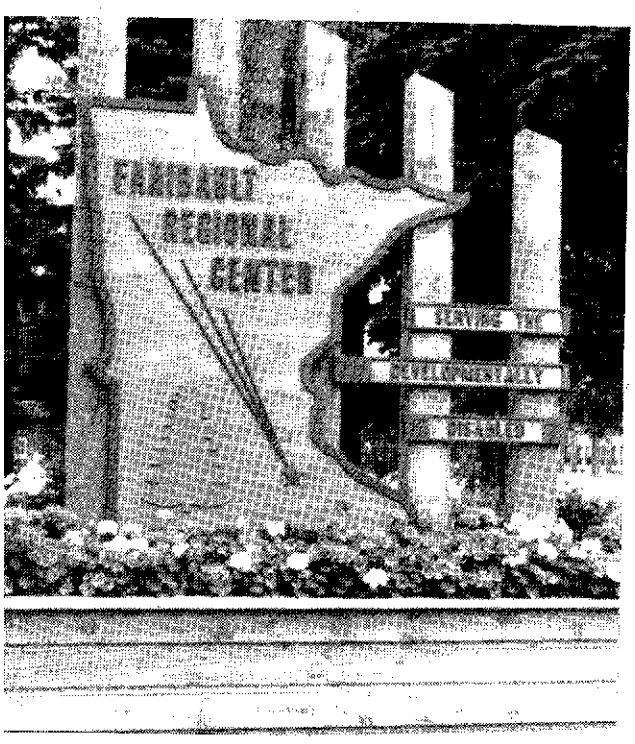
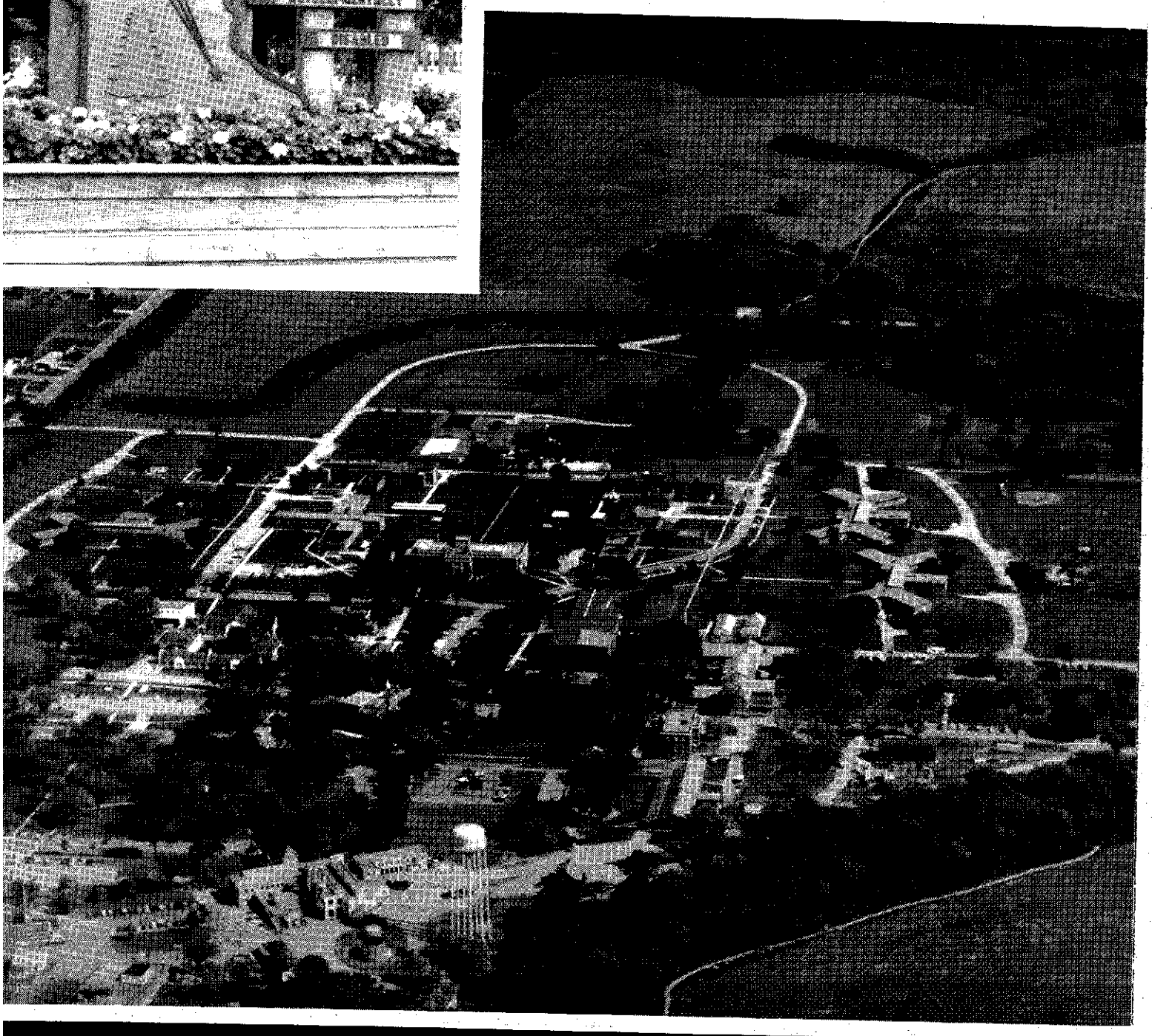


