I think the time has come to begin definitive planning for the optimal utilization of space at the Rochester State Hospital. Possibly the time is sooner than would be desirable; on the other hand, it appears that there will be no resolution of the current questions until a positive step is taken in one direction or another. The intent of this memo is to stimulate further work on what would be a long-range plan of space utilization at the Rochester State Hospital, that would satisfy both existing legislative mandates, and the long-run good of the citizens of southeastern Minnesota and the state generally.

The following factors are important in the matter.

(1) The legislative mandate laid down in 1967 to utilize all available mental illness hospital space to relieve overcrowding in mental retardation hospitals has not been fully met.

(a) There is no question that overcrowding exists and will continue to exist at Faribault State Hospital even after 550 adult ambulatory patients will have been transferred to St. Peter State Hospital and Hastings State Hospital and many more will have been discharged to community care. This overcrowding will apparently exist on wards for ambulatory and non-ambulatory children and non-ambulatory adults (further studies are needed).

(b) Space is available for patients at the Rochester State Hospital; there could arise considerable debate as to how much space is available and what is its optimal use. (Or, a related question: How to compare the values of optimal use against those of originally-intended use.)

(2) Planning for utilization of space at the mental illness hospitals has gone much more quickly than earlier expected. The record of participation shows:

(a) Moose Lake State Hospital has taken 28 mentally retarded patients from Cambridge State Hospital on a pilot basis (Cambridge-Moose Lake Project).

(b) St. Peter State Hospital will take 450 mentally retarded patients from Faribault State Hospital.

(c) Hastings State Hospital will take 100 mentally retarded patients from Faribault State Hospital.

(d) Fergus Falls State Hospital will take an unknown number
of adult mentally retarded patients now from Cambridge State Hospital and Brainerd State Hospital, and will establish a unit for 100-200 ambulatory disturbed, moderately-severely retarded children to open in 1-2 years.

(e) Anoka State Hospital will take over 200 patients from St. Peter State Hospital in order to help accomplish (b) above.

Rochester State Hospital and Willmar State Hospital participation in the above plan so far is limited to receiving 60 and 75 patients, respectively, from St. Peter State Hospital in order to accomplish the above plan (b). No one discounts this contribution, but it is manifestly not on the same order as the others. Rochester has obvious advantages over Willmar in terms of good space and other resources, while future planning for Willmar must await further knowledge about effects of the anticipated Supreme Court decisions on chronic alcoholics.

Stated another way: Rochester State Hospital, with the greatest advantages for program expansion, is in the particular matter of providing space and program to relieve overcrowding in the mental retardation hospitals doing the least of any of the mental illness hospitals. This disparity is especially dramatized by the willingness of Fergus Falls State Hospital, in many respects the least advantaged of all the mental illness hospitals, to "have a go" at the plan described under (d) above.

(3) The Rochester State Hospital Utilization Committee, appointed in 1966, has been in effect disbanded, though the thrust of its recommendations are pertinent and will be heeded in future plans.

(4) The Governor's Council on Health, Welfare and Rehabilitation has indicated its disinclination to take on planning responsibilities related to any single state institution, but prefers to stay with more general and abstract questions of space utilization.

Actions to be undertaken:

(1) I am officially appointing Rochester State Hospital as a member of the ad hoc committee on utilization of mental illness hospital space for the mentally retarded. Now known as CHBAFFS (an acronym for participating hospitals) this committee will be known as CHBARFFS until a new name is devised.
"Participation" means that the hospital is represented at the meetings of the parent committee and hopefully will participate also in subcommittees on the program, training and plans for specific hospitals.

The next meeting of the full CHBARFFS Committee will be at Brainerd State Hospital on March 1, 1968, at 9:00 A.M.

(2) I am officially appointing Ardo Wrobel, as Director of the Mental Retardation Program Office, to initiate studies on the optimal utilization of space at Rochester State Hospital, to relieve overcrowding at Faribault State Hospital and other mental retardation hospitals, studies that will take into account the concepts developed by the Rochester State Hospital Utilization Committee and other long-range concerns.

(3) There must be a moratorium on other plans for space utilization at the Rochester State Hospital, interesting though they may be, until the current matter has been resolved.

(4) A definitive plan for space utilization at the Rochester State Hospital should be formulated and presentable in written form by the time the Legislative Building Commission meets next at Rochester State Hospital in April, 1968. Such a plan is the responsibility of the hospital to produce. I designate Ardo Wrobel as my agent for the necessary guidance and coordination from the Medical Services Division.

DJV:rcj

cc - Mr. Morris Hursh
The Honorable Donald T. Franke
Mr. Ardo Wrobel
Mental Retardation Program Office Staff
Mental Health Medical Policy Committee
The Honorable Harold LeVander, Governor
   Attention: Mr. Archie Chelseth
Legislative Building Commission
   Attention: Mr. Roland Olson
State Planning Agency
   Attention: Dr. Ellen Fifer
Minnesota Association for Retarded Children
   Attention: Mr. Harvey Glommen