frequency of use will be determined after the program plan is in order. Request by Brainerd of the Legislative Building Commission for 6 additional classrooms takes into account the overall needs of the Owatonna students. The need for additional classrooms, however, would have been requested whether the Owatonna State School was closed or not. Normal needs of the total population and the growth and development of the Rehabilitation and School program accounts for the request for more space. Brainerd will lose 136 residents through transfer to new mental retardation units at Fergus Falls and Moose Lake, and will gain 64 in transfer from Owatonna.

Contrary to fears expressed when Brainerd opened as a state school and hospital for mentally retarded in 1959, no particular difficulty was experienced in recruiting qualified staff. This leads us to feel confident that qualified staff can be recruited for the new treatment and training program although we may not have the full staff complement employed on the day the rest of the program begins. We anticipate that some staff will transfer from Owatonna to Brainerd. Others will be recruited as we are able to more clearly define the needs of the program. An interim program coordinator has been appointed to manage matters related to planning the new Brainerd Unit until a permanent director is named.

Department staff have met with the Minnesota Advisory Board on Handicapped, Gifted and Exceptional Children to inform them of progress and plans, and invite their comments and recommendations.

Report prepared by
Ardo M. Wrobel, Director
Mental Retardation Program Office
Medical Services Division

Attachment #1

Minnesota National Laboratory

W.W. Keenan, Administrator, and Richard A. Johnson, Study Director

D. RECOMMENDATIONS FOR FURTHER STUDY

Recommendation 1

A thorough study of the Owatonna State School should be made, with the primary purpose of determining (1) its appropriate mission and (2) its role in relationship to other social and educational resources.

Related Findings and Rationale:

- a. Given the size of the staff, and the related physical plant and facilities, Owatonna State School is a very expensive facility to maintain, and the per-resident cost is high.
- b. The present population of primarily educable retarded jr. and sr. high school age residents are there, based on stated selection criteria, because they are both emotionally disturbed and mentally retarded, and are in need of a "treatment" environment.
- c. Although many job titles and stated goals are "treatment" related, the general competencies of staff and the day-to-day management of residents reflect typical residential and educational environments, rather than intensive treatment.
- d. Most of the residents observed did not seem to reflect inter-personal and affective needs significantly different from thousands of other children called educable retarded who are able to remain in their communities. Conversations with various state school administrators, a check on population distribution (See Appendix A), sampling of case histories, plus conversations with staff and residents, lead the Study staff to believe that most Owatonna placements are made for other than treatment reasons, and more likely reflect (1) family problems, and/or (2) lack of local public school special education resources.
- e. The type of educational or learning program, the support resources necessary, the degree to which education must be structured as the primary "treatment" modality, and the type of learning program staff necessary are all highly contingent on the predicted needs of the resident population. Study Team observations regarding the needs of the population served were at variance with the stated objectives of the Institution, and with the methods used to meet the habilitation needs of the residents.

The Study Team suggests that most Owatonna residents could possibly be served elsewhere (their own community and school district) with use of sound case management practices, and that an extensive in-patient resource is not necessary.

If the Study staff is in error in this judgement, and if most of the resident population indeed demonstrates significant emotional pathology not treatable through community educational and clinical resources, then the character of Owatonna State School must change drastically. If only a core of 40 - 50 students need intensive treatment on an in-patient basis, and the rest of the residents could be as adequately served at the community level, then the question arises as to the appropriateness of Owatonna in terms of its distance from extensive clinical resources in terms of appropriateness of physical plant, staffing patterns, etc.

