

FARIBAULT STATE HOSPITAL

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Regionalization

Prior to the December 18 Goals Meeting at Hastings, I feel compelled to present some of my ideas on regionalization. Hopefully they will be helpful; at the worst, they can do no harm.

I would divide the regionalization plan into objectives (ideals), long-range goals and short-range goals.

OBJECTIVES OF REGIONALIZATION:

- 1) Institutionalize the state hospitals by making smaller receiving districts. Smaller receiving districts would mean fewer people and fewer agencies for the state hospital to deal with and less physical distance separating community from the state hospital. Theoretically, this would result in more personalized relationships between hospital personnel and surrounding entities (county welfare departments, mental health centers, private residential and treatment facilities, families, interested citizens and professional groups, etc.) The state hospital would then become a more integrated part of a total social program.
- 2) Deliver more efficient service.
- 3) Deliver more effective service.

LONG-RANGE GOALS:

- 1) Develop multi-purpose regional centers to serve all types of mentally handicapped conditions. The ideal would be all state hospitals dealing with mental illness, mental retardation and inebriacy, except for the special problems of criminally insane and dangerous and hard-core narcotics addicts.
- 2) Develop out-patient and short-term care services at each state hospital. This might be in form of a traveling therapist. In any event, the services provided should include:
 - a) Psychotherapy
 - b) Vocational counseling
 - c) Genetic counseling
 - d) Parental counseling
 - ...to help parents adjust emotionally to the diagnosis of mental retardation (or brain damage or autism);
 - to help parents plan for the child's training, development and future care;
 - ...to help parents keep the child integrated in the family through counseling and "home programming".
 - e) Physical Therapy
 - f) Special psychological testing
 - g) Short-term placement (babysitting...to interrupt family crises} to provide periodic relief to parents (e.g. vacations).

- 3; Develop an evaluative procedure to follow-up 021 community placements in order to provide empirical evidence as to which programs and which facilities will be best for each specific disability group.
- 4) Provide the staffing and equipment to carry out above.

SHORT-RANGE GOALS

- 1) Carry out previously agreed upon transfers of retarded.
- 2) Develop accurate staffing standards and comparative staffing data that takes into account:
 - a) Number of residents and patients (average daily population) .
 - b) Size of receiving district (to include geographical area, population and the number of retarded facilities, institutions must be aware of and deal with) .
 - 0) Type of patients (type of service needed to effectively handle the disability group) .
 - d) Admission and discharge rates.
 - e) The fact that some institutions provide services for other state hospitals and other facilities.
 - f) Size of physical plant (e.g. more maintenance men are needed for 100 buildings than for 20 buildings) .
 - g) Number of employees (more staff must be involved in management in a larger organization than in a smaller one) .

Then carry out appropriate transfers of patients, positions or receiving districts to equalise staff distribution among the institutions. Then, make the IF" policy that no one, ever again, refers to gross patient-staff ratio.

- 3) Receiving districts for mentally retarded into operation (at least for certain program groups) at all mental illness hospitals that have retarded.

REGIONALIZATION FOR THE FARIBAULT STATE HOSPITAL:

In order for the Faribault State Hospital to become a regional center, it would have to begin handling problems in mental illness and inebriety. In order to establish this, the following obstacles would have to be overcome:

- 1) Space would have to be made available at the Faribault Institution. At the present population of 1000, we are overcrowded. Even at a population of 1500, Faribault would have no extra room for the mentally ill. If the resident population at Faribault were reduced below 1500, a small receiving district for mental illness and inebriety could be established. However, even this could only be accomplished if we did not phase out certain old buildings that the legislature has provided money to rase. A beginning program in mental illness might include Rice, Dodge, Waseca and Steele counties. However, before we could participate in the metropolitan area, the resident population of retardates would have to approach 1200 (or 1000, if the old buildings are rased).
- 2) State hospitals who receive mentally ill and inebriates from southern Minnesota, would have to give up some of their receiving counties. Since St. Peter already has a low "HI load", and since Hastings and Anoka are not that involved with Faribault's receiving district, the cooperation of the Rochester State Hospital

would be essential to this plan.

It would also be necessary (for true regionalization) to trim down the number of counties Faribault has in its receiving district. Retaining the 37 counties for mental retardation, while adding other counties for mental illness, would simply be too much of an administrative load and would most likely result in inferior service. A possible solution for this dilemma would involve the following points:

- a) the seven counties surrounding Rochester State Hospital (Olmsted, Winona, Wabasha, Houston, Fillmore, Mower and Goodhue) would be transferred to Rochester State Hospital and comprise their new receiving district for mental retardations
- b) the western and southwestern counties in Faribault's present receiving district could be transferred to the Willmar State Hospital and the Minnesota Valley Social Adaptation Center, as their new receiving districts. Willmar and M.V.S.A.C. might specialise in certain retardation program groups in order to facilitate their beginning programs in this area. In other words, all programs 1 and 4 might go to Willmar, while program groups 2, 3, 5 and 6 would go to St. Peter. Willmar could obtain extra space and staffing if the St. Peter State Hospital would pick up the MI load from the southwestern counties of Rock, Nobles, Jackson, Pipestone, Murray and Cottonwood. St. Peter has the space and staff to do this and these counties are close to St. Peter.

Finally, the metropolitan area would have to be discussed with the Hastings State Hospital and Anoka State Hospital. Possible solutions could be as follows:

- a) Hastings Hospital be completely regionalized by picking up Washington, Ramsey and Dakota counties for mental retardation. In order to assist in beginning this program, Faribault would continue to take the severely and profoundly retarded from Dakota county, and Cambridge would temporarily continue to take physically disabled, profoundly retarded from Ramsey and Washington counties. The ultimate goal would be regional programs for all mentally handicapped centered at the Hastings State Hospital from Ramsey, Washington and Dakota counties.
- b) Anoka State Hospital would develop a psycho-therapeutic and vocational program for mildly retarded adolescents and adults from Hennepin County. Faribault State Hospital would take all other problems in mental retardation from Hennepin County. This would include educable children, since Faribault already has a large investment in Special Teaching staff.
- c) Faribault could assist Anoka by developing programs in mental illness and inebriacy for the southern suburbs of Minneapolis that exist within Hennepin County.

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cc: Mr. Ardo Wrobel