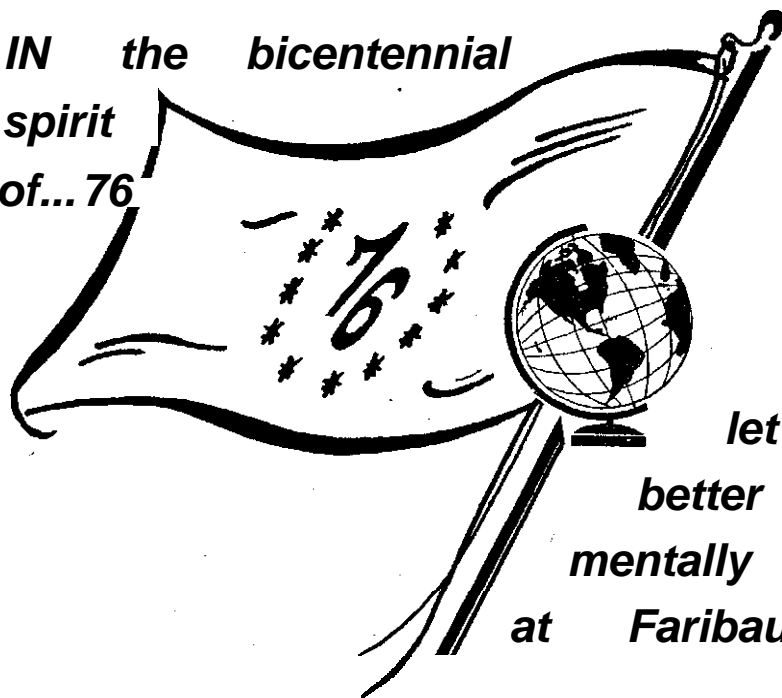


**IN the bicentennial
spirit
of... 76**



**let us provide for a
better world for the
mentally retarded citizens
at Faribault State Hospital**

PRIMARY NEEDS AFFECTING
MINNESOTA'S MENTALLY RETARDED CITIZENS
RESIDING AT
FARIBAULT STATE HOSPITAL

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FARIBAULT STATE HOSPITAL

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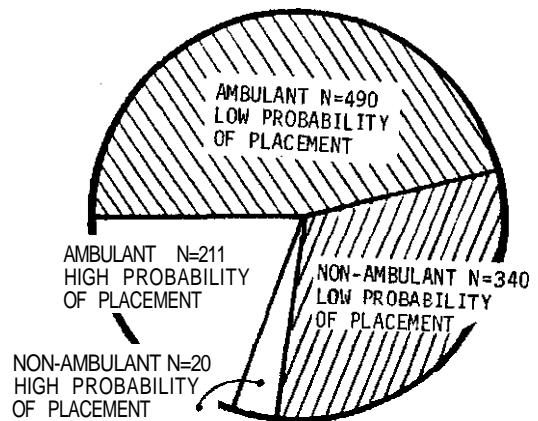
EXPECTATIONS FOR
COMMUNITY PLACEMENT PROBABILITY
OF CURRENT RESIDENTS AT FARIBAULT STATE HOSPITAL

Some things we do are important, some necessary, some downright critical. Since time and room restrict us, we'll get right down to addressing the critical needs the mentally retarded face at Faribault State Hospital today. The Minnesota Legislature has taken a long, hard look at the state's program for them. However, the continuing delay in determining future direction has caused a very critical situation for the 1,000 Minnesota citizens residing at FSH. With few exceptions these people are here because their dependencies cannot be met by their own families or other facilities. Little interest has been generated among private residential home operators to provide for these persons. The state hospital's have discharged about as many as can be expected. Population figures are now less than 40% of what they were a decade ago. Those who are left have been faced with no alternatives but that which the state hospitals provide. The time has come for the legislature to 'fish or cut bait'; to either take action to provide an alternative to the residential state hospital program or bring it into conformity with the state's own licensing standards and accreditation certification.

MAJOR PROGRAM NEEDS OF THE FARIBAULT STATE HOSPITAL RESIDENTS

Faribault State Hospital is currently serving a resident population of 1,031 persons, with a predicted reduction to approximately 830 by the end of the 1977-79 biennium. Based on a 1975 popula-

tion figure of 1,061, the probability of their placement in a community setting prior to the end of the '77 - '79 biennium, is indicated in the figure, below N=Number of Residents.



To provide meaningful dependency reduction services to the people who reside at the Faribault State Hospital, four (4) major areas of need have to be addressed: Capital Improvements, Staffing, Current Expense and Equipment.

