

Remarks by Howard Paulsen, Chairman  
Mental Retardation Planning Council  
Presented to the Welfare Subcommittee of the House Appropriations Committee  
October 23, 9:30 A.M., Room 109, State Capitol

Mr. Chairman, Members of the House Appropriations Committee, we appreciate this opportunity to place before you the unfinished business of the Minnesota Mental Retardation Planning Council and to offer our suggestions as to how your deliberations can help forge the tools to implement action to combat mental retardation in Minnesota.

For 3j years, the goal of the Mental Retardation Planning Council has been to develop an array of services along a continuum of care available to any retarded person at the time and, place he needs them. This means that diagnostic, residential, day care, and other essential services must be located as close as possible to the people who are being served, giving consideration to such factors as available staff, driving distances, fiscal and administrative capabilities, and the existence of a population group large enough to support a particular service.

In our two-volume comprehensive plan, presented to you prior to the 1967 session, we described in detail the services which are needed and made over 200 specific -recommendations for their provision. Many of our proposals have already been accomplished and we are grateful to the leadership and humanitarian concern of this state's policy-makers for the progress which has been made. A new classification and salary plan was approved and funded. Over i+00 additional staff in institutions for the mentally retarded were authorized. Appropriations for daytime activity centers were more than doubled from \$425,000 to \$900,000. The transfer of patients, from institutions for the mentally retarded to those for the mentally ill was authorized. However, much remains to be done. Our purpose here today is to summarize three urgent needs which appear to us to merit in-depth consideration and action by your committee. They are:

- \*• Improving residential care.
  - 2. Strengthening state organization and staffing for the administration of mental retardation programs.
  - 3. Creating a network of child development centers.
- !• Improving Residential Care

Of all the recommendations made by the Planning Council, the one carrying the highest priority is the need for improvement in quality and quantity of residential care now available to those retarded children for whom placement outside the home is necessary. The more we in the Mental Retardation Planning Council have studied the matter of residential care, the more we have become convinced that the large impersonal state institution is not and can never be made into an effective setting for the kind of care children must have. We. strongly support the establishment of smaller facilities and the reduction in population of the state institutions. We believe that small residential facilities, whether state supported or private, possess the following major advantages:

- (a) They can be located so as to be easily accessible to county welfare departments, which carry primary responsibility for placement and follow-up services. Thus

a continuity of counseling and other important services can be maintained.

- (b) Community support and sensitivity to the problems of the mentally retarded can be stimulated. The facility can be integrated into an array of community services rather than being isolated. Volunteer and professional services are more readily available.
- (c) Small residential facilities are more accessible to the families of residents. We feel that geographical proximity is a major factor in maintaining the interest of the family, which is indispensable to patient well-being and morale.
- (d) Staff-patient ratios can be maintained at a level which permits more personalized care than is possible in large institutions,
- (e) Decentralization in the location of facilities could broaden the base for recruitment of staff and development of supportive services.

Unfortunately, present state law has the effect of hindering the development of small community-based residential care facilities. The law provides that the state pay almost full cost of care in a state institution whereas the county pays almost full cost of care in a facility which is not a state institution. This financial arrangement makes it advantageous for counties to press for state institutional placement of retarded children, with the result that there is little encouragement for the establishment or expansion of smaller non-state residential centers in the communities.

At the present time there are approximately 1500 retarded persons known to be in non-state owned boarding homes, nursing homes, or group homes dispersed throughout the state. There are over 6000 retarded persons in the state institutions—one of the highest percentages of state institutionalized retarded population in the country.

The Mental Retardation Planning Council believes that legislation is urgently needed to equalize the availability of state support by making the same amount of state financial assistance available whether care is provided in a state-owned facility or in a non-state facility. A bill to accomplish this was introduced in the 1967 session, S.F. 314 and H.F. 796", authored respectively by Senator Stanley Holmquist and Representative Aubrey Dirlam. Under the provisions of the bill, county responsibility would remain at \$10 per month and the state would pay the balance of the fee in any approved residential care facility, whether state or non-state. The bill reached the Senate Finance sub-committee on welfare and won approval of the House Appropriations Committee but it did not become law. As far as we can determine, the substantial appropriation required (estimated at \$2,600,000) was the stumbling block, rather than the principle involved. We believe the real cost would prove to be less than the apparent cost because passage of the bill would reduce pressure for further state construction.

In the past two months, two private facilities for ambulatory retarded adults have opened, *one* in St. Paul and one in Redwood Falls, providing approximately 260 places. Payment for this kind of care has become available through Aid to the Disabled, Social Security, earnings of residents and some supplementation from county funds. For the most part, the residents come from state institutions; such a move helps to relieve overcrowding in the institution and removes these individuals from state financial support. We feel that this is a highly desirable trend which would be encouraged, especially for children, by state participation in costs of care, as proposed in H.F. 796, and we urge you to give it priority consideration.

