

STATE POLICIES PLAN
FOR THE
PROVISION
OF
RESIDENTIAL CARE



SAINT PAUL, MINNESOTA

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FOR THE
PROVISION
OF
RESIDENTIAL CARE

APPROVED BY THE GOVERNOR'S COUNCIL ON
HEALTH, WELFARE AND REHABILITATION

December 1968

The preparation of this publication
was financially aided by the Comprehensive
Health Planning Act (Public Law 89-749)

December 1968

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INTRODUCTION

CHARGE AND RESPONSE

On October 4, 1967 Governor LeVander made the following charge to the Governor's Council on Health, Welfare and Rehabilitation:

". . . finally, but perhaps most importantly, a thorough review of the utilization of our state institutions-particularly for the mentally ill and the mentally retarded. In this review, we must consider the new trends and our emphasis in decentralized care, we must recognize the new efforts of private enterprise in caring for the mentally retarded and mentally ill; we must contemplate the impact of new medical approaches to treatment. Then we must determine how to use vacancies in present institutions, whether to build additional facilities and if so, where and what kind."

In response to this charge the staff of the State Planning Agency contracted with the Stanford Research Institute for information and analysis of alternatives relating to the provision of residential care in Minnesota. Subsequently, the staff with the assistance and advice of the Governor's Council on Health, Welfare and Rehabilitation, the Health Planning Task Force, and several subcommittees on Residential Care with representation from the Social Welfare Planning Task Force, the Vocational Rehabilitation Planning Task Force, staff members from state departments and agencies, and from voluntary agencies developed the policies and recommendations included in this plan.

RESPONSIBILITY

The State has a responsibility to ensure that residential care is provided for any citizen, who, for reasons of physical or mental disability is not able to reside in his own home. The State discharges this responsibility through one or more devices: the direct provision of services; purchase of services; establishing standards and licensing of facilities, services, and practitioners; control of public funds utilized in providing services and facilities; and statutory and administrative regulation of third-party payers for service. The State Departments of Welfare, Health and Education are responsible for ensuring that specific services are delivered. County Welfare Departments and local school districts have statutory responsibilities as well.

DEFINITION

Residential care provides care on a 24-hour-per-day basis to an individual in any facility outside of his own home, and provides access to a variety of appropriate therapies. Residential care is necessary for some individuals, but it is only a part of a full range of services including prevention, early detection, ambulatory care, home health care, special education, day care and many other such services. For the purposes of this plan, acute hospital care is not included.

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LONG-RANGE GOALS FOR RESIDENTIAL CARE

MISSION: To improve the quality of residential care in the State.

- Residential care should be available to every person in the state who is in need of care in a residential environment, regardless of ability to pay.
- Residential care should be accessible to every person in the state who is in need of care in a residential environment at a site as close to his community of residence as is practicable.
- Residential care should be given in a safe and healthful environment which is conducive to treatment or containment.
- Residential care should be comprehensive in approach, to render treatment and care to the whole person.
- Quality control mechanisms should be developed and applied so as to ensure high quality services in residential care.
- Residential care should be planned so that it is part of a continuum of services.
- Residential care costs should be so allocated that the individual is admitted to that facility most appropriate for his individual problem.
- Residential care should be planned to achieve maximum benefit from public and private funds expended.

POLICY RECOMMENDATIONS RELATING
TO STATE RESIDENTIAL CARE
PROGRAM

1. RESIDENTIAL OR NON-RESIDENTIAL CARE: More Non-Residential Services Required

The State should increase the number and variety of non-residential care programs by direct service and by financial incentive. The State's 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.

ADVANTAGES:

- *Lowers overall costs by not having to provide 24-hour a day care.*
- *Increases the number of persons able to remain in home.*
- *Increases the number of individuals able to achieve productive independent status through non-residential care programs.*
- *Decreases the numbers in state residential care programs allowing more individualized care.*

IMPLEMENTATION:

- **The State Department of Health and County Nursing Services and local Health Departments will develop Home Health Care programs, particularly for the elderly.**
- **The Department of Public Welfare and local non-profit organizations will expand Day Activity Center programs for the handicapped, particularly the mentally retarded.**
- **The Division of Vocational Rehabilitation and local non-profit organizations will increase Sheltered Workshop programs.**
- **The State Department of Education and local school districts will extend Special Education programs to all 211 children able to benefit.**

2. ROLE OF PRIVATE SECTOR AND STATE: Private and State Programs Should Continue

The State should continue to develop residential care programs for the mentally or physically disabled including, but not limited to those who are mentally ill, mentally retarded, alcoholic or drug dependent, selected elderly and physically handicapped persons. In addition to financing care and otherwise stimulating program development in the private sector, the State should set standards and supervise programs.

