

~~FILE~~ STATE PLANNING



STATE OF MINNESOTA

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GOVERNOR AND
STATE PLANNING OFFICER

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To: Governor LeVander
From: Public Welfare Facilities Committee
Date: July 21, 1970
Re: Report and Recommendations of the Committee

Members:

- | | |
|---|---|
| Raymond B. Vecillio
Chairman | Assistant Commissioner,
Department of Administration |
| Morris Hursh | Department of Public Welfare:
Commissioner |
| Ove Wangensteen | Assistant Commissioner |
| David J. Vail, M.D. | Director, Medical Services
Division |
| Arthur Funke, Ph. D. | Medical Services Division |
| Ardo Wrobel | Medical Services Division |
| Terry Sarazin | Medical Services Division |
| Lloyde Ditlevson | Rehabilitative Services Division |
| John W. Poor | Public Assistance Division |
| Axel Peterson | Department of Corrections |
| J. M. Leadholm | State Architect |
| Eugene Reddeman, Executive
Secretary | Legislative Building Commission |
| Senator John Olson | Legislative Building Commission |
| Senator William Kirchner | Legislative Building Commission |
| Helen Knudsen, M. D. | Director, Hospital Services
Division, State Health
Department |
| Jack Sherrill | Minnesota Council on Alcohol
Problems |
| Gerald Walsh | Minnesota Association for
Retarded Children |
| David Ziegenhagen | Minnesota Association for
Mental Health |
| Ellen Z. Fifer, M. D. | Health Planning Director
State Planning Agency |
| Robert F. Hoffman | Administrator, Fergus Falls
State Hospital |

70-RFP-PWFC



Definitions and Abbreviations:

Region: Refers to the Development Regions 1 - 11, as designated by the Governor (see Appendix 1). 314(b) Comprehensive Health Planning Agencies serve one or, in some cases, two regions.

Area: Areas which are served by a Mental Health-Mental Retardation Board.

M.I. refers to mentally ill persons.

M.R. refers to mentally retarded persons.

Ineb. refers to persons dependent on alcohol or other drugs. The abbreviations are used to shorten and simplify and are not intended to indicate that all members of one disability group need the same services or are identical in other ways.

PUBLIC WELFARE

REGIONAL FACILITIES REPORT

I. Rationale

The numbers of residents in the State Public Welfare Facilities are shown on the following table. The projections for 1975 are based on the past 5 years' experience with mentally ill and mentally retarded residents, and on more recent experience with inebriate residents.

	<u>M.I.</u>	<u>M.R.</u>	<u>Ineb.</u>	<u>Total</u>
1965 (1/31)	6,701	6,080	289	13,070
1969 (1/31)	3,679	5,021	385	9,085
1970 (3/9/70)	2,888	4,802	453	8,143
1975 (projections)	1,706	3,715	578	5,999

Because of the decreasing numbers of residents projected for the State facilities, the advanced age and large size of many of the buildings, and new concepts in care and rehabilitation of the residents being served and anticipated, a Planning Project was undertaken to formulate a utilization pattern for the State facilities. Based on this utilization, new uses are proposed, several antiquated buildings are recommended for demolition, and selective new construction is recommended. Suggestions as to the specific building appropriations for each facility are included.

The basic assumption on which the calculations and recommendations are based is a regional utilization of State facilities, so that each State hospital serves as a regional resource, with the other private and public agencies serving the needs of the region.

II. Policies

1. The individual Comprehensive Health Planning agencies and the Mental Health-Mental Retardation Area Boards shall be involved in planning. Broad community representation on these Councils and Boards must be obtained. State agencies must continue to exercise their responsibility in planning for services in cooperation with these groups.
2. Each area and/or region shall develop a range of services, under private (proprietary or non-profit) and local governmental auspices, in which the State hospital is one part - one resource in the continuum of care.