- f. Of those staff the Study Team spoke with, morale seemed to be somewhat depressed, and there appeared to be a schism regarding attitudes and philosophy between learning programs staff and nursing or "treatment" personnel. The Study Team could hypothesize a number of reasons for this, and primary among them is the probable fact that goals and practices are designed on an artificially drawn conception of what the population's rehabilitation needs are.
- g. The Study Staff feel that much of what has been stated above (a - f) has substance, but must be treated as less than "gospel" at this time. These statements are registered primarily as strong impressions. The efforts of Study Team staff were divided between four State Institutions, and Owatonna State School had to be treated as a separate study within a study because its program and population were so different from the other three. This division of effort, and the need for the overall Study design to assess the learning program in the other three institutions, resulted in an inadequate study base for extensive and conclusive study of Owatonna. Further substantive conclusion cannot be adequately made at this time, nor can concrete suggestions for change be put forth without much more formal and comprehensive study. The Study Staff has developed a large number of recommendations regarding improvement of learning programs in Owatonna, but feel it would be irresponsible to suggest change if these suggested changes are based on assumptions regarding the type of population served. As our specific recommendations are based on a specific perception of the population, and since this perception of the population has not been validated, we are recommending only that this institution be given benefit of full and comprehensive study, and that a specific study design be developed to consider in detail some of the factors alluded to above. Does Owatonna have a role as a "State School" in today's and tomorrow's world of growing extent and sophistication of community level resources? Why are students sent to Owatonna? Because they need "treatment?" If persons sent to Owatonna are indeed "emotionally disturbed," is Owatonna the most appropriate resource? Could funds expended to support Owatonna eventually be used as case management monies designed to help these retarded children remain in the community? And many other questions that must be answered through some structured means.

Implementation:

The State Department of Welfare and Education should cooperate in initiating a formal, comprehensive study of Owatonna State School. Funding for such a study is possible through a number of sources, with likely ones being the Title I Amendments which funded this study, a Title VI (P.L. 89-10) State-initiated grant, or Vocational Rehabilitation funding sources.

While a formal proposal outlining the proposed study is not included in this document, the Study Staff will make a basic proposal outline available if State Welfare and Education personnel are interested in pursuing this recommendation in detail.

Attachment #2

Page 40, A Report of the Governor's Advisory Committee on Mental Retardation, October 8, 1962.

The Owatonna State School presents its own unique problems, as best articulated in this statement by Superintendent Henderson, July 13, 1962:

"We are requesting that Cottage #2 and Cottage #4 be replaced. Cottage #2 is completely inadequate, not only because of the inadequacy of the structure of the building, but because there are more children housed in this cottage than there should be."

"Cottage #4 does not present a problem of overcrowding, but we do feel this cottage is inadequate structurally. By-and-large, overcrowding is not an extreme problem at Owatonna."

"Our school building is, in the real sense of the word, overcrowded. There are not enough classrooms for the type of program carried on here."

Attachment #3

Proceedings of a Working Conference, June 13 - 14, 1968

University of Hartford, West Hartford, Connecticut

M. Michael Klaber, Ph. D., Conference Director

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PARENTAL VISITS TO INSTITUTIONALIZED CHILDREN

When we first approached the area of parental visits to children in institutions, we held the strong belief that distance from the parental domicile would be the determining factor of the relative frequency of such behavior. This assumption is widespread and by no means unusual (e.g., Cleland, 1963) and certainly logical.

Our method in investigating parental visitation was a very simple one: through the institutional records of D, E, and F (institutions) we obtained the number of visits each one of the children in our matched sample had during the course of one year (1965). We excluded children who had no relatives, and those where both parents had left the state. We recorded the parental home address, and measured the air mileage between home town and the institution on a road map. This method proved to be so easy as to arouse our suspicions that such research must have been undertaken earlier, especially in view of the crucial and expensive question of choosing sites for new institutions. In spite of diligent search in the literature, we found only one reference concerning distance and visitation rates. Schultz and Buckman (1965) claimed that a positive relationship between visits and distance exists, yet when their data were subjected to statistical analysis, this impression proved to be illusory.

Our own data also caused us considerable surprise since they completely failed to substantiate our hypothesis. The overall product moment correlation between number of visits in one year and distance to the parental home was insignificant ($r = .12$). There seems to be no relationship between these variables.

In order to test this finding even further, we computed the mean mileage of distance to parental homesteads of children who were never visited during 1965 and those who had visits. Table 7 demonstrates the absence of any measurable differences in the mileage of visited and non-visited subjects. Individual case studies revealed that several children whose parents resided within walking distance (less than 5 miles) from the institution were never visited, whereas some parents traveled over 80 miles to the facility almost every week.

Our data are, of course, limited to the distance and travel conditions prevailing in the northeastern states which we studied. It is quite possible that the greater distances which are common in other geographical areas will yield more substantial relationships. To date, however, there is no evidence that distance to an institution is a primary factor in parental visits.

