

**Governor's Planning
Council on Developmental
Disabilities**

Minnesota State Planning Agency 300
Centennial Building
653 Cedar Street
St. Paul, Minnesota 55155

SUMMARY OF FINDINGS

PRESENTED TO HOUSE COMMITTEE ON

DE-INSTITUTIONALIZATION

INTRODUCTION

In response to the charge given by the Speaker of the House in establishing a special committee on De-institutionalization, nine hearings were held between May and December 1976.

The purpose of the hearings was to gather information needed by the legislature to make judgments concerning care being provided the mentally ill, mentally retarded and chemically dependent citizens of Minnesota and to equip itself with data necessary for future legislative decision-making regarding that care.

After an initial hearing reviewing recent impetus in the care of the mentally ill, mentally retarded and chemically dependent and identifying general categories of information needed, hearings were held on three major subjects: (1) costs of care, (2) quality of care in the state (institutional and community-based) and (3) roles and responsibilities of various levels of government in the provision of care.

The committee made several on-site visits to facilities providing care to these disability groups.

A listing of dates of hearings, persons/groups who testified and facilities visited is contained in the appendix.

Committee Membership

Samuelson, Chairman .

Berg

Swanson

Corbid

Dahl

Friedrich

Forsythe

Kroening

McCarron

Nelsen

Petrafeso

Voss

COSTS OF CARE

With regard to the costs of care the Committee made the following findings:

- There have been substantial and relatively constant increases in the welfare budget dedicated to the cost of care. In selected areas the percent of increase has exceeded 100% per biennium.
- Costs are directly related to the population in need of services and data on this population is unreliable.
- It is uncertain whether in the final analysis, a shorter period of treatment at a higher per diem cost is more economical and beneficial than an extended period of "treatment at a lower per diem cost.
- The lack of adequate and complete reporting of cost of care is a handicap to good decision making.
- Averages, which are often widely used, are misleading in determining the cost of care, for different disabilities, different facilities and different levels of care.
- Cost reporting has been categorized over time to justify the legality of expenditures, but not the value of expenditures or cost effectiveness.
- Administrative costs are difficult to clearly identify and isolate in comparing state institutions and community programs.
- Costs fluctuate with changes in the census of the population being served. While the census may fluctuate, the staffing level tends to remain constant.
- There are wide variations between actual per diem rates and reported per diem rates and also between care in state institutions as opposed to care in community settings.
- It is difficult to determine the actual cost of care due to the variety of funding formulas and programs at both the state and federal level.
- Significant increases in fee income from third party reimbursement are anticipated as a result of recent legislation in Minnesota.
- Technical assistance to facilities and programs is considered essential to their development, but becomes expensive as development efforts expand.
- The "revolving door" phenomenon is a significant cost problem in treatment of certain disability groups.

QUALITY OF CARE

On quality of care the committee made the following findings:

- That there is widespread concern that the state provide services in a responsive environment which is as nearly normal as possible for the mentally ill, mentally retarded, and chemically dependent.
- The best measure of the quality of services to these disability groups is the outcome with individuals, that is, if in fact the individuals become better prepared for functioning in society as a result of the service.
 - A comprehensive scope of services is provided to patients in the state institutions.
- The quality of services provided, whether in state institutions or in community programs, is related to the qualifications of the staff delivering the service.
 - Opinions vary as to the availability of specialized expertise for severely and multiply handicapped patients in community programs.
 - Ongoing in-service training for employees delivering services is essential to insuring quality of care.
- There is general agreement that individualized program planning is a necessary ingredient in treatment both in Institutions and in community programs.
 - At the present time, case records are relied upon heavily for evaluating services being provided to clients.
 - There is less than convincing evidence that size, location or management of a facility is a valid measure of the quality of care provided.
- The major obstacle to the assessment of the quality of care provided in institutions and in the community is the lack of an integrated information system and evaluation process.
 - The principal mechanism for controlling quality of care is the license process.
 - Licensee standards are based upon a minimum level of acceptable standards.
 - The enforcement of licensing standards is weakened because of a lack of coordination between various agencies having jurisdiction.
 - Due to lack of licensing staff, the majority of facilities for the mentally ill have not been licensed under department rules.
 - The need to rely on federal funds for some programs has forced the state to accept some unrealistically restrictive licensing requirements.

Quality of care cont.

-- Setting higher standards of care in institutions or in the community most often will cause an increase in the cost.

-- The trend to "de-institutionalize" can cause inappropriate placement of patients, especially in nursing homes which lack the capability of providing appropriate service.

-- There are some indications that acceptance by the public of community based programs is improving.

ROLES AND RESPONSIBILITY FOR CARE In the area of roles and responsibility for care, the committee found that:

-- The lack of coherence in the system of providing services to the mentally ill, mentally retarded and chemically dependent is a major cause of inadequate care.

-- It is impossible to clearly define the responsibility of various levels of government -federal, state, local- for the necessary elements of the continuum of care.

-- County commissioners are concerned that the responsibility for community programs will be placed on them without sufficient state financial support.

-- Some Regional Development Commissions have attempted to study and make recommendations concerning systems of care on a regional basis.