3. The implementation of area and regional planning and development of services is necessary in order to provide more adequately:
 - a. Continuity of service
 - b. "Close to home" services
 - c. Appropriate level of service
 - d. Appropriate type of service
 - e. Utilization of local resources and competence
4. The multi-purpose campus concept may include: programs designed for early treatment, continued treatment and new program areas. (Examples: Day Care, corrections-related treatment programs, drug-abuse treatment.) Each facility will not necessarily meet all specialized needs of the region.
5. Geriatric care is to be provided in local facilities (non-profit, proprietary, local government), except for those in need of care in a regional State facility for special reasons.
6. Selective new building and/or remodeling of State facilities should be planned in order to carry out new program needs, and permit demolition of antiquated buildings which are no longer functionally appropriate. Such new buildings should be adaptable to use by different disability groups. Consideration should be given to modular units, and other innovative building techniques, to increase flexibility and adaptability of the buildings. The concept of planned obsolescence should be considered. The facilities used by the metropolitan region should receive priority for new buildings in this biennium.
7. The Department of Public Welfare, in cooperation with appropriate local groups, should develop a plan for providing residential training and treatment services for mentally retarded and inebriate persons in the metropolitan region. Consideration should be given to:
 - a. Increasing private capacity
 - b. State construction of new facilities
 - c. Utilization of existing facilities in the metropolitan region
8. In order to expedite transfers of residents, flexibility should be permitted the Commissioner to re-allocate personnel line items and funds between the facilities involved.

III. Recommendations

1. The recommendations are based on 5 year projections of patient requirements, should be implemented promptly, and completed within the next biennium.
2. The State hospitals will have in general a multi-purpose role, serving disability groups as needed in their service area. Not all groups must be served by all hospitals. Specifically it does not seem practical to project a multi-purpose role for Faribault State Hospital at this time.
3. The recommendations are made primarily in terms of new admissions into the State hospital system. It is recommended that transfers occur on a regular schedule as programs and personnel are prepared.
4. Since the metropolitan region is the major growth area and the heaviest demand for care is in the metropolitan region, it is recommended that

Gillette State Hospital
Lake Owasso Childrens Home
Glen Lake Sanatorium and Oak Terrace Nursing Home

be used for new programs particularly for mentally retarded.

- a. Gillette State Hospital will presumably be moved to a medical center, as a children's orthopedic building or section of an existing facility. The present building should then be used for a unit for mentally retarded for residential care and/or day care.

Planning for the utilization of Gillette should be instigated promptly by the Department of Public Welfare with the Metropolitan Council Comprehensive Health Planning Board, the east Metro Mental Health-Mental Retardation Coordinating Committee and other interested groups. Renovations required to keep Gillette functioning as a hospital will no longer be necessary. Modifications should be planned for the biennium 1971-73 when its utilization is precisely determined.

- b. Negotiations should be initiated to obtain a long term lease on Lake Owasso Children's Home by the Department of Public Welfare. The Department of Public Welfare, with the Metropolitan Council

Comprehensive Health Planning Board, the east Metro Mental Health-Mental Retardation Coordinating Committee and other interested groups should plan for the specific programs for mental retardation to be carried on. The State should utilize Mental Retardation Construction funds, Special Education and Vocational Rehabilitation funds as necessary.

- c. Glen Lake Sanatorium and Oak Terrace Nursing Home should be the site of program development for mentally retarded and inebriacy. There is an extensive school and training program presently operative there for M.R., it is centrally located in Hennepin County, and is an appropriate site for residential as well as day care. The State should utilize M.R. Construction funds, Special Education funds and Vocational Rehabilitation funds.

Nursing Home patients can be accommodated in private or county facilities in the patients' area of residence, or in regional State facilities.

Tuberculosis patients who require in-patient care can be hospitalized in special units at several hospitals and sanatoria in the State, and the State reimburse the hospital for such care. St. Mary's in Duluth, Ramsey Hospital in St. Paul, Hennepin County General Hospital and the Veterans Administration Hospital in Minneapolis, and Mineral Springs Sanatorium in Cannon Falls are all presently providing or planning to provide such care. Hospitalization for tuberculosis is rarely for more than a few weeks with modern therapy, and the number of patients requiring this care is steadily decreasing.

5. Ah-Gwah-Ching should be phased out as a health care facility and utilized for a more appropriate purpose. Nursing home patients can be accommodated in private or county facilities in the patients' area of residence, or in regional State facilities.
6. Comprehensive Health Planning agencies and/or area M.H.-M.R. Boards should examine the State hospital utilization data for their region and attempt to analyze the contributing factors accounting for the wide range in utilization, from .74 to 5.35 patients per 1000 population. (See Table No. 2).

IV. Recommended Utilization of State Facilities

Region 1 - Transfer and admission of all disability groups to Fergus Falls State Hospital.

Region 2 - Transfer and admission of all disability groups to Brainerd State Hospital.

Region 3 - Transfer and admission of all disability groups to Moose Lake, except:

M.R. from Aitkin, Itasca and Koochiching to Brainerd. (Rationale: All disability groups from Region 3 at Moose Lake would be beyond its capacity at this time. One M.H. Center area would continue to use Brainerd for M.R. Some M.R. residents from St. Louis County would remain at Brainerd until further development of local services and/or available space and program at Moose Lake.)