Faribault Regional Center



City Of
Faribault
MINNESOTA

Task Force Plan
NOVEMBER, 1988

EXECUTIVE SUMMARY

INTRODUCTION

The Faribault Regional Center Task Force expresses its thanks and appreciation to the Legislature for enabling legislation to authorize and fund a Task Force directed to recommend to the Legislature expanded and alternative uses for the Center. This report is the Task Force's recommendation to the Legislature.

The thirteen member Task Force was augmented by over 100 community volunteers who served on various subcommittees. The Task Force and its subcommittees utilized data developed through a regional survey of providers, consumers, and social service agencies as well as data from the State Planning Agency. In addition, site visits were made and professionals, consumers, and interest groups were interviewed. These contacts indicated there is significant committed interest in the provision of expanded service by the Faribault Regional Center in view of:

1. its strategic location in the center of the State's second largest population area,

2. its location 40 miles from the major metro population center, and

3. the lack of service in Southeastern Minnesota created by the closure of the Rochester State Hospital.

Faribault Regional Center Characteristics

In recommending a plan for the expanded and alternative uses of the Faribault Regional Center to the Minnesota State Legislature, the Task Force offers the following information regarding the current characteristics of the Faribault Regional Center.

Facility and Grounds

The Faribault Regional Center is located in Faribault (Rice County), Minnesota. Faribault is located 49 miles South of the Twin Cities in the hub of Southeastern Minnesota's largest cities. The Center encompasses approximately 500 acres of land of which 185 acres constitutes the active campus in the Southeastern portion of the City of Faribault. The beautiful wooded campus setting includes a groomed park along the Straight River and a twelve acre athletic field.

The Faribault Regional Center consists of 81 buildings with 30 major buildings totaling over one million square feet of sound structural, usable space. All of the buildings are in good to excellent condition. Of the 30 major buildings, only four are dedicated to a specific function; therefore, the 26 remaining buildings can be adapted to a multitude of uses with relative ease.

Clients

There are currently 520 clients receiving services at the Faribault Regional Center. The following demographics document the severity of developmental disabilities and handicapping conditions of the clients.

Diagnostic Characteristics as of September, 1988

	Numbers	Percent
Mild MR	25	4.8
Moderate MR	36	6.9
Severe MR	150	28.9
Profound MR	309	59.4
	520	100.0

***Handicapping Conditions**

Non-Ambulant	194	37.3
Seizure Disorders	263	50.5
Hearing Impaired	64	12.3
Visually Impaired	151	29.0
Behavior Disorders	302	58.0

* A person may have one or more handicapping conditions so the numbers reflected above will exceed total population counts.

Staff

The Faribault Regional Center employs 1,089 individuals totaling 945.48 FTE's. The staff includes over 200 health and human services professionals who provide medical and nursing care counseling, vocational training, speech therapy, behavioral therapy, and other specialized services. The staff is licensed, certified, and otherwise fully qualified in their various professions. Many are active in their professional associations.

Additionally, the Center employs over 530 health and program staff, many of whom are para-professionals licensed or certified in several specialty areas. Those who are not licensed or certified have received extensive pre-employment training in the care and habilitation of the handicapped. Throughout employment, all staff receive continuing education on current philosophies and methods of treatment.

The employee classifications are as follows.

Classification	FTE's
Management/Supervisory	85.00
Professional	142.50
Health Care - Para-professional	183.90
Health Care - Other	342.88
Craft	38.00
Clerical/Technical	42.50
Service	110.70
TOTAL	**945.48**

Plan Preface

The Faribault Regional Center Task Force recommends to the Legislature the expanded and alternative uses that are described in the following sections.

Plan for Developmentally Disabled Residual Population

The Faribault Regional Center will serve [redacted] clients with special needs on site with a full array of residential, day program, professional-technical, medical, psychiatric, and diagnostic services to provide concentrated programmatic intervention for select persons with an array of diverse medical and/or behavioral challenges for whom community networks are not operationalized.