Attachment #3 (Continued)

INTER-INSTITUTIONAL VISITATION DIFFERENCES

While travel distance did not play a significant role in the frequency of parental visits, the institutions varied appreciably in the percent of parents visiting the matched children under observation. Table 8 and Figure 3 reveal that two-thirds of our population were not visited at all during the course of one year at (institution) D, whereas only 30% of our subjects suffered this fate at E and F. More than eleven visits (about one a month) were recorded at E for almost half the group. If we assume that parental visits are desirable (there is, alas, no experimental evidence to point up this fact), then Institution E would rank as the best facility, followed by F and D in that order. The reader will recall that the same rank order of these three institutions was obtained on the measure of institutional efficiency which we employed in that part of our study which dealt with adjustment, growth, and development.

The fact that institutional visitation patterns differ so markedly, while being unrelated to mileage traveled, suggests that the efficient institution reinforces the parents on their visits. It should be added here that all three institutions had similar administrative regulations governing visitation. The question must therefore be asked as to why some institutions manage to attract parental visits more than others. The answer appears to relate to the child's development. When parents see their children happy, developing, and responsive, they will visit them; if they see that their children are failing to develop, they do not visit. The data at hand place the onus of abandonment by the family squarely on the shoulders of the institution and not on the parents.



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

June 27, 1969

TO: Chairman, County Welfare Board
Attention: Welfare Director

Owatonna State School

SUBJECT: Closing of Owatonna State School

The 1969 legislature has provided for the closing of Owatonna State School by June 30, 1970. This department plans to operate the program for the residents through the 1969-70 school year, with actual closing of the facility to occur during the month of June, 1970.

This memorandum is written in order to clarify the situation and to enlist the assistance and cooperation of county welfare boards and department staff, public schools, state and private agencies, public and private institutions, and parents and their associations, in the anticipated short- and long-range planning needs of the residents and staff presently at Owatonna.

The basic responsibility for the planning and placement of Owatonna residents is with the county welfare departments. It is requested that the appropriate county welfare department staff re-evaluate each case with the child's parents for possible suitable placement in the community. Such placement can be made when suitable arrangements are made with parents and Owatonna staff. If satisfactory arrangements cannot be made, then continued residential programming will be carried out in the new Brainerd unit.

In any event, welfare department staff should inform the parents about the current situation and plans to involve them in future planning because the situation may involve community placement or continued programming at Brainerd. You may want to use the attached letter or a variation of it for this purpose.

A full range study and evaluation by Owatonna staff of each child is necessary to bring information up to date and make it available to your staff. For this reason psychiatric, psychological, and education consultants will be employed in order to assist Owatonna staff in the evaluation and assessment of residents as needed. Evaluation of each resident has a two-fold purpose: (1) to develop possible alternate placement, if appropriate and desirable, in community residential, school, or vocational programs, public or private psychiatric hospitals, or other appropriate placement; and (2) to plan a program specifically tailored for the residents who cannot be appropriately placed in community programs or existing programs in state hospitals.

This, then, will become the basis for planning the initial program for the new unit at Brainerd, and it is expected that this program will evolve into more diverse services for educable mentally retarded with emotional and behavioral problems.

County welfare departments may request the assistance of staff from the following agencies to assist in making appropriate arrangements for social, vocational, educational, and residential services in the community. Agency staff may also be called upon to assist in training of staff in facilities receiving Owatonna residents from:

Youth Conservation Commission; Special Education Section and Division of Vocational Rehabilitation and Vocational Education of the Department of Education; Department of Special Education and Psycho-Educational Training of the University of Minnesota; Employment Security; and the Minnesota Association of Retarded Children.

The following from the resident's home area: public school, mental health center, state hospital, Division of Vocational Rehabilitation Office, and sheltered workshop.

The 1969 legislature in the same act also provided for the establishment of a new separate program unit at Brainerd for educable mentally retarded with emotional and behavioral problems. Specific program planning and organization and training of staff will evolve when it becomes clear which Owatonna residents will be transferred to the Brainerd unit. The special program needs of the children being transferred and types of problems the staff may be expected to deal with will become the nucleus for program planning for the new unit.