Region 4 - Transfer and admission of all disability groups to Fergus Falls State Hospital.

Region 5 - Transfer and admission of all disability groups to Brainerd State Hospital.

Region 6 - Transfer and admission of all disability groups to Willmar State Hospital.

Region 7 - Transfer and admission of all disability groups to Cambridge State Hospital.

Region 8 - Transfer and admission of all disability groups to Willmar State Hospital.

Region 9 - Transfer and admission of all disability groups to St. Peter State Hospital.

Region 10 - Transfer and admission of all disability groups to Rochester, except:

M.R. from Rice, Steele, Dodge and Goodhue remain at Faribault.

M.R. from Freeborn to St. Peter.

New M.R. patients from all of Region 10 should be admitted to Rochester, and transfers from the above counties accomplished as space permits.

Region 11 - (Metropolitan Area)

Anoka County - Transfer and admission of all M.I. and Ineb. to Anoka State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital, until space permits admission to Anoka State Hospital.

Hennepin County - Transfer and admission of all M.I. and Ineb. to Anoka State Hospital.

Transfer and admission of all M.R. to Faribault State Hospital.

Scott) Transfer and admission of all M.I. and Ineb. to
Carver) Anoka State Hospital.

Transfer and admission of all M.R. to Faribault State Hospital, until space permits admission to Anoka State Hospital.

Ramsey County - Transfer and admission of all M.I. and Ineb. to Hastings State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital.

Dakota County - Transfer and admission of all disability groups to Hastings State Hospital.

Washington County - Transfer and admission of all M.I. and Ineb. to Hastings State Hospital.

Transfer and admission of all M.R. to Cambridge State Hospital, until space permits admission to Hastings State Hospital.

Gillette State Hospital and Glen Lake Sanatorium-Oak Terrace Nursing Home site will be developed for residential and day care for M.R. and Ineb. for Ramsey and Hennepin Counties respectively.

This distribution results in all State facilities developing a multi-purpose campus except Faribault State Hospital which would continue to serve the mentally retarded.

According to the appropriate capacity for bed and program space, all facilities could readily handle the residents proposed by 1975. (See Table No. 2)

REGION 1

Kittson
Roseau
Marshall
Pennington
Red Lake
Polk
Norman

REGION 2

Lake of the Woods
Beltrami
Clearwater
Mahnommen
Hubbard

REGION 3

Koochiching
Itasca
Aitkin
Carlton
St. Louis
Lake
Cook

REGION 4

Clay
Wilkin
Traverse
Becker
Ottertail
Grant
Stevens
Douglas
Pope

REGION 5

Wadena
Cass
Crow Wing
Morrison
Todd

REGION 6

Big Stone
Swift
Lac Qui Parle
Yellow Medicine
Renville
Chippewa
Kandiyohi
Meeker
McLeod

REGION 7

Stearns
Wright
Benton
Sherburne
Mille Lacs
Kanabec
Isanti
Pine
Chisago

REGION 8

Lincoln
Pipestone
Rock
Lyon
Murray
Redwood
Cottonwood
Jackson
Nobles

REGION 9

Sibley
Nicollet
Brown
Watonwan
Martin
Faribault
Blue Earth
Waseca
LeSueur

REGION 10

Rice
Steele
Freeborn
Goodhue
Dodge
Mower
Wabasha
Olmsted
Fillmore
Winona
Houston

REGION 11

Anoka
Hennepin
Ramsey
Washington
Carver
Scott
Dakota

Table No. 1

<u>Facility</u>	<u>Present Capacity (according to evaluation by Project Director)</u>	<u>Residents in 1970 if assigned according to recommended system</u>	<u>Patients Projected 1975* Based on: m.i. decrease 10%/year m.r. decrease 5%/year ineb.increase 5%/year</u>
Fergus Falls	849	814	617
Brainerd	888	686	512
(Learning Center)	100		
Moose Lake	729	960	705
Willmar	755	715	530
St. Peter	866	599	436
Rochester	895	843	579
Hastings	483	463	335
Anoka	696	725	488
Cambridge	1,131	1,253**	950**
Faribault	1,102	1,095**	847**
Lake Owasso	<u>107</u>	<u> </u>	<u> </u>
Total	8,601	8,153	5,999
Gillette State Hospital	200±		
Minn. Braille School	92		
Minn. School for the Deaf	327		
Minn. Security Hospital	149		
Ah-Gwah-Ching	436		
Glen Lake - Oak Terrace	370		

* M.I. and M.R. rates of decrease based on previous 5 years' experience. Ineb. increase based on recent experience in opening new facilities.