The Faribault Regional Center is uniquely qualified programmatically, structurally, and organizationally to meet the needs of a diverse and challenging developmentally disabled population. The Regional Center has developed and currently conducts a variety of special programs designed to meet the extraordinary needs of both behaviorally and medically involved client groups.

Residual clients are defined as those persons with medical conditions and/or unstabilized behavioral conditions for whom an adequate and sufficiently concentrated medical, psychological, and/or therapeutic community network is not presently available. Given the severe medical problems and/or volatilities exhibited by these populations, such community development would require two critical components:

1. a protective, but not necessarily restrictive, intense therapeutic environment, and

2. a cadre of medical and/or behavioral experts on site to provide medical services, program input, monitoring, and intervention each day.

Utilizing this definition, the Faribault Regional Center is currently serving and would continue to serve a residual population of 150 clients. The current residual population includes:

- 15 persons court committed as dangerous to self of others
- 15 persons with deviant sexual behaviors
- 20 persons with self-injurious behaviors
- 5 persons with deteriorating cognitive conditions
- 60 persons with medical conditions
- 35 persons with MR/MI dual diagnosis

The Faribault Regional Center will provide the residential space, equipment, programs, and staff to serve a residual population of 200 clients. The Center will provide services for the following.

- Behaviorally volatile - 138 licensed beds
- Medically fragile - 100 licensed beds
- Developmentally disabled/Chemically Dependent - 12 licensed beds (While the Center is not currently serving these persons, the Task Force has identified a need for this service.)

Plan for a Geriatric Population - SNF

The Faribault Regional Center has operated a skilled nursing facility (SNF) since January 1, 1975. In addition, from the early beginning of the facility, the Faribault Regional Center has operated a free standing medical hospital complete with a total array of medical, nursing, and lab and diagnostic services.

During the past ten years, a greater proportion of the population served at the Regional Center has become more medically involved, behaviorally disordered, and elderly as communities and counties have expanded their integration efforts and successfully placed more capable and less involved persons.

As a result, the Faribault Regional Center has developed and expanded its expertise in serving a population declining in health and capabilities while increasing in its age. Residential sites have been converted for handicapped accessibility. Safety and review committees monitor and effect ongoing additional environmental or administrative changes to accommodate increased safety, health promotion, and less personal risk to clients. The Regional Center is highly qualified to serve an expanded population of Geriatric - SNF clients.

The Department of Human Services has reduced the number of admissions to Oak Terrace and plans to close the Oak Terrace facility by 1992. The plan will include relocating approximately 250 nursing home beds to be distributed state wide to other regional treatment centers due to the poor condition of the Oak Terrace facility.

The Faribault Regional Center will expand its role in providing long term care to elderly persons who are mentally ill, medically fragile, or who are clinically challenging (i.e., severe behavior problems). Most are referred by a hospital or another nursing home. Few have any other alternatives to a state operated nursing home. The nursing home beds at the Faribault Regional Center will be expanded by 100-125 beds to serve this group.

Persons will be accepted for admission only after pre-admission screening by the counties. Placements occur where no other community alternative is available and generally are expected to last longer than 180 days or for short term acute care. These persons cannot be adequately served in the community because they are medically fragile and exhibit severe or challenging behavior.

Plan for SOCS Residential/Day Program Services

SOCS Residential

State Operated Community Services (SOCS) will include a network of all residential services required by each individual identified to receive these services in a community living situation. Services will be provided by current Faribault Regional Center employees, building a service framework for training, analysis, and intervention.

The Faribault Regional Center is committed to supporting the growth and development of persons who are developmentally disabled through the provision of community based services and settings. The Center supports the position that handicapped persons share with their non-handicapped peers the right to enjoy and benefit from participation in community life. The Faribault Regional Center has made tremendous strides in the physical and social integration of handicapped individuals into society.

The Faribault Regional Center has demonstrated the feasibility of state operated community residential services through the development two years ago of four licensed Adult Foster Homes under the Title XIX Medicaid Waiver.

Benefits that have been provided to handicapped individuals in the recent past through the Faribault Regional Center's State Operated Community Services Project (SOCS) can be provided to more such persons in the future.

The Faribault Regional Center proposes to develope and manage a network of licensed ICF/MR/waiver homes, each housing six individuals with developmental disabilities. [redacted] individuals in six-bed sites (28-29 service sites). The services provided will include:

- Living arrangment with 24 hour active treatment.
- Respite beds.
- Crisis management.
- Direct professional/technical support services.
- Indirect support services.
- Supervision and management.