At the same time we recommend a careful and exhaustive study of the Kay in which costs of care are computed. For example, the Commissioner of Public Welfare has determined the cost of care in state institutions at \$6,30 per day, or approximately \$190 per month. This is an average cost arrived at by dividing the current operating budget by the number of residents. It makes no distinction between those requiring expensive medical or psychiatric service and those who require very little care or who may even be earning part of their way through work in the institution. Nor does this figure include cost of the buildings, depreciation, or administrative and other overhead costs. Further, it ignores the overcrowding and is based on the current level of care, not on a desirable level of care, defined by the Planning Council as "that which a normal person receives in his home and community plus special services designed to meet specific individual needs,"

Fees charged by private facilities range from approximately \$100 for boarding homes to well over \$200 for nursing homes. These may or may not include clothing and medications. Also, they may or may not represent the actual cost of caring for a resident, since many of the private non-profit facilities are subsidized to a considerable extent by their sponsoring agencies. County welfare boards have administrative discretion in how much they will pay for care and for the most part appear to be very conservative in authorizing payment for the retarded, compared with other programs such as nursing home care for geriatric patients or residential care for emotionally disturbed adolescents.

A balance must be found whereby we can stimulate the provision of adequate residential care services and pay for them on a realistic basis, with equitable sharing of public financial responsibility between state and county. The matter is made all the more urgent as we begin the transfer of mentally retarded persons into vacant space in the hospitals for the mentally ill. As they are emptied, obsolete buildings should be razed or used for other-than-residential care purposes, instead of being filled up again by pressure from the community. \*

We are greatly encouraged by the rapid growth of daytime activity centers, special education classes, work training and sheltered workshop services. These are local programs with shared financing and supervision by the state and federal governments. We hope this same combination of governmental assistance will be extended to private and private non-profit residential facilities, so that they will experience a comparable spurt of growth and expansion,

2> Strengthened State Organization and Staffing for the Administration of Mental Retardation Programs.

The expansion of local, community-based programs just described makes it imperative that the present level of staffing for consultative and supervisory services be improved. Only in this way can we ensure the development of sound program standards, with corollary development of local programs geared to meet these standards in a manner both realistic and imaginative. Further, with the impetus of federal construction moneys available under Public Law 88-164, construction of a variety of mental retardation facilities is advancing rapidly and technical and advisory personnel are needed to assist in the development of proposals. The Department of DPW created a Bureau of mental retardation within the Medical Services Division. We hope that the Bureau will be given sufficient status and budgetary resources to provide aggressive and creative leadership in developing services to the retarded men, women, and children in our state. We solicit your support and encouragement of the department in this effort. We feel that mental retardation services as well as many other kinds of health services, are hampered by the excessive fragmentation and disorganization. It is to be hoped that, after further study, a new structure can be developed which will bring health and welfare and education into closer administrative

alignment. Deliberation by your committee on this important question will help bring a resolution of it, and we urge you to give it your attention,

3« Creation of a Network of Child Development Centers,

We have learned through bitter experience about the deterioration of children who have been placed in institutions as a result of improper diagnosis. If this deterioration has not yet become irreversible, we are able to return these persons to the community--sometimes to full or part-time employment. All too frequently, however, years of unwarranted institutionalization render a return to any normal life impossible. A basic prerequisite to appropriate provision of service for the retarded or otherwise handicapped person is a comprehensive diagnosis and evaluation of his disabilities, including detailed recommendations for a remedial course of treatment. Further, periodic re-evaluations must be made as a person matures and changes in response to the prescribed treatment program. The diagnosis and evaluation should be done by a team consisting of a physician, social worker, nurse, psychologist, and education consultant. Other specialized services, including those of a psychiatrist, orthopedist, speech therapist, and physical therapist may be added as necessary. The Mental Retardation Planning Council has encountered extensive agreement among professionals that this kind of multidisciplinary diagnostic and evaluative service is urgently needed throughout Minnesota. Accordingly, we proposed the establishment of a network of child development centers. A bill to accomplish this was introduced into the 1967 session, Senate File 1150 and House File 1371. In spite of broad support, it was clear that there was insufficient time for full consideration of all the implications of this legislation,

We strongly recommend that your committee take advantage of this interim period to fully analyze the need for these centers and the alternative methods which might be used to establish them. For example: Which of the operating state departments should have administrative responsibility for such centers? Would it be well to establish a separate, interdepartmental committee of experts to formulate policies and standards for the centers? Should the centers be state-supported and administered or locally administered with state aids, as are the community mental health centers, or should some other intergovernmental arrangement be sought? How should this network of child development centers relate to the broad planning in which the State Planning Agency is engaged, for example, delineation of regional service centers for all state programs? How can we resolve the problems of coordination and cooperation we have already encountered among the many departments of state government and the many different professional disciplines upon whose skills and responsibilities the services to be offered by the centers will depend?

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May I conclude with my thanks for this opportunity to appear before you and reiteration of the Planning Council's desire to be of assistance to you in every way possible, As its chairman, I have been gratified by the support and cooperation of the legislature and other state leaders. As a member of the recently appointed Governor's Council on Health, Welfare, and Rehabilitation, the group which will carry forward the work of the Planning Council, I look forward to continued association with you in the search for better ways to help the retarded and other handicapped persons in our society,