**A decrease in numbers of residents would be accomplished as facilities are developed at Gillette and Glen Lake.

Table No. 2

1970 Population; Estimated 1975 Population;
 Total Residents in State Institutions, 3/9/70;
 Number of Residents per 1,000 Population, 3/9/70;
 and Number of Non-State Beds per 1,000 Population,
 1970; by Minnesota Economic Regions and by State

<u>Region</u>	<u>Population 1970</u>	<u>Estimated Population 1975</u>	<u>Total Res. State Insti- tutions</u>	<u>No. Res.per 1000 Pop- ulation</u>	<u>Total Non- State Beds</u>	<u>No. Non- State Beds per 1,000 Population</u>
State	3,761,774	3,956,663	8,153	2.16	3,667	0.97
1	93,051	88,838	317	3.40	136	1.46
2	53,193	53,804	165	3.10	0	0.00
3	325,272	315,965	1,101	3.38	432	1.33
4	184,477	186,006	497	2.69	100	0.54
5	111,079	111,032	380	3.42	60	0.54
6	157,351	153,289	394	2.50	61	0.39
7	245,787	262,955	491	2.00	324	1.32
8	141,159	138,295	321	2.27	168	1.19
9	217,127	228,962	549	2.53	28	0.13
10	368,000	383,055	1,072	2.91	217	0.59
11	1,865,278	2,034,462	2,866	1.54	2,141	1.15

V. Suggestions for the Legislative Building Commission based on Requests from State Facilities Data and Projections from the Project

The following recommendations are based on the assumption that the repair and replacement account will be funded at 10¢ per square foot. This would permit regular maintenance of the State facilities on an on-going basis and reduce the number of small requests to the Legislative Building Commission. (Item numbers are from Institution Building Requests)

1. Ah Gwah Ching

Recommend phase-out as a health care facility; when utilized for ambulatory residents or students, the sprinkler system would not be required, according to Fire Marshall's Office. Uniform lock system, fire extinguishers, outward swing of exit doors and elimination of dead end corridors should be provided no matter what use is made of the facility.

Item 1. Fire Marshall's figure related to the above \$ 50,000

2. Hastings State Hospital

Recommend abandonment and demolition of lower campus buildings.

Items 1, New building for inebriates and 2 & 5. sheltered workshop 1,000,000

(Institution request for those items relating to lower campus totaled \$746,700)

Item 7. Sanitary sewer connection to Hastings sewage disposal system 175,000

Items 3, Repairs and remodeling 4 & 8. 160,000

Total \$1,385,000

3. Rochester State Hospital

Items 1, Roofs, walls and roadways 2 & 3. 94,000

Items 5 Remodeling medical-surgical & 6. building 55,000

Items 7 Remodeling for Mental Retardation & 8. Program and Kitchen Service Building 80,000

Demolish Cottage #4 as soon as no longer used by Junior College

Total \$ 229,000

4. Minnesota Braille and Sight Saving School

Recommend utilization of one building on Faribault State Hospital campus within 5 years due to steadily decreasing enrollment. Maintain program identification. Maintain activity building with swimming pool.

Item 1. Elevator for Dow Hall	\$ 30,000
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5. Minnesota School for the Deaf

Item 1. Replacement of East Wing Noyes Hall, facilities for high school students	600,000
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Item 2. Freezer and refrigerator units	30,000
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Item 3. Student Health Services	30,000
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Total	\$ 660,000
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6. Lake Owasso

Items 1, 2 & 3. Roofs and plumbing remodeling	\$ 16,500
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7. Gillette State Hospital

Recommend utilization for both residential and day care for mentally retarded.

Items 1 & 2, Plan A Remodeling to accommodate mentally retarded patients and	\$ 150,000
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Items 1, 4, 5 & 6, Plan B	
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New: Residential units for mentally retarded	800,000
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Total	\$ 950,000
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8. Glen Lake State Sanatorium

Recommend study for new construction possibilities on site for M.R. and Ineb. for next biennium.