The location of residential sites will be developed to supplement existing helping networks such as the family, neighborhood, and the community. In order to maintain quality of living, proper working arrangements, and coherence among various service elements, as well as compliance with contractual agreements, the homes should be located [redacted]

Plan for Day Program Services

Minnesota Rules part 9525.1500 through 9525.1690 (Rule 38) and Minnesota Rules part 9525.0015 through 9525.0165 (Rule 34) require six hours per day of day habilitation training for developmentally disabled individuals away from the residential living unit. This training must be provided by professional and direct care staff in numbers sufficient to meet the needs of the individuals being served and [redacted]

The thirteen counties in the Faribault Regional Center receiving district are in need of specialized services for the more medically and behaviorally involved client as evidenced by the number of clients currently residing at the Faribault Regional Center. This plan will move the expertise of the state employee staff currently providing services to the clients' in community day program service sites.

The Faribault Regional Center has a long tradition of serving developmentally disabled adults who exhibit the most severe behavioral problems as well as those individuals who require the most intensive medical interventions and follow-up because of their multi-handicapping conditions. The Faribault Regional Center also has demonstrated the ability to provide vocational and day program services to this clientele in community based service sites. This has been demonstrated by the Faribault Regional Center receiving a grant from the Office of Special Education and Rehabilitation in 1986 for the development of community based supported employment sites.

The establishment of [redacted] will be established under the administrative direction of the Faribault Regional Center and the sites will utilize the Faribault Regional Center supervisory, professional, and direct service staff in the provision of habilitative and work training services to developmentally disabled clients. These clients will be from the Regional Center, state operated group homes, private group homes, family homes, etc.

Each service site will be located in an area that will provide the opportunity for integration with the general public on a regular and routine basis as part of the delivery of service. [redacted] Community supported employment services will be provided to the clients served as an outreach program.

Training in the actual service site will include vocational training, prime production and work activity sub-contract work, community integration skill training, domestic, mobility, and social skills training.

Plan for a Brain Injury Unit and Functional Evaluation Clinic

The Task Force and Rehabilitation Subcommittee identified populations with chronic cognitive, behavioral impairments, and/or physical deficits who are not presently served or are underserved in Southern Minnesota, not excluding a larger catchment area if a need exists.

According to the Minnesota Association of the National Head Injury Foundation, 9,600 head injuries occur each year as a result of accidents. Estimates from large trauma centers in Minnesota regarding the number of closed head injury victims admitted each year are [redacted].

DHS conducted a survey over the period of January 1 - July 30, 1986, titled "Survey on the Home and Community-Based Social Service Needs of Brain Impaired Adults". The survey was sent to 83 Minnesota counties and 79 responded. The results documented between 7,600 and 9,740 new head trauma cases each year. Of this number, 800-1,000 were determined to need follow-up assistance. For the counties that are specific to Southern Minnesota, results determined:

- The estimated number of brain impaired adults that suffered head trauma, under age 65, receiving services was 40.

- The estimated number of brain impaired adults that suffered head trauma, under age 65, and needed services but weren't being served was 72.

Currently, persons discharged from an acute hospitalization following a neurological insult do not receive a comprehensive rehabilitative evaluation. These persons are often placed in a skilled nursing facility for purposes of specialized rehabilitative services as well as health status evaluation. These evaluations are done independently, without the benefit of an integrated team conference headed by a physiatrist. The need exists for additional evaluation services to maximize functional capacity and enhance the adjustment to the disabilities both for the patient and family.

The plan recommends the following.

- [redacted] to provide comprehensive treatment of persons with brain injuries resulting in behavioral, cognitive, emotional, communicative, and mobility impairments and/or deficits including not only post-acute services, but also community integration and needed family support systems. The plan includes the establishment of a free [redacted]

- [redacted] for purposes of functional evaluation of persons with neurological and motor deficits. This would include persons with neuromotor impairments within the diagnoses of brain injury, stroke, rheumatoid arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, and other chronic organic brain disorders.

- [redacted] within the outpatient evaluation clinic for the design and fabrication of assistive devices to enhance functional performance of individuals with a variety of physical dysfunctions.

Plan for a Psychiatric Unit

The Mental Health initiative legislated in 1987 requires counties to offer a full range of mental health services as close to the county as possible designed to prevent placement in settings that are more intensive, costly, or restrictive than necessarily appropriate to meet the clients' needs.

Pre-admission screening for inpatient and residential treatment will be required prior to admission by January 1, 1991, to ensure that the admission is necessary and the length of stay is as short as possible, consistent with the individual needs of the clients.

The Regional Treatment Centers should continue to play an important role in providing care for mentally ill people as one of many alternatives. The Faribault Regional Center should serve persons whose illness is of such intensity or duration that community resources are not available or with characteristics which reduce the likelihood of care in the community.

The need exists for a program that will serve persons with serious mental illness who require intensive psychiatric evaluation and stabilization. Indications of need for inpatient psychiatric care include, but are not limited to, the following.