Mr. Wrobel, of our DFW staff, will be calling together representatives of a few agencies to act as an advisory committee and to coordinate agency services that may be available to the residents of Owatonna. It is anticipated that this committee may assist in the recruitment of a person knowledgeable in programming for mentally retarded children and young adults, to develop plans for the needed resources at Brainerd. These developments should then be shared at appropriate times with the advisory committee.

Preliminary information indicates strong interest among some of the Owatonna program staff in transferring to the new Brainerd unit. Staff transferring will likely include special school counselors and professional and supervisory staff. Program staff members will be transferred to Brainerd in their present Civil Service classifications.

-3-

The extent of continuous programming to June, 1970, will depend on the number of staff remaining through June, 1970. Owatonna staff are encouraged to continue employment until closing; however, it is anticipated that some will leave employment, or transfer to other state hospitals before official closing of Owatonna. This Department will do everything possible to assist in securing suitable employment in other state facilities and reducing transfer problems of Owatonna staff.

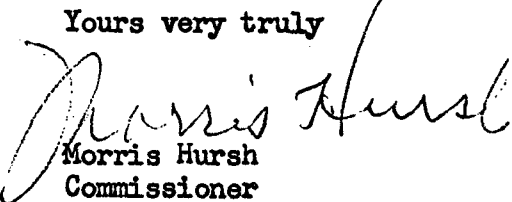
Planning will include the possibility that a few residents may need to be transferred before the closing date in the event that reduction in staff at Owatonna requires this.

The possibility of transfer to Brainerd is being discussed with individual residents and in student council meetings.

New referrals for admission to Owatonna should be limited to the most critical cases, and referral agencies are encouraged to explore alternate placement, at least until the Brainerd unit begins admitting. If referral is made, the agency should state its reasons for considering the case a critical one.

It is expected that admission policies and procedures for the Brainerd unit will be established and distributed soon after January 1, 1970.

Yours very truly


Morris Hursh
Commissioner

Attachment #5

A REPORT ON THE OWATONNA STATE SCHOOL EVALUATION-DISPOSITION CASE CONFERENCES

The following is a sketch of the structure of the Owatonna State School evaluation-disposition case conferences which were held at the Owatonna State School between 8-14-69 and 10-20-69.

Pre-conference Work:

The Owatonna State School staff prepared an evaluation referral on each student. The format of these referrals was as follows:

1. A statement of the child's age, sex, county of residence and settlement, and current legal status.
2. A synopsis of the child's past history.
- 3 - 9. Current social, medical, educational, psychological, psychiatric, religious, and vocational evaluation reports. Each of these evaluations were made and then written by the person in each area who was the most knowledgeable of, as well as had had personal contact with, each student. There was little or no communication between the evaluators while the reports were being written. Therefore, occasionally, there were disagreements between evaluators when the evaluations were compiled into the composite referral.
10. Prognosis (not specific recommendation) was written by the Unit Director. This use of prognosis tended to lessen the possibility of the conference group's acceptance of the institution's recommendation for the child without full discussion.

The composite evaluation referrals were mailed in advance of the case conferences to the various persons and agencies who would be attending the conferences. This allowed for study, checking of county welfare department records, discussion with parents, schools, mental health centers, employment and other resources. Also, questions raised by the evaluation referrals could be thought through before the conference.

Attendance at Case Conferences:

Full attendance at the case conferences was considered essential and there was 100% attendance.

No conference could be held without attendance by personnel from the responsible county welfare department, as that agency is responsible for the total planning for the student, while the institution is the treatment resource being used at this point in the child's life. The treatment resource should not be the final decider on the long term plans for the student.

Attachment #5 (Continued)

The county welfare department needed to be involved in the actual thinking through of the student's needs. If the student should return to the community fairly soon, the county welfare department, by law and policy, would be the agency to put these plans in effect, including securing the consent and cooperation of the relatives, and the finding of the proper resources to be used for the student. If the student was recommended to stay in the institution or to be transferred to another institution for further treatment, the county welfare department was again the agency which needed to be sufficiently aware of the needs of the student that their personnel could give a full interpretation of these needs to the relatives. Also, if the recommendation was either for long or short term treatment in an institution, the county welfare department needed to be sufficiently involved in the treatment plans to be able to work with the relatives and/or the community in order for contacts to be in accordance with the student's treatment needs. This area is important as the majority of the students came to the Owatonna State School with social, behavior problems which were aggravated by and sometimes caused by the relatives or the community. (Community here is interpreted as all non-institution, non-relative contacts, including schools, courts, other agencies, individuals, etc.)