Item 1. Matching funds for sewage disposal	\$ 50,000
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9. Moose Lake State Hospital

Item 1. Remodel laundry for activities center	135,000
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Item 2. Temperature control and ventilation	660,000
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Item 3. Reroof buildings	25,000
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Item 4. Electrical system	40,000
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Item 5. Kitchen alterations	51,000
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Total	\$ 931,000
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10. Fergus Falls State Hospital

Item 1.	Boiler replacement	\$ 700,000
Item 2.	Remodeling to accommodate new treatment programs	100,000
Item 3.	Air conditioning areas for the mentally retarded	<u>323,000</u>
	Total	\$1,123,000

11. Faribault State Hospital

Item 1.	Replace roofs, Osage, Hickory, Elm, Cedar, Maple	\$ 29,550
Item 2.	Two passenger elevators, Hospital	90,000
Item 3.	Remodel Hospital Building	25,000
Item 4.	Plumbing improvements	25,000
Item 5.	Replacement of obsolete wiring and fixtures	25,000
Item 6.	Dormitory changes and improvements	359,550
Item 7.	Replace exterior doors, Elm, Hickory, Willow Cottages	24,750
Item 9.	Combination windows, Pine, Spruce, Cedar, Maple Cottages	92,000
Item 11.	Replace locks	48,000
Item 12.	Replace temporary wall, Linden Cottage	<u>8,000</u>
	Total	\$ 756,490

There is a balance of \$1,170,000 remaining from a 1965 appropriation (Chapter 882, Section 2, Subdivision 12 (1)). Moneys could be re-appropriated for the above listed needs which would leave a balance of \$413,510 to be re-appropriated for other requests. Recommend demolition of all previously designated buildings as rapidly as possible.

12. Anoka State Hospital

Item 3.	Demolish Cottage 5	\$ 10,000
Item 4.	Cottage remodeling	60,000
Item 5.	Air conditioning central dining room and dietary	150,000
Items 1 and 2.	Funds for an independent study of medical-surgical program, adolescent program, and utilization of Miller Building	<u>10,000</u>
	Total	\$ 230,000

13. Minnesota Security Hospital

Items 1 and 2.	Electric, heating, ventilating and plumbing	\$ 52,750
Items 3, 4 & 5.	Window replacement, plumbing and lighting remodeling, and air conditioning. (41,300, 23,300 and 7,270)	71,870
Item 6.	Elevator shaft and elevator	<u>68,000</u>
	Total	\$ 192,620

14. St. Peter State Hospital and MVSAC

Item 1.	Relocate medical services to Pexton Hall, remodel old Main for maintenance shop, demolish buildings 73 and 74	\$ 235,000
Item 2.	Remodel Bartlett Hall	41,500
Item 8.	Storm sewer assessment	8,000
Item 11.	Air condition Med. Rehab. section Pexton Hall (estimate should be supplied by State architect)	<u>(70,000)</u>
	Total	\$ 284,500

15. Brainerd State Hospital

Items 1 and 4.	Remodeling and illuminating exit lights	\$ 76,000
Item 2.	Addition to Building 4 (rehab and school)	<u>75,000</u>
	Total	\$ 151,000

16. Cambridge State Hospital

Item 3.	Air condition Boswell, McBroom and Infirmary	\$ 660,000
	Complete projects approved by Legislative Building Commission in 1969, for which funds were insufficient including: replacement of freight elevator in Cottage 14; complete concrete floor projects in Boswell and McBroom; and complete blacktop on all roads and parking lots	<u>80,000</u>
	Total	\$ 740,000

Cottages to be demolished as space requirements permit, in priority order: 7, 4, 5, 2, 9, 12.

17. Willmar State Hospital

Item 2.	Rehabilitate Administration Building	\$ 222,500
Item 3.	Air condition Medical Treatment Center	100,000
Item 4.	Rehabilitate Building #1	<u>115,000</u>
	Total	\$ 437,500

SUMMARY - TOTAL RECOMMENDED

Ab Gwah Ching	\$ 50,000	
Hastings State Hospital	1,385,000	
Rochester State Hospital	229,000	
Minn. Braille & Sight Saving School	30,000	
Minn. School for the Deaf	660,000	
Lake Owasso	16,500	
Gillette State Hospital	950,000	
Glen Lake	50,000	
Moose Lake State Hospital	911,000	
Fergus Falls State Hospital	1,123,000	
Faribault State Hospital	756,490	
Anoka State Hospital	230,000	
Minnesota Security Hospital	192,620	
St. Peter State Hospital & MVSAC	284,500	
Brainerd State Hospital	151,000	
Cambridge State Hospital	740,000	
Willmar State Hospital	<u>437,500</u>	
	\$8,196,610	
	<u>1,170,000</u>	(less 1965 appropriation Faribault)
Total	\$7,026,610	

Table No. 3

Population, State Hospital Resident Patients,
No. of Licensed Long-Term and Boarding Care
Beds, and No. of Non-State Beds by County,
Region, and State of Minnesota