- Prior treatment attempts, employing less restrictive levels of care, which have been unsuccessful.
- Seriously impaired affective, social, and familial functioning.
- Potentially dangerous to self and others.

The program will be established for comprehensive psychiatric inpatient and day treatment services on the campus of the Faribault Regional Center for adults 18 years of age and older who are suffering from major psychiatric illness. Two 20-bed units will serve persons at the Faribault Regional Center with serious mental illness who require intensive psychiatric evaluation and stabilization.

Plan for Shared Services Program

The Faribault Regional Center has many professional/technical services and professional expertise that could be of great value if made available to the community and the region. As a result, the Shared Services Subcommittee of the Faribault Regional Center Task Force has explored the feasibility of accessing these services on a fee for service, purchase of service basis.

The Faribault Regional Center has a long tradition of providing a diversity of human services to its single disability population and can readily apply similar expertise to a multi-disability population mix. The Faribault Regional Center's current organizational structure and physical layout lends itself to semi-autonomous operations among departments, units, and services and yet more than adequately allows for the necessary professional intra-interdependence needed to coordinate services. This experience provides the necessary back drop for a smooth transition to multi-disability coordination and service delivery.

The Faribault Regional Center has previously provided space, coordinated and delivered services, and provided administrative support to other human service providers with high mutual satisfaction levels experienced by both entities. Over the past few years, the Faribault Regional Center has entered into cooperative arrangements with School District #656, the Department of Corrections, the Faribault Technical Institute, county social services, the Department of Education, and the Department of Veterans Affairs.

[redacted] Faribault Regional Center, there will continue to be a need for the expertise of the professionals currently employed at the Center. It is from this professional core — physicians, nurses, staff development personnel, psychologists, social workers, behaviorists, etc., that expert services will be purchased by county social service agencies, providers of developmentally disabled residential services, developmental achievement centers, work activity and community supported employment programs, families, and individuals.

ENABLING LEGISLATION

To successfully implement the Faribault Regional Center Task Force plan, several legislative issues will need to be addressed for each of the programs to remove major obstacles for program implementation. The legislative issues include licensures, appropriations, and enabling legislation.

The specific areas of concern are identified for each of the proposed programs in the Enabling Legislation section of the Plan.

GOVERNANCE

The Task Force recommends that the Faribault Regional Center continue to be a part of the Department of Human Services and that governance remain as it has been as concerns the facility as a whole. The Task Force also makes the following recommendations regarding inter-facility management.

Department of Human Services Programs

The facility continue both operational and programmatic direction of programs directed by the Department. This includes residential and community-based programs which serve the developmentally disabled, mentally ill, chemically dependent, and aged. We applaud and support the facility's continued use of "advisory committees" for each of these groups. These committees are composed of consumers, families, professionals, and the general public who offer advice regarding the operation of these programs.

Lease Agreements

Anticipating that the facility may have surplus space beyond its use, we recommend that such space be offered to other state departments, county, city, and other non-profit organizations whose programs are compatible with the Department of Human Services' programs operated on the campus.

The mechanism to be used to enable these programs will be a lease of physical space on the campus. The approval of the lease will be dependent on full knowledge of the proposed programs including liabilities and assets. A major concern of leasing groups would be operational and programmatic control. We recommend this control be retained by the lessee. Any necessary limits or concerns can be addressed either in the physical space lease or through concurrent Memorandums of Understanding. Due to standard lease specifications regarding unilateral one-month notice of lease terminations, the facility can effectively protect other programs and populations.

CONCLUSION

Through the efforts of over 100 individuals who have participated on the Faribault Regional Center Task Force and various Subcommittees, this document serves as a realistic, viable plan for the future of the Faribault Regional Center.

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GLOSSARY OF TERMS AND DEFINITIONS

ADL—Activities of Daily Living (dressing, grooming, bathing, eating, transfering, walking, toileting).

DHS—The Minnesota Department of Human Services

DD—Developmental Disabilities; term used to describe populations of persons with mental retardation and related conditions.

DD/CD—Developmentally Disabled persons who are also chemically dependent.

FTE—Full Time Equivalent; equal to 80 hours of employment every two weeks.

FY(E)—Fiscal Year (Ending); usually followed by year as in FYE 1989; fiscal year of the state runs July 1-June 30; federal fiscal year runs October 1-September 30.

Fee for Service—payment by either an individual, insurance company, agency or Medical Assistance for one time or short term service.

Functional assessment—evaluation of the ability to perform tasks necessary for everyday living (i.e. dressing, toileting, eating, mobility, communication) and community integration (judgement, safety).

Head injury (traumatic brain injury)—traumatic insult to the brain, that may cause physical, cognitive, emotional, behavioral, vocational changes, and impairment of social functioning.

Host County Contract—a written agreement between a County Social Service agency and a service provider within the county for provision of services.