-- The Human Service Board in Region IX sees coordination of services to the disability groups in question as a potential outcome of the human service act.

... The 26 community mental health centers in the state attempt to coordinate resources in the community providing services to the mentally ill, mentally retarded and chemically dependent.

-- Day activity centers provide a basic service to the mentally retarded in the community.

-- The Minnesota Association for Retarded Citizens, the Minnesota Association for Mental Health, and the Chemical Dependency Association are willing to assist the legislature in developing adequate programs for the disability groups,

-- The protection of rights and benefits of state hospital employees must be taken into consideration in any deliberations concerning de-institutionalization.

-- There is a considerable variation in salaries paid to providers of care in community based programs.

SUGGESTED RECOMMENDATIONS FROM THE COMMITTEE ON DE-INSTITUTIONALIZATION

1. That the Legislature authorize a study to:
 - a. develop a method of evaluating outcome of institutional versus non-institutional care
 - b. provide two pilot regional cost-benefit analyses of the mental health programs
 - c. suggest a uniform accounting system which might be used for mentally ill, mentally retarded and chemically dependent care so that future cost-benefit comparisons might be facilitated
2. That Minnesota law be amended {Ch. 253A, 245.68, and 393) to specify a single county agency that is responsible for seeing to it that appropriate services are made available to mentally ill, mentally retarded and chemically dependent citizens - especially former institutionalized patients.
3. That the Legislature support efforts to coordinate the licensing functions of the Health and Welfare Departments.
4. The Department of Public Welfare monitor placement and care of mentally ill, mentally retarded and chemically dependent persons in nursing homes.
5. That the Legislature urge Congress to increase Social Service funding to assist states in "preventing, or reducing inappropriate institutional care" (Title XX) by providing adequate services in the community.
6. That the Program Evaluation Office of the Legislative Audit Commission report its findings regarding the effectiveness of licensing as a means of assuring quality care to the appropriate committees of the Legislature.
7. That the Legislature in making any changes in governmental agencies protect the rights and benefits of state hospital employees.
8. That advocacy groups be encouraged to assist elected officials and service providers in improving public acceptance of community based programs.

A P P E N D I X

MEETING DATES

May 3, 1976	June 28, 1976
May 17, 1976	September 20, 1976
June 1, 1976	September 27, 1976
June 14, 1976	December 21, 1976
June 15, 1976	

PERSONS TESTIFYING

Vera Likins, Commissioner of Public Welfare

Wes Restad, Assistant commissioner for community Programs, DPW

Beverly Driscoll, Special Projects Officer, DPW

Michael Weber, Assistant Commissioner for community Programs, DPW

Robert Rau, Director of the Audits Division, DPW

Daniel Connor, Assistant Executive Dir. of MN Assoc. for Retarded Citizens

Walter Baldus, Association of Residences for the Retarded in MN

Mary Work, Mental Health Association

Robert Van Hour, President, Health Central, Inc.

Janet Brodahl, Department of Health

Clarice Seufert, Department of Health

David Lloyd, LeSueur Co. Comm. and Region IX Human Services Board

Roger Lynn, Director, Hewitt House

Robert Nafie, President, MN Day Activity Center Assoc.

Ed Schnettler, President, Community Programs Association

John Stocking, Administrator, Anoka State Hospital

Harriet Mhoons, Director of Social Services, Anoka St. Hosp.

Calvin Herbert, Fiscal Analyst, House Appropriations Committee

Kevin Kenney Legislative Analyst, House Research

William Quirin, Director, Office of Human Services

Wayne Larson, Administrator, Homeward Bound

Ervin Strandquist, Chairman, Northwest Reg. I. Development Comm.

Persons testifying cont.

Gene Abbott, Northwest Regional Development Commission

Michael Kaelke, Region IV Citizens Advisory Task Force on Fergus Falls St. Hosp.

Robert Orth, Ramsey County Commissioner

Raymond Worden, Martin County Commissioner

Norman Anderson, Douglas Co. Comm, and Chairman, Reg. IV Citizens Advisory
Task Force on Fergus Falls State Hospital

Roy Harley, Chairman, Region X Developmental Disabilities Planning Council

Peter Benner, AFSCME Council 6 representative

Myrle Mackenzie, Minnesota Chemical Dependency Assoc.

Shirley Lund, Director of "Parachute" Day Treatment Center

Pat Norberg, Manager, Crestview Rest Home

Paul Johnson, Johnson's Riverside Boarding Home

Robert Ekran, Pharmacist

Gary Erickson, County Welfare Director, Pennington Co. Dr.

Thorsgard, Falls Clinic

James Logan, Executive Dir, MN Board & Care Association

ON-SITE VISITS

June 15, 1976

Twin Town Treatment Center, St. Paul, a primary treatment center for
chemical dependency

Marshall Board and Lodging Home, St. Paul, a residential facility for
the mentally handicapped

Hope Transition House, St. Paul, a residential facility for the mentally ill

Anoka State Hospital, Anoka

September 27, 1976

Crestview Rest Home, Thief River Falls, a board and care home

Valley Home, Thief River Falls, a board and care home

Johnson's Board and Care Home, Thief River Falls, a facility for the MI

Kees Rest Home, Thief River Falls, a board and care home