	#1	#2	#3				#4	#5	#6	#7	#8	#9			
	Population 1970	Estimated Population 1975	Resident Patients 3/9/70				Total Resi- dents/1000 Pop. 3/9/70	Licensed Long Term Care Beds F. Y. 1969	Licensed Boarding Care Beds F. Y. 1969	Licensed Long Term Care Beds per 1000 Pop., 65 and over	Licensed Board- ing Care Beds per 1000 pop., 65 and over	Non-State Beds 1970			
			M. I.	Ineb.	M. R.	Total					M. I.	Ineb.	M. R.	Total	
State	3,761,774	3,956,663	2,888	453	4,802	8,143	2.16	26,323	7,895	64.6	19.4	632	1,563	1,472	3,667
Region 1	93,051	88,838	115	18	184	317	3.40	989	356	73.6	26.5	20	31	85	136
Kittson	6,785	5,977	11	1	20	32	4.72	0	66	0.0	57.2				
Marshall	12,792	12,030	16	6	27	49	3.83	53	36	28.2	19.1				
Pennington	13,207	12,825	14	6	11	31	2.35	115	104	70.3	63.5	20			20
Red Lake	5,277	5,084	5	0	18	23	4.36	75	0	95.9	0.0				
Polk	33,861	32,880	45	1	59	105	3.10	516	65	107.7	13.6		31		31
Norman	9,888	9,205	12	2	24	38	3.84	151	49	87.8	28.5				
Roseau	11,241	10,837	12	2	25	39	3.47	79	36	54.1	24.7			85	85
Region 2	53,193	53,804	55	4	106	165	3.10	469	10	69.6	1.5				
Mahnomen	5,563	5,260	6	0	16	22	3.95	24	0	31.9	0.0				
Lake of Woods	3,819	3,664	2	1	7	10	2.62	52	0	98.3	0.0				
Beltrami	25,754	26,998	30	1	50	81	3.14	195	0	71.9	0.0				
Clearwater	7,888	7,492	7	2	12	21	2.66	97	10	78.7	3.7				
Hubbard	10,169	10,390	10	0	21	31	3.05	101	0	66.8	0.0				
Region 3	325,272	315,965	425	80	596	1,101	3.38	1,868	154	46.2	3.8	220	136	76	432
Koochiching	16,819	16,264	19	3	43	65	3.86	145	0	84.0	0.0				
Itasca	35,011	33,539	36	4	54	94	2.68	221	26	55.6	6.5				
Aitkin	11,031	10,572	15	0	44	59	5.35	89	14	45.1	7.1				
St. Louis	218,528	212,214	316	65	392	773	3.54	1,214	114	43.2	4.1	220	112	76	408
Lake	12,860	12,490	4	2	15	21	1.63	42	0	38.5	0.0				
Cook	3,346	3,330	1	1	7	9	2.69	27	0	66.5	0.0				
Carlton	27,677	27,556	34	5	41	80	2.89	130	0	40.9	0.0		24		24