ICD-9 Codes—International Classification of Disease, 9th Revision, Clinical Modification codes.

ICF—Intermediate Care Facility; federal designation for a nursing home which provides nursing care and assistance with daily living as needed by the client; less intensive level of service than in a SNF.

ICF-MR—Intermediate Care Facility for persons with mental retardation or related conditions.

LPN—Licensed Practical Nurse

Medical Assistance (MA) Vendor—an individual or agency authorized by DHS to receive payment for service under the Federal Assistance program.

MI—Mental illness; mentally ill.

MR—Mentally Retarded

NHIF—(National Head Injury Foundation) organization of family members or professionals concerned with head injury; the Minnesota Association of this national organization provides information about head injury, facilities and programs that serve this population in Minnesota.

Orthotics—dynamic and static splints for the purpose of relieving pain, maintaining joint alignment, protecting joint integrity, improving function and/or decreasing deformity.

Per Diem—The cost per day of institutional or community services.

RTC—Regional Treatment Center; a licensed health care facility operated by the Department of Human Services providing treatment to persons with mental illness, developmental disabilities or chemical dependency.

RN—Registered Nurse

Residual—The remaining group of developmentally disabled clients whose presenting medical needs and/or intense behavioral needs preclude available/accessible community options.

Rule 10—DHS licensure for Reporting Maltreatment of Vulnerable Adults in Licensed Facilities.

Rule 34—DHS licensure for Residential Programs and Services for Persons with Mental Retardation.

Rule 36—DHS Licensing of Residential Facilities for Adult Mentally Ill Persons.

Rule 38—DHS Training and Habilitation Services Licensing.

Rule 80—DHS licensure for Residential Facilities and Services for the Physically Handicapped.

SLF—Class B—supervised living facilities for ambulatory, non-ambulatory, mobile or non-mobile persons who are not mentally or physically capable of taking appropriate action for self-preservation under emergency conditions.

SNF—Skilled Nursing Facility; federal designation for a nursing home which provides twenty-four-hour nursing and assistance with activities of daily living.

Shared Service Agreement—a formal contract specifying long-term, recurring services.

SOCS —State Operated Community Services.

Staff Development—in-service training for staff.

Waiver—Release from a set of requirements; generally used to describe a federally allowed modification or enrichment of required human service programs.

Zero-Reject—Not subject to demission.

INTRODUCTION

The Faribault Regional Center Task Force expresses its sincere thanks and appreciation to the Legislature for enabling legislation to authorize and fund a Task Force directed to recommend to the Legislature expanded and alternative uses for the Faribault Regional Center. This plan is the Task Force's recommendation to the Legislature.

The thirteen member Task Force was supplemented by over 100 community volunteers who served on various subcommittees. The Task Force and its subcommittees utilized data developed through a regional survey of providers, consumers, and social service agencies, as well as data and information from the State Planning Agency and the State Department of Human Services. In addition, site visits were made and professionals, consumers, and interest groups were interviewed. These contacts indicated there is significant committed interest in the provision of expanded service by the Faribault Regional Center in view of:

1. its strategic location in the center of the State's second largest population area,
2. its location 40 miles from the major metro population center, and
3. the lack of service in Southeastern Minnesota created by the closure of the Rochester State Hospital.

FARIBAULT REGIONAL CENTER TASK FORCE

As mandated by DHS Omnibus bill (dated April 16, 1988), section 263, a thirteen member task force was appointed to develop a plan for expansion of use of the Faribault Regional Center. This task force is comprised of local citizens and professionals with expertise in caring for disabled persons and concern for the future of the Faribault Regional Center. The thirteen Task Force members include:

Representation	Name and Position
Faribault Regional Center	Bill Saufferer, Chief Executive Officer
Faribault Technical Institute	Viril Layton, Director
Faribault PublicSchools	Dr. Richard Berge, Superintendent
Minnesota Academies for Deaf & Blind	Wade Karli, Superintendent
The Wilson Center	Bob Armagost, Vice President
Rice County	Nancy McCarthy, Social Services Supervisor
City of Faribault	Pat Hentges, City Administrator
Rice County District One Hospital	Judith Tartaglia, Public Relations Director
Department of Human Services	Terry Anderson, ResidentialProgram Manager
Community Representatives:	Russ Kennedy, Owner Private Group Homes

Diane Sammon, Parent
Developmentally Disabled Child

Marilyn Carstensen, Employee
Faribault Regional Center

Helen Hoffmann, Owner, Hoffmann Printing
Past President Chamber of Commerce
Elected Chairperson of the Task Force

The Faribault Regional Center Task Force recognizes that although the Developmentally Disabled population of the Faribault Regional Center is decreasing, there will always be a need for services and housing for a specialized population of Developmentally Disabled persons. It is further recognized that there is a need for services in Southeastern Minnesota for additional disabled populations whose needs are currently not being met due to closure of the Rochester State Hospital. Presently, there is a highly trained, varied staff employed at the Faribault Regional Center. In addition, Faribault is a supportive and accepting community for disabled persons.