The Owatonna State School staff who work with each child attended the child's conference. This included the Unit Director, one or two cottage parents, the school teacher(s), any personnel who was with the child on work assignments within the institution, and social worker assigned to the Unit, and the nurse if there was a medical problem or question.

Attending nearly every conference was the institution conference consultant, the rehabilitation therapies director, and the CVRP director assigned to the Owatonna State School and representing the area of vocational rehabilitation.

Mr. C. M. Henderson, Superintendent, chaired the conferences. Mrs. Irene Herk represented the State Department in the field of education. I, as Guardianship Services, Mental Retardation Program Office, played several roles: assistant chairman as needed, seeing that the conferences were both intensive and realistic, recording the essence of the conferences and recording the recommendations. An ARC representative attended one day of conferences. YCC representatives and personnel from local school districts attended as needed.

Areas of Conference Discussions:

The conferences were so directed that the following areas evolved during each conference:

1. A current description of the student, his relatives, and the community.
2. A historic description of the student, his relatives, and the community—bringing out why he needed to come to the Owatonna State School, some causation of his retardation, and of any community- or relative-imposed or aggravated problems.
3. Discussion on what treatment the child will need during the coming months. What work should be done with the relatives during the coming months? How can they be helped in accordance with the child's needs? What, if anything, should be done to modify the community or develop or explore resources during the coming months?

Attachment #5 (Continued)

4. Discuss in what the child's needs will be at the point that the Owatonna State School closes. What preparation should be made now with the student, the relatives, and/or the community so that the recommendation made for the child can be fulfilled?

Conference Format:

The conferences were so scheduled that about one hour was allowed for each. They ranged from 40 minutes to 2½ hours.

Mr. Henderson opened each county welfare department's group of conferences with an introduction of each conferee. I gave a short introductory statement on why the conferences were being held, the responsibility of the county welfare department, and the format of the conferences. Then, each child was discussed individually.

Starting with cottage parents, each institution staff member described in his own way what the child was like at this point. This was not a repeat of the written evaluation material, which was sometimes quite formal and stilted. It took some work to draw out the cottage parents especially, but the word soon went around the institution that what the cottage parents said about the child was considered as important as what the "professionals" said. We did intensive work on securing from these often quite non-verbal people what they actually saw in the child and how they worked with him. This rather casual, often colorful description of the child by those who worked closely with him seemed to stimulate more involvement by the county social worker. About the time that the cottage parent had finished describing the child, the county welfare department social worker would be coming in on what the child was like before coming to the Owatonna State School, the information on the relatives and the community reactions, etc.

There was no formal structuring of the conference from this point on other than through questions, bringing out non-participating persons, and, again through questions, moving the conference from area to area. Finally, when past and current descriptions were well concluded, the then quite verbal conference team moved into the treatment needs of the child. This part of the conference was usually quite intense. Occasionally, there was some disagreement on treatment needs and methods, and sometimes a different treatment plan evolved than was expected. This part of the conference was good in-service training on child development, specific treatment needs, available resources, and treatment methods.

During the conference, I wrote a brief descriptive paragraph of the child and his current and projected needs as I heard this coming from the group, plus the recommendation as made by the group. When the conference was at the termination point, I read this back to the group and insisted not only on total group agreement on the description and recommendation, but also agreement on the wording of it. There was great emphasis at this point on county welfare department involvement as that agency had to work with the recommendation made. Some less verbal county welfare department workers came in strongly when they realized that they had to approve of the recommendation. Sometimes, the conference reopened on a more intensive level after this reading, as the group had heard what they had said.

Attachment #5 (Continued)

The group understood that these recommendations were to be held to as firmly as possible, but with understanding that we were dealing with adolescents, relatives, and community resources, where responses and changes cannot be perfectly predicted.

The county welfare departments, the Owatonna State School, the DPW district representatives, etc., were mailed copies of the recommendations about one week after the conference date.



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