	#1	#2	#3				#4	#5	#6	#7	#8	#9			
	Population 1970	Estimated Population 1975	Resident Patients 3/9/70				Total Resi- dents/1000 Pop. 3/9/70	Licensed Long Term Care Beds F.Y. 1969	Licensed Boarding Care Beds F.Y. 1969	Licensed Long Term Care Beds per 1000 Pop., 65 and over	Licensed Board- ing Care Beds per 1000 Pop. 65 and over	Non-State Beds 1970			
			M.I.	Ineb.	M.R.	Total					M.I.	Ineb.	M.R.	Total	
Region 4	184,477	186,006	142	50	305	497	2.69	1,723	412	72.1	17.2		100	100	
Pope	11,023	10,619	10	2	24	36	3.26	160	44	91.5	25.2				
Stevens	12,707	13,426	4	4	15	23	1.81	70	44	53.3	33.5				
Douglas	22,614	23,376	15	8	32	55	2.43	230	122	72.3	38.4	50	50		
Grant	7,733	7,221	9	0	15	24	3.30	184	0	142.5	0.0				
Traverse	6,307	5,727	1	4	11	16	2.54	60	0	60.1	0.0				
Wilkin	9,251	8,680	17	2	25	44	4.76	81	51	67.9	42.7				
Ottertail	45,859	44,345	43	15	87	145	3.16	472	128	64.2	17.4	50	50		
Becker	23,509	23,779	23	3	50	76	3.23	167	7	51.9	2.2				
Clay	45,474	48,833	20	12	46	78	1.71	299	16	82.7	4.4				
Region 5	111,079	111,032	99	14	267	380	3.42	1,332	111	101.8	8.5		60	60	
Cass	16,495	16,350	21	2	53	76	4.61	634	0	236.0	0.0				
Wadena	12,398	12,500	7	4	28	39	3.14	140	8	89.6	5.1				
Todd	21,523	20,729	25	2	46	73	3.39	144	53	44.5	16.4				
Morrison	26,848	26,950	26	1	68	95	3.54	239	4	73.9	1.2				
Crow Wing	33,815	34,503	20	5	72	97	2.87	175	46	38.1	10.0	60	60		
Region 6	157,351	153,289	146	28	220	394	2.50	1,556	478	69.0	21.2	28	33	61	
Yellow Medi- cine	14,184	13,250	7	2	25	34	2.40	154	10	73.4	4.8				
McLeod	27,404	28,988	20	3	33	56	2.04	282	0	83.8	0.0				
Renville	20,709	19,623	31	4	41	76	3.67	270	40	86.9	12.9				
Meeke	18,367	17,936	19	3	22	44	2.40	181	75	72.2	29.9				
Kandiyohi	29,991	29,361	33	11	29	73	2.43	322	183	77.3	43.9	28	28		
Chippewa	14,649	13,822	6	1	22	29	1.98	106	12	49.3	5.6				
Swift	12,996	12,158	8	2	20	30	2.31	85	43	43.4	22.0	33	33		
LacQuiParle	11,031	10,481	13	0	15	28	2.54	86	85	44.2	43.7				
Big Stone	8,020	7,670	9	2	13	24	2.99	70	30	55.9	24.0				

	#1	#2	#3				#4	#5	#6	#7	#8	#9			
	Population 1970	Estimated Population 1975	Resident Patients 3/9/70				Total Resi- dents/1000 Pop. 3/9/70	Licensed Long Term Care Beds F.Y. 1969	Licensed Boarding Care Beds F.Y. 1969	Licensed Long Term Care Beds per 1000 Pop., 65 and over	Licensed Board- ing Care Beds per 1000 Pop., 65 and over	Non-State Beds 1970			
			M.I.	Ineb.	M.R.	Total						M.I.	Ineb.	M.R.	Total
Region 7	245,787	262,955	166	21	304	491	2.00	1,828	582	68.5	21.8	20	210	94	324
Aine	16,606	16,332	19	1	28	48	2.89	114	32	44.7	12.6	20	48		68
Kanabec	9,656	9,948	7	0	11	18	1.86	29	0	22.2	0.0				
Mille Lacs	15,180	15,313	16	0	23	39	2.57	191	81	88.9	37.7				
Osanti	16,283	17,578	10	1	20	31	1.90	138	68	62.8	30.9				
Oshago	17,340	19,281	14	1	19	34	1.96	215	72	92.4	30.9		162		162
Sherburne	17,765	19,660	13	3	22	38	2.14	207	78	132.4	49.9				
Wright	38,251	42,360	16	4	36	56	1.46	343	38	80.9	9.0			30	30
Stearns	93,985	100,150	58	10	105	173	1.84	464	182	54.9	21.5				
Benton	20,721	22,333	13	1	40	54	2.61	127	31	67.1	17.4			64	64
Region 8	141,159	138,295	100	15	206	321	2.27	1,287	317	70.9	17.5			168	168
Pipestone	12,665	12,139	6	1	21	28	2.21	76	9	43.2	5.1				
Rock	11,212	10,965	6	0	12	18	1.60	118	4	89.1	3.0				
Nobles	22,958	22,787	16	2	29	47	2.05	96	78	35.3	28.7				
Jackson	14,172	13,403	11	1	23	35	2.47	112	7	56.7	3.5			20	20
Cottonwood	14,814	14,238	9	0	29	38	2.56	205	35	98.0	16.7				
Murray	12,366	11,179	6	2	20	28	2.26	122	20	77.8	12.7				
Redwood	19,730	18,898	16	0	30	46	2.33	257	139	95.9	51.9			148	148
Lyon	24,092	25,770	20	8	24	52	2.16	194	8	71.3	2.9				
Lincoln	9,150	8,916	10	1	18	29	3.17	107	17	81.9	13.0				
Region 9	217,127	228,962	213	22	314	549	2.53	1,548	225	57.1	8.3	28			28
Naseca	16,492	16,701	20	1	23	44	2.67	105	10	50.0	4.8				
Sibley	15,732	15,531	11	1	23	35	2.22	140	15	66.9	7.2				
Nicollet	24,378	24,935	21	6	20	47	1.93	140	0	47.7	0.0				
Brown	28,621	29,122	39	1	57	97	3.39	249	29	69.4	8.1				
Watowan	13,258	12,761	20	2	26	48	3.62	138	0	73.7	0.0				
Martin	24,098	22,528	26	5	28	59	2.45	124	87	37.9	26.6				
LeSueur	21,259	21,954	22	1	31	54	2.54	125	17	44.0	6.0				
Blue Earth	52,456	56,193	36	4	62	102	1.94	396	28	74.5	5.3	28			28
Faribault	20,833	19,237	18	1	44	63	3.02	131	39	42.4	12.6				

	#1	#2	#3				#4	#5	#6	#7	#8	#9			
	Population 1970	Estimated Population 1975	Resident Patients 3/9/70				Total Resi- dents/1000 Pop. 3/9/70	Licensed Long Term Care Beds F.Y. 1969	Licensed Boarding Care Beds F.Y. 1969	Licensed Long Term Care Beds per 1000 Pop., 65 and over	Licensed Board- ing Care Beds per 1000 Pop., 65 and over	Non-State Beds 1970			
			M.I.	Ineb.	M.R.	Total					M.I.	Ineb.	M.R.	Total	
Region 10	368,000	383,055	492	51	519	1,062	2.89	2,337	930	54.2	21.6	50	93	74	217
Lowar	43,065	40,745	60	12	72	144	3.34	280	128	56.8	26.0			24	24
Willmore	21,650	20,645	37	5	40	82	4.25	214	64	64.5	19.3				
Elmsted	81,258	96,285	115	12	81	208	2.56	298	173	44.2	25.7	50			50
Goodhue	34,241	34,804	44	2	56	102	2.98	281	136	58.6	22.3		53		53
Houston	17,396	17,778	16	1	15	32	1.84	116	40	55.3	19.1				
Winona	43,462	44,713	52	5	50	107	2.46	394	161	73.5	30.1				
Wabasha	17,134	17,320	24	1	32	57	3.33	130	50	55.5	21.3				
Wodge	12,946	12,543	26	1	28	55	4.25	72	30	45.1	18.8				
W Steele	18,367	19,225	24	1	29	54	2.94	154	50	52.4	17.0		40		40
W Rice	40,856	41,532	37	5	66	108	2.64	398	98	85.2	21.0			50	50
W Freeborn	37,625	37,465	57	6	50	113	3.00	203	118	46.8	27.2				
Region 11	1,865,278	2,034,462	935	150	1,781	2,866	1.54	11,386	4,320	67.0	25.4	294	1,065	782	2,141
Scott	32,148	36,995	17	0	33	50	1.56	252	166	103.4	68.1		130		130
Warver	28,102	31,367	23	1	36	60	2.14	92	28	34.7	10.6				
W Woka	153,562	187,322	31	7	76	114	0.74	377	12	71.6	2.3				
W Wennepin	955,617	1,011,997	566	80	847	1,493	1.56	6,990	2,559	71.6	26.2	274	503	214	991
W Wakota	138,613	168,725	36	9	103	148	1.07	402	110	51.2	14.0				
W W Ramsey	474,799	500,936	245	51	617	913	1.92	2,987	1,389	61.0	28.3	20	432	568	1,020
W W Washington	82,437	97,120	17	2	69	88	1.07	286	56	55.4	10.9				

Column

1. 1970 Census, Preliminary Count
2. 1975 Population Estimate, Mr. Robert Hoffman, Department of Public Welfare
3. State Hospital Resident Patients, Department of Public Welfare
5. Licensed Long-Term Care Beds include licensed hospital chronic disease and C & NC beds and licensed nursing home beds.
Source: Minnesota Hospitals, Minnesota State Plan for Hospitals, Public Health Centers and Related Medical Facilities, Minnesota Department of Health, Division of Hospital Services, Minneapolis, 1968-69. Also published in Profiles of Regional Health Variables, Northlands Regional Medical Program.
6. Licensed Boarding Care Beds.
Source: same as for No. 5.
7. Licensed Long-Term Care Beds per 1000 Population 65 and over.
Population, 1967 Estimate, Minnesota Population Data Book, Minnesota Department Health.
Source: Profiles of Regional Health Variables, Northlands Regional Medical Program.
8. Licensed Boarding Care Beds per 1000 Population 65 and over.
Population, same as No. 7.
Source: same as No. 7.
9. Non-State Beds, 1970.
Source: Department of Public Welfare.