Therefore, the Task Force, which is an outgrowth of an already standing committee, has explored alternative uses of the Faribault Regional Center. The Task Force is proposing a specific plan detailing the mission, time lines, and methods to implement these goals. When identified, these goals will extend the resources of the Faribault Regional Center to the private sector and other public agencies on a fee basis.

The Faribault community is very proud to have initiated a task force such as this one, developed to propose expanded and alternative uses for the Regional Center. The Regional Center is a valuable provider for not only our community, but our region. The services it offers to the developmentally disabled are the best available, tailored specifically to meet their needs. It also is the largest employer in Faribault, providing jobs for trained individuals with specialized knowledge, skill, and interest.

TASK FORCE SUBCOMMITTEES

To assist in developing the plan for expanded and alternative uses for the Faribault Regional Center, the Task Force established four subcommittees.

1. Residential Population

The Residential Population Subcommittee has researched alternative uses for the Faribault Regional Center which may benefit from the Center's facilities, staff, and services. Alternative uses such as a veterans home, correctional facilities, and a psychiatric unit for the mentally ill have been identified.

The Chair of the Residential Populations Subcommittee is Robert Armagost, Vice President of the Wilson Center and Chair of the Rice County Mental Health Advisory Council. The Wilson Center is a private psychiatric treatment facility for adolescents.

2. Shared Services

The Shared Services Subcommittee has explored the need for accessing the Faribault Regional Center's professional/technical services to the community and the region on a fee basis. The Subcommittee has undertaken a survey to measure the need for and interest in shared services.

The Chair of the Shared Services Subcommittee is Nancy McCarthy, Rice County Social Services Supervisor.

3. Rehabilitation

The Rehabilitation Subcommittee identified under served populations in need of rehabilitative services such as the brain injured, elderly, stroke victims, persons with Alzheimers Disease, muscular dystrophy, multiple sclerosis, etc.

After initial research, the Subcommittee concentrated its efforts on brain injured adults and has developed a comprehensive plan for serving this population.

Additionally, the Subcommittee has identified the need for a Functional Evaluation Clinic in the region.

The Chair of the Rehabilitation Subcommittee is Judy Tartaglia, Public Relations Director for Rice County District One Hospital.

4. Education

The Education Subcommittee has identified programs to train existing and new employees to serve the new populations which have been identified by the other Subcommittees.

Also, the Education Subcommittee is coordinating the development of a training consortium which will link area health care and education providers enabling them to combine staff development courses to save time and funds to become more effective and efficient.

The Chair of the Education Committee is Viril Layton, Director of the Faribault Technical Institute.

The following individuals are members of one or more of the four Subcommittees. Their contribution of time, effort, and support has made the final document possible.

Additionally, this list of individuals documents that the final report is the combined result of community support, expertise, and commitment.

Helen Hoffmann	Task Force Chair, Owner, Hoffmann Printing
Judy Tartaglia	Public Relations Director, Rice County District One Hospital
Viril Layton	Director, Faribault Technical Institute
Nancy McCarthy	Adult Social Services Supervisor, Rice County Social Services
William Saufferer	Chief Executive Officer, Faribault Regional Center
Robert Armagost	Vice President of Administration, The Wilson Center
Russ Kennedy	President and Owner, KQC Incorporated
Terry Anderson	Residential Program Manager, Department of Human Services

Diane Sammon	Parent, Developmentally Disabled Child
Patrick Hentges	City Administrator, City of Faribault
Dr. Richard Berge	Superintendent, Faribault Public Schools
Marilyn Carstensen	Local AFSCME Representative
Wade Karli	Superintendent, Minnesota State Academies for the Deaf and Blind
Judd Smith	President, Smith, Orr & Associates
Don Olson	Assistant Director, Faribault Technical Institute
Sally Rappe	Faribault Technical Institute
Ken Larsen	Assistant Administrator, Rice County District One Hospital
Mary Kindseth	R.N., Rice County District One Hospital
Pat Rice	Audiologist, Minnesota Academy for the Deaf, City Council Member
Marie Kotek	Member, Local 607 AFSCME
Irene Fritsche	Member, Local 607 AFSCME
Elaine Beaupre	Executive Director, Faribault Area Chamber of Commerce
Elizabeth Langeslag	Citizen, Rice County
Arnold Madow	Independent Consultant
Dan Lee	Director, Rice County Veterans Service Office
Bud Helgeson	Private Group Home Operator/Veteran
Bonnie Klein	Faribault Technical Institute
Phyllis Wegner	Instructor, Faribault Technical Institute
Dr. Robert P. Meyer	Physician, General Surgeon and Family Practice - Meyer Clinic
Dave Meillier	Administrator, Pleasant Manor Nursing Home
Paul Linse	Minnesota Academy for the Deaf
Michael Grinney	President, Faribault Area Chamber of Commerce
William Korff	Chamber of Commerce - Membership Director
Judy Saye-Willis	Advertising Manager - KDHL Radio
Bryan Stenlund	Licensed Consultanting Psychologist

Dorothy Eller	Parent, Brain Injured Young Adult
Anne K. Brutlag, M.D.	Physiatrist, Chair of Department of Rehabilitation, Park Nicollet Medical Center
Jim Neilson	Director of Court Services, Rice County
Mary Rohloff	Citizen, Rice County
Mary Ellen Barnett	Faribault Jobs and Training
Mike Lenaghan	Physical Therapist, Cannon Valley Physical Therapy Association
Floyd Stark	Veteran, American Legion
Patricia Gustafson	Housing and Redevelopment Director, City of Faribault
Harriet Gunderson	R.N., Rice County District One Hospital
Shelly Rockman	Staff, City of Faribault
Carol Freed	Secretary, Faribault Technical Institute
Gary Voegele	Attorney
Charlie Turnbull	Business Owner
Kim Lang	Staff, City of Faribault
Ernie Cameaux	Private Group Home Operator
Jerry Freed	Veteran, VFW
Gordon Velzke	Veteran, American Legion
Al Conklin	Developer/Veteran
Helen Gillis	Staff, City of Faribault
Steven Griesert	Director of Community Development, City of Faribault
Dave Schweisthal	Rice County Sheriff
Gerald Wolf	Rice County District Court Judge
Ann Vohs	Rice County County Commissioner
Nancy Hohbach	Rice County Coordinator
Dan Krom	Intern, City of Faribault
Kevin Mahoney	President, Wilson Center
Jean Mahler	Downtown Faribault Coordinator

Richard Graf	Executive Director, Faribault Industrial Corporation
Kathleen Erickson	City Council Member/Business Manager
Gary Kindseth	City Council Member/Vice President Faribault Foods
Thomas Waarvik	City Council Member/Appraiser, Real Estate
Mike Meillier	City Council Member/Social Services Director
John Hanscom	City Council Member/Deputy Registrar, MN License Bureau
Robert Heine	Mayor, City of Faribault/Owner, Heine Insurance Agency
Dr. R.C. Speckhals	Internal Medicine
Dr. William Laney	Orthopedic Surgeon
Micheal Lenaghan	Physical Therapist, Registered
Paul Hougan	Physical Therapist, Registered
Gaylord Bridge	Retired Administrator, Faribault District One Hospital
Dr. Anne K. Brulag	Phyiatrist, Head of Rehabilitation & Physical Medicine, Park Nicollet Medical Center

Additionally, over 40 Faribault Regional Center staff have served on the Subcommittees.

Over 80 Task Force and Subcommittee meetings have been held over the past seven months and it is estimated that over 100 volunteers have contributed a total of 5,000 hours to assist with the development of the Faribault Regional Center Plan.

FARIBAULT REGIONAL CENTER CHARACTERISTICS

INTRODUCTION

This section will describe the following Faribault Regional Center characteristics:

1. Facility and Grounds
2. Clients
3. The Staff
4. Budget

Facility and Grounds

Location

The Faribault Regional Center is located in Faribault (Rice County), Minnesota. Faribault is located 49 miles south of the Twin Cities. The Faribault Regional Center is located strategically in the hub of Southeastern Minnesota's largest cities. Albert Lea, Austin, Mankato, Rochester, and Red Wing are all within a one hour drive of Faribault. Additionally, Northfield and Owatonna are within 15 miles of the Regional Center. Please refer to Map 1.

Grounds

The Faribault Regional Center encompasses approximately 500 acres of land of which 185 acres constitutes the active campus in the Southeastern portion of the city of Faribault. The beautiful wooded campus setting includes a groomed park along the Straight River and a twelve acre athletic field. Additionally, the River Bend Nature Center is located adjacent to the campus. The River Bend Nature Center includes over ten miles of marked trails along the Straight River and encompasses over 640 acres of woodlands and prairies. Please refer to Map 2.

Buildings

The Faribault Regional Center consists of 81 buildings, with 30 major buildings totaling over one million square feet of sound, structural, usable space. Of the 30 major buildings:

- Fifteen are utilized for residential services. The residential buildings provide privacy, comfort, life safety, handicapped accessibility, and energy conservation.

- Seven buildings are utilized for training and habilitation