A. THE 1976 LEGISLATIVE REQUEST FOR CAPITAL IMPROVEMENT

The Faribault State Hospital will be a viable resource for the mentally retarded for the foreseeable future, the following funds are needed to establish a normalized living environment - one that will meet state and Intermediate Care Facility for the Mentally Retarded (ICF/MR) standards for the projected population of 830 residents. The 1976 Capital Improvement request to the Legislature is \$3,465,635.

Funds are to be used for:

1. Life Safety Renovations: \$1,134,411
Life Safety Renovations are those renovations required by federal and state regulations which insure that buildings housing residents are safe, have proper equipment, exits and other devices needed to protect the lives and safety of the persons who have to depend upon them in an emergency.
2. Household Renovations: \$1,876,114
Household partitions, general code requirements, carpeting and air conditioning. Household renovations will assure a decent environment, one that will meet standards by reducing bedrooms to four (or less) persons, provide proper toilet facilities, and approximately 80 square feet of living room, dining room, and/or recreation space.

3. Furniture and Furnishings: \$100,000
These funds will provide basic living room, bedroom and other furniture.

4. General Maintenance for 1975-1978: \$355,110
Ongoing maintenance funds are needed to protect our current capital investment.

Faribault State Hospital now has the basic plans (and is working with a state-appointed architect), the required Public Law 1122 Certificate, and is ready to proceed with the needed renovations as soon as the funds are appropriated by the 1976 Legislature.

B. THE 1977 LEGISLATIVE REQUEST FOR STAFFING

Staffing request for 1977, based on an estimated population of 830 persons who have a low probability of placement is as follows:

<u>Direct Service</u> (Staff who work directly with residents and their supervisors).	923
<u>Indirect Service</u> (Administrative and support service, staff supervisors).	<u>229</u>
TOTAL	1,152

Staffing needs for the residents of the Faribault State Hospital are based on basic requirements suggested by the Joint Commission on Accreditation of Hospitals, Rule 34, and ICF/MR Standards.

These four basic areas are critical at this time to enable the residents of the Faribault State Hospital to live and learn in a normalized environment as now required by law. If, in fact, the Faribault State Hospital is going to meet standards and provide meaningful services to its residents, it is necessary that the Minnesota State Legislature understand, support and meet the needs developing there.

RECOMMENDED PROGRAMS TO PROVIDE FOR MENTALLY RETARDED CITIZENS AT FARIBAULT STATE HOSPITAL

A. FARIBAULT STATE HOSPITAL AS A CENTRALIZED SERVICE CENTER

Community orientation, centering in the home and local social environment, is a principle ideal desired by all of us. As previously mentioned, the institutional type setting as a residence may always be necessary for some. Governed by economics, the state hospital, in common with our other institutions, is a provider of specific services to groups of persons with similar dependencies. Today, more than ever before, the needs at Faribault State Hospital are more specific and basic than ever before. Approximately 90% of Faribault State Hospital's current population is classified as severely or profoundly retarded;

50% are in the most dependent category (profound range). Few would disagree that many of these individuals will always require assistance, some with the very basic life sustaining tasks. Private providers have shown little interest in accepting the more dependent mentally retarded. For this group it has become necessary for the state to continue to provide an alternative to community and home based developmental programs.

Future Faribault State Hospital programs will, therefore, consist of those services which provide assistance to a large segment of severely and profoundly retarded persons, their families and communities and should include:

1. Long Term Services:

Total programs for those developmentally disabled persons who are, due to birth injury, accident or maldevelopment, in need of intense medical or paramedical life support services and/or such care to be provided until the disability-causing injury, illness or maldevelopment can be corrected to an extent which allows for community placement without need for intensive and expensive life support equipment and services... or until death.

2. Short Term Services:

- a. On a scheduled basis in the areas of:
Respite care for purpose of parental vacations, periods of family moving, new birth in family.

Periods of special training, Learning sign language, toilet training, training in use of prosthesis, intense physical therapy.

b. On a non-scheduled basis:

For periods of parental illness, death or divorce in family, emotional crisis in family, or post-operative care for the disabled.

For periods of intensive medication for control of seizures, extreme hyperactivity, extreme obesity or psychotic episode.

3. Emergency Assistance:

Interim placement for those newly identified disabled persons while awaiting community placement. For example: Death or illness of parent of previously unknown retardate cared for at home, and for whom no community facility is immediately available.

4. Community Consultation and Instruction:

In-service training in areas of special care, assistance in selection, design and procurement of special adaptive equipment for use by the developmental disabled, and/or genetic counseling and lab testing.

5. Research (possibly in coordination with Universities & others) geared at

development and refinement of strategies and techniques for producing behavioral change and reduction in incidence of mental retardation.

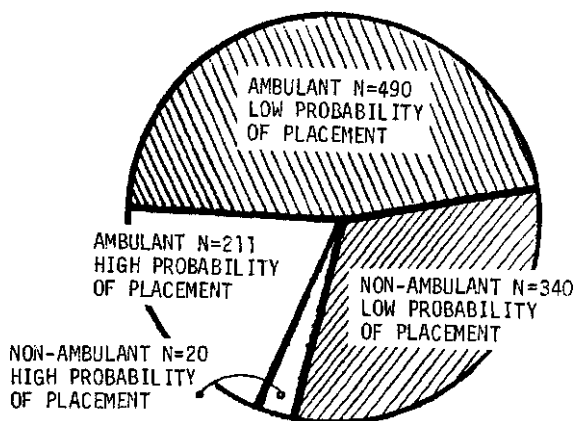


Figure 1: Summary of high versus low probability of acceptance for community placement of Faribault State Hospital residents based on August, 1975 patterns of referral acceptance. Assignment of high and low probabilities for ambulant and non-ambulant residents (N representing the number) is based on absence or presence of specific medical or behavioral problems. (NOTE: Any particular resident may exhibit more than one of the listed behaviors and would be represented more than once in subsequent figures.)

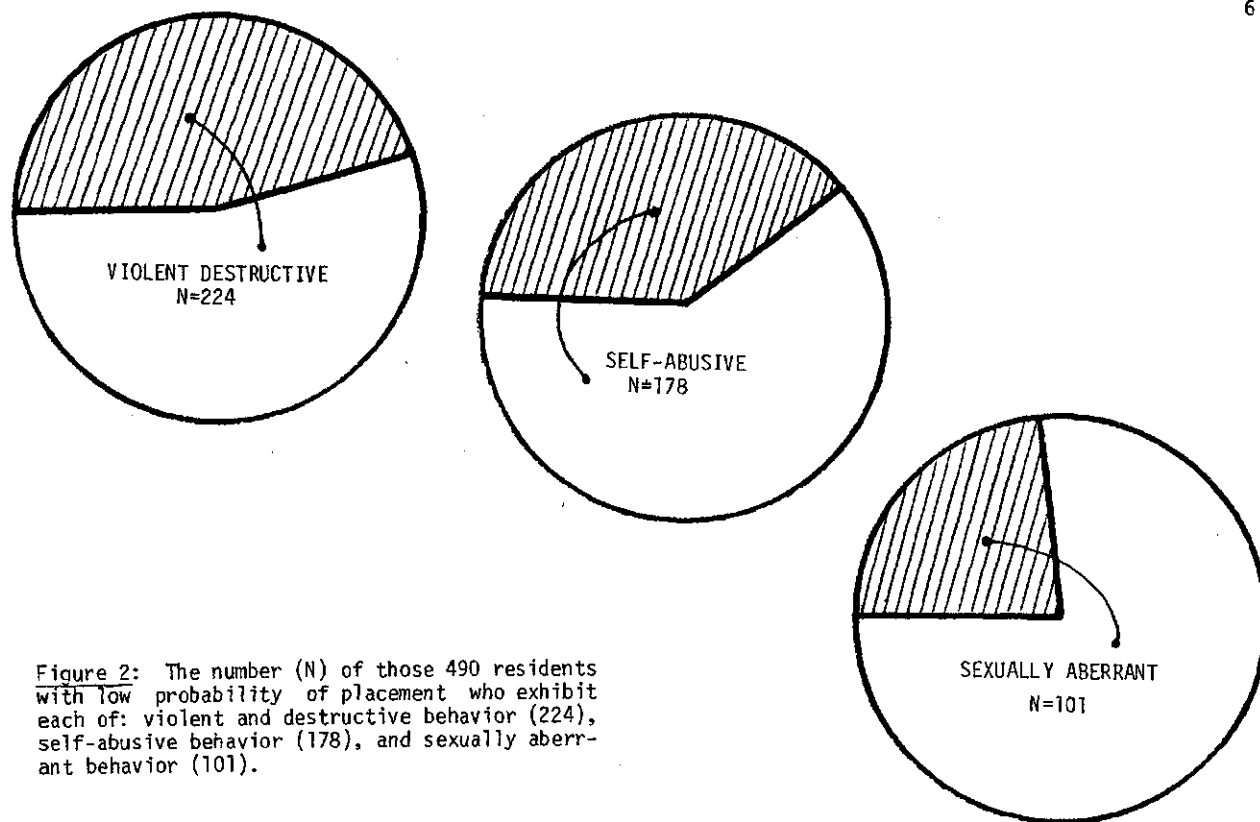


Figure 2: The number (N) of those 490 residents with low probability of placement who exhibit each of: violent and destructive behavior (224), self-abusive behavior (178), and sexually aberrant behavior (101).

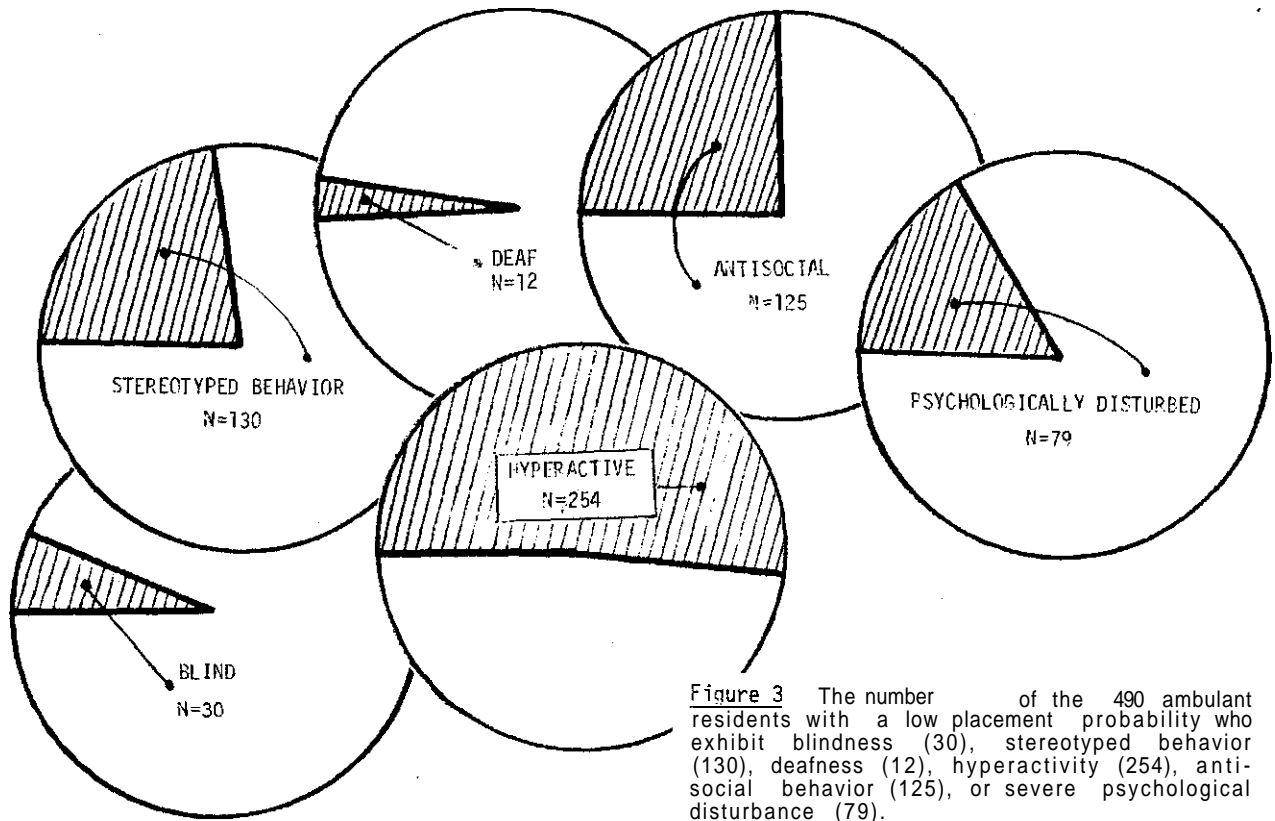


Figure 3 The number of the 490 ambulant residents with a low placement probability who exhibit blindness (30), stereotyped behavior (130), deafness (12), hyperactivity (254), anti-social behavior (125), or severe psychological disturbance (79).

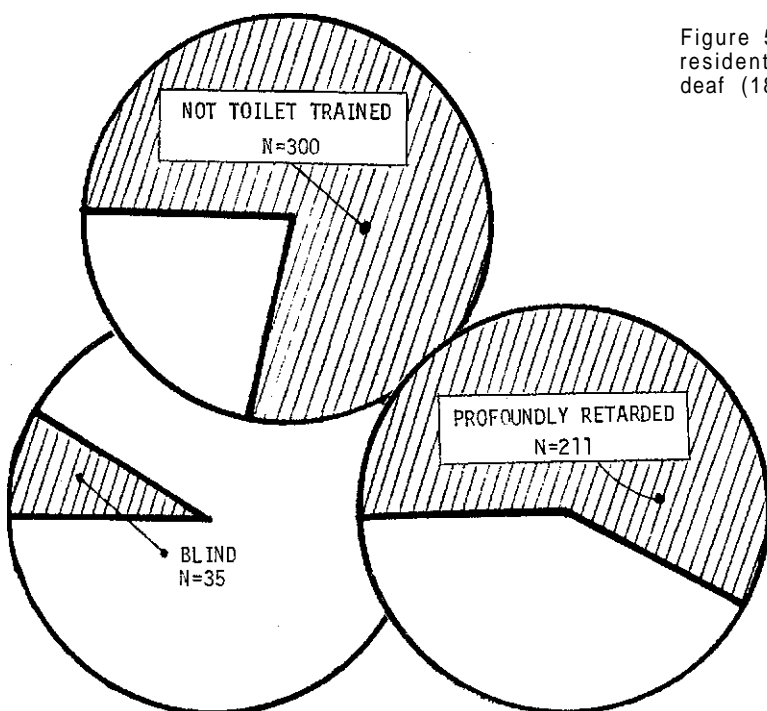
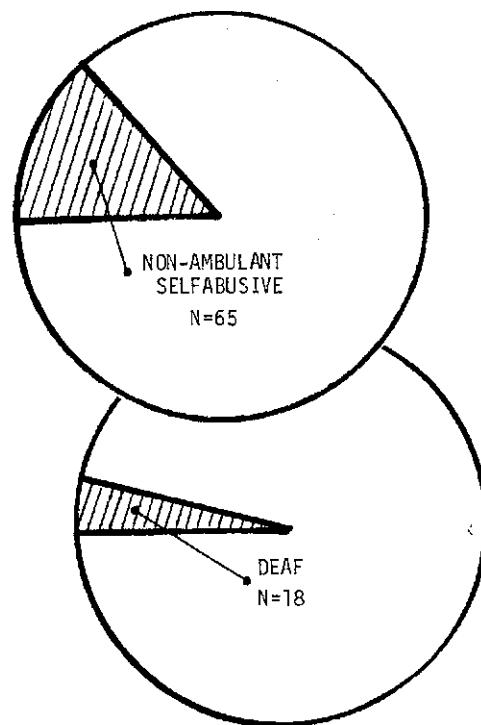


Figure 4: The number (N) of the 340 nonambulatory residents with a low probability of placement who are not toilet trained (300), are profoundly retarded (211), or are blind (35).

Figure 5: The number (N) of the 340 nonambulatory residents with low placement probability who are deaf (18), or exhibit self-abusive behavior (65).



The following table relates to how many residents were being served in community-based facilities as of July 1, 1975,

County	Residents*	Child	Adult
	7/7/70	Res. # 7/1/75	Res.# 7/1/75
State-Wide	551	522	2,170
Hennepin	77	62	471
Dakota	0	46	59
Rice	25	10	51
Steele	0	0	15
Freeborn	0	0	9

* Only children appear in the records for 1970: children were under age 21.

In 1975, children were under age 18, adults were 18 and over.

Projections for the development of community-based facilities for the next two years and four years is more difficult to answer because it depends on private developers and their stamina and abilities to carry ideas to completion through multisystem mazes. At best, we are only able to provide information on groups/individuals who are interested in developing facilities and who are in various stages of completion.

B. SATELLITE SERVICES

With the assemblage of the numerous specialists necessary in providing for the unique programs

now being offered by Faribault State Hospital, both expertise and supportive resources have been well developed within the agency itself. With the increase in trends and efforts to return residents to their home communities, a potential is emerging which may meet some of the continuing needs still not possible on the local level.

In a practical sense, the community based programs or family home setting for the retarded individual is dependent upon the availability of supportive ancillary services. Because these services are often unique, limitation or absence of them may be the determining factor in accommodating a mentally retarded family member at home.

The obvious potential resource is the state hospital. As a central service center, the hospital already has numerous mental retardation specialists who currently have a wide range of facilities and expertise at their disposal. The Faribault State Hospital presently deals solely with the on campus residents. However, with the establishment of a satellite system, these specialists could also extend home aids in training and dependency reduction throughout a given service district. All points in the five county district now being served by Faribault State Hospital are within a reasonable distance of the hospital, (the most distant city is less than 60 miles away). Medical, Education, Social, Psychological and other specialists serving clients back in their homes might offset institutionalization as the prerequisite for receiving such attention.

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