The same standards should be applied to State programs of residential care as are applied to the programs in the private sector.

ADVANTAGES:

- *Stimulates innovation through competition.*
- *Builds on existing program and staff strengths.*
- *State provides "back-up" for those unable to obtain care in private sector.*
- *Increases options for placement.*
- *Cost-benefit studies can be undertaken.*

IMPLEMENTATION:

- **The Department of Public Welfare, Department of Health and Department of Education will develop and enforce program, facility and other appropriate standards.**

3. SINGLE-PURPOSE OR MULTI-PROGRAM RESIDENTIAL CARE CENTERS:
Multi-Program Centers Recommended

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. This does not preclude integration within programs to the degree necessary or desirable, but requires separate program planning and residential units. Program standards for the different programs must be developed and followed. The development of multi-program facilities must follow the development of staff and program capabilities for each of the disabilities. Such centers should not be limited to present State residential care institutions.

ADVANTAGES:

- *Provides flexibility in planning as groups increase or decrease in numbers.*
- *Permits special programs for special groups.*
- *Increases ability to serve multiple-problem residents.*
- *Maximizes use and interest of professional personnel.*

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Medical Services and staffs of Regional Residential Care Centers will diversify and intensify their program planning and development and will increase efforts directed at improving staff capabilities.**

4. CENTRALIZED OR DECENTRALIZED PROVISION OF CARE: Regional Centers
Proposed

The State should develop presently existing institutional campuses into regional centers utilizing, where appropriate, hospitals for the mentally ill, and the hospitals for the mentally retarded as regional centers. Further the State should judiciously phase out institutions judged to be inappropriately located or obsolete, and make the gradual addition of new regional program centers located more appropriately; for example, in the metropolitan areas where the population of need is greatest.

ADVANTAGES:

- *Maximizes and builds on present strengths.*
- *Encourages concentration of skilled manpower.*
- *Provides care nearer to home community.*
- *Requires less capital outlay than other alternatives.*
- *New centers will be placed where resources are more readily available.*

5. FULL RANGE OF SERVICES OF DIFFERENTIAL SERVICES: Selected services to be provided

The State will provide residential care of varying levels, and selected differential services dependent on the following variables.:

- The size of the disability group in question.
- The particular treatment requirements of the disabled group.
- The ability of the private sector to adequately provide the services.

The extent to which these services will be rendered will also depend upon related federal policies, and the available federal, state and local resources for those services.

ADVANTAGES:

- *Promotes flexible programs to provide for variations in needs of disability groups.*
- *Encourages responsiveness to changes in financing and technology.*
- *Permits specialized programs within certain centers.*

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Medical Services and staffs of Regional Residential Care Centers will diversify and intensify their program planning and development and will increase efforts directed at improving staff capabilities.**

6. COMMUNITY-BASED AND REGIONAL SERVICES: Private community-based services to be encouraged

The State should provide appropriate services at the regional level according to the policies stated above. The State should encourage and financially support the establishment of community-based programs by non-profit groups and/or proprietary owners where appropriate. This approach should be followed when it appears that community involvement and the development of community services can better serve the needs of the disability group of concern.

ADVANTAGES:

- *Private sector will provide capital funding.*
- *Utilization of community services will be maximized.*
- *Promotes community involvement and participation in programs.*

IMPLEMENTATION:

- **Legislation is necessary to establish sharing between State and counties for the cost-of-care for mentally retarded children in private facilities.**

7. MANPOWER DEVELOPMENT: Training programs and affiliations with schools and colleges to be developed

The State Multi-Program Centers and appropriate educational institutions should develop affiliated training programs for vocational school, junior college, college, and graduate students from schools within their region, or located conveniently. The State hospital system should formalize its affiliation with the University of Minnesota and with professionals in appropriate fields such as medicine, psychology and education.

ADVANTAGES:

- *Increases trained manpower pool.*
- *Increases community awareness and involvement.*
- *Provides staff satisfaction and interest.*
- *Promotes further attention and care for residents.*

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Medical Services, and staffs of Residential Care Centers; educators and administrators of appropriate schools and colleges will develop policy statements and agreements between educational institutions and State residential care programs.**

8. RESEARCH PROGRAMS: Evaluation of programs essential

Research in the State system of residential care should be encouraged. Evaluation of effectiveness of programs and/or services, both new and ongoing, is a specific type of research that is essential.

ADVANTAGE:

- *The benefits of differing modes of treatment are not completely known in the disability groups under consideration. Studies will assist in developing programs of maximum effectiveness.*

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Medical Services and staffs of Residential Care Centers and other appropriate research teams will develop methodologies for program evaluation and other types of research.**

POLICY RECOMMENDATIONS RELATING
TO STANDARDS AND
LICENSING

9. Program standards should be developed for residential care programs. Program standards should be developed and applied relating to activities to be provided in residential care facilities such as recreational and group activities and occupational therapy. Program standards should be applied to public as well as private facilities.

IMPLEMENTATION:

- **The State Health Department's Hospital Services Division, Department of Public Welfare's Medical Services Division and Child Welfare Division will develop program standards through coordinated effort.**

10. Standards and methods for a complete evaluation of the physical, mental and social disability for each mentally retarded individual for whom residential care is sought must be developed. Evaluation will be required for placement in a licensed private or state facility.

IMPLEMENTATION:

- **The Department of Public Welfare, State Department of Health, State Department of Education and other appropriate private and public agencies will develop program standards through coordinated effort.**

POLICY RECOMMENDATIONS RELATING TO PLANNING

11. Regional planning for residential care as well as for other services should be initiated.

IMPLEMENTATION:

- **The Area-wide Comprehensive Health Planning Councils as they are formed will assume responsibility with the staff of the State Multi-Program Centers, Community Mental Health-Mental Retardation Boards, County Welfare Boards, Special Education regional representatives, State Health Department regional personnel, and other public and private groups and agencies. Common regions as outlined in Executive Order No. 9 will be utilized where possible.**

12. The addition of residential care facilities should be reviewed on a regional basis. Review criteria should be developed and applied.

IMPLEMENTATION:

- **The Area-wide Comprehensive Health Planning Agency will fulfill these responsibilities as they are formed.**

13. Local school districts or combinations of districts should develop special education programs for handicapped children. Planning for these programs may include residential facilities. In addition, the educational responsibilities of the school systems and the treatment role of the Community Mental Health Centers and other treatment resources must be integrated to achieve maximum impact.

IMPLEMENTATION:

- **Local school districts as required by law will assume the responsibility with the assistance of the Special Education Section, the Department of Education.**

RECOMMENDATIONS RELATING TO NEW AND EXISTING
FACILITIES AND PROGRAMS
BY DISABILITY GROUP

RECOMMENDATIONS RELATING TO THE ELDERLY

14. The residential care of the elderly should continue to be financed by the federal, state and local levels of government as well as by individuals who have the ability to pay. Care will continue to be provided principally by the private sector in community-based facilities.
15. The State Regional Residential Care Centers should provide limited programs of nursing care for residents of the centers who require temporary care, or for those who cannot be placed in private care.

IMPLEMENTATION:

- **The State presently provides this type of care.**

16. Residential care at clearly defined levels appropriate to the needs of the individual should be provided as the need dictates so that skilled nursing home care or extended care is not provided to those who do not require it.

IMPLEMENTATION:

- **Federal regulations require establishment of levels of care: extended care, skilled nursing care, intermediate care, boarding care and foster home care. Cost savings should result because of more appropriate utilization of care programs.**

17. Essential services to the elderly in their homes should be provided throughout the state. Such services should include health care as provided by nurses and home health aids through certified home health care agencies.

IMPLEMENTATION:

- **Local Health Departments and County Nursing Services should receive state subsidy to develop and expand home health care programs.**

18. Programs of day care in licensed residential facilities should be developed for certain of the elderly who do not require 24-hour care, but would benefit from some supervision and nutritionally adequate meals.

IMPLEMENTATION:

- **The Minnesota Nursing Home Association and Conference on Geriatric Care should study development of such programs. Payments for day care may be available under Title XVIII of the Social Security Act or Title III of the Older Americans Act.**

RECOMMENDATIONS RELATING TO THE MENTALLY ILL

9. The State should continue to provide care and treatment for the mentally ill in the State hospital centers currently providing care. Short-term and long-term care programs may also be developed at those centers not presently providing such care depending on individual need. Partial hospitalization programs and out-patient services should also be provided.

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Medical Services will supervise the development of such programs.**

20. Community-based residential care programs for emotionally disturbed children and adolescents should be developed.

IMPLEMENTATION:

- **Federal funds are available through various Education Acts and should be fully utilized through local school districts.**

RECOMMENDATIONS RELATING TO THE MENTALLY RETARDED

21. The State should increase the support of Daytime Activity Centers for retarded children, pre-school, post-school and those of school age who are unable to benefit from school programs.

IMPLEMENTATION:

- **Legislation allowing the inclusion of rent and amortization as acceptable costs and removing per capita ceilings is necessary to enable the Department of Welfare to provide needed support.**

22. The State should increase support of long-term sheltered workshops for employment of severely handicapped individuals.

IMPLEMENTATION:

- **This requires an increased appropriation to the Division of Vocational Rehabilitation.**

23. The State should reimburse the counties for costs of care of the mentally retarded, so that determination of whether care should be provided in a public or private institution will be made on the basis of the needs of the individual, rather than cost to the county.

IMPLEMENTATION:

- **Proposed legislation to establish the principle of state sharing of costs for care in private institutions should be enacted.**

24. The State should provide residential care and appropriate programs on a regional basis to mentally retarded persons. Some specialized services may be provided outside the regional center, and may vary depending on available local community resources and availability of specialized personnel.

IMPLEMENTATION:

- **The proposed program for mentally retarded at Hastings State Hospital should be implemented.**

25. The State should require special education programs for all mentally retarded children able to benefit from such programs.

IMPLEMENTATION:

- **Proposed legislative amendments expanding eligibility should be enacted.**

26. The State should require the State Department of Education to report the names of all children who are not being served by school programs and the reasons for exemption. This information is necessary to enable those responsible to plan for services for such children.

IMPLEMENTATION

- **Proposed legislation establishing this requirement should be enacted.**

RECOMMENDATIONS RELATING TO THE ALCOHOLIC AND DRUG DEPENDENT

27. Community Mental Health Centers should develop information and referral as well as out-patient treatment programs for the alcoholic and for the drug dependent person.

IMPLEMENTATION:

- **Community Mental Health—Mental Retardation Boards will be responsible for developing such programs.**

28. Industry should increase its efforts to provide for early identification and referral of the alcoholic and drug dependent.

IMPLEMENTATION:

- **The Commission on Alcohol Problems, Department of Employment Security and Council on Alcohol Problems can provide assistance to industry to develop such programs.**

29. County Welfare Departments, which have the statutory responsibility for inebriacy, should acquire expertise in alcoholism and drug dependency counseling.

IMPLEMENTATION:

- **The Department of Public Welfare's Division of Field Services should assist in developing educational programs.**

30. Acute detoxification of alcoholics should be provided and short-term treatment programs considered at community hospitals with effective referral to treatment programs such as those provided at the State Regional Centers and Community Mental Health Centers. Education of physicians and of hospital personnel, as well as financial support for treatment within hospitals will be required.

IMPLEMENTATION:

- **The cooperation of the Minnesota Hospital Association, State Medical Association, University of Minnesota, and changes in hospitalization insurance will be necessary.**

31. The State Regional Multi-Program Centers should provide both short-term treatment and long-term care for alcoholic and drug dependent persons. Special expertise in alcoholism and drug dependency should be acquired by such centers.

IMPLEMENTATION:

- **The Division of Medical Services, Department of Public Welfare will develop necessary treatment and education programs.**

32. Half-way house facilities should be developed within communities.

IMPLEMENTATION:

- **Recent amendments to the Community Mental Health Center Act provide for federal funding of programs for care of alcoholics and drug dependent persons. Local matching should be sought from industry. United Fund and other agencies. The Council on Alcohol Problems and the Minnesota Commission on Alcohol Problems should provide leadership.**

33. Research on the problems of alcohol and drug addiction should be carried on to make further information available on which to base programs of prevention and treatment.

IMPLEMENTATION:

- **The Commission on Alcohol Problems, Department of Public Welfare, Department of Health and University of Minnesota should develop coordinated research programs.**

RECOMMENDATIONS RELATING TO THE PHYSICALLY HANDICAPPED CHILD

34. Convalescent nursing care, as well as long-term care for severely handicapped children whose primary need is nursing care should be provided at a centralized facility in the metropolitan area.

IMPLEMENTATION:

- **The Glen Lake—Oak Terrace Nursing Home should develop such a program.**

35. Detection and diagnostic programs of Crippled Children's Services should be developed within regions as much as possible and coordinated with health department staff, school districts, County Welfare Departments, in cooperation with local physicians.

IMPLEMENTATION:

- **State appropriation is required each biennium to augment the federal funds available.**

36. The State should develop a new program for residential care and treatment of handicapped children associated with a medical center in the Twin Cities Metropolitan area. It should subsidize the program through Crippled Children's Services appropriations for those children not covered by hospital insurance and not eligible for Medical Assistance. This new program should offer a full range of services, medical, psychological, rehabilitative and educational, to those unable to receive care from other sources due to the complex nature of their disability.

IMPLEMENTATION:

- **Department of Public Welfare's Division of Rehabilitative Services will be responsible for developing such a program.**