

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN, INC.

MEMORANDUM

May 18, 1966

TO: Executive Committee, Verna Johnston, Staff

FROM: Jerry Walsh, Executive Director

I met on May 17, 1966, with Assistant Commissioner of Administration Bill Stevenson; Commissioner of Welfare Morris Hursh; David Vail, director of the Medical Services Division of DPW; State Architect Al Nelson; Max Fowler of the Welfare Office; Norm Dybdahl of the Department of Administration; and Mel Krave, Business Manager, Faribault State School & Hospital.

The purpose of the meeting was to discuss the smaller unit building concept at institutions for the retarded and, more specifically, to discuss in relation to the new building being planned for the Faribault S.S. & H.

Bill Stevenson, who called the meeting, said he did so after hearing about the proposed "Ten Year Building Plan for Institutions for the Mentally Retarded" and also about the ideas of having smaller family-sized units within institutions. He wanted to know how the new building at Faribault would fit into this proposal.

The new Faribault building was originally planned to be a mirror image of Linden, the latest new building. It would have 125 patients. It would serve so-called Group Six patients, according to the Bartman proposal—this would be ambulatory, over 16 years old, over 40 I.Q., patients who are working or in an active social development program.

Faribault has asked that the State Architect provide for more flexibility in the new unit, which will be attached to Linden Building, and that the areas be divided into smaller units. There would be 30 per dorm, with probably four residents per bay, divided by a low wall. They had also requested more space for occupational therapy and recreational therapy and no space for infirm patients.

There would be one large dining room to serve the 250 population of the two buildings combined. Proposed cost is \$1,200, 000. The present Linden Building has Group Four patients and some of these are not ambulatory.

Discussion at this point was around the smaller-type buildings and the architects felt that much of the unitizing could be accomplished by moveable wardrobe furniture, etc. ( I don't feel this would be adequate. )

The architects said they are willing to build any kind of building; however, it is necessary that someone outline for them the type of program and type of person to be housed in the building.

I showed slides and presented a floor plan of an institution building for sixteen patients in Denmark. I feel very strongly that this is the type of building we should be constructing at our state institutions for the retarded.

It would probably be possible under the allocation for the new building at Faribault to be four units or more, as long as they were under one roof; that is, they could be inter-connected by corridors which would not be a functioning part of the building. Unitizing could be accomplished in this way and probably would be satisfactory. If they were to build them as separate buildings, chances are they would have to go back to the Legislature for clarification or approval of such a change.

Dr. Vail is going to appoint a small committee to work on possible changes in the building plan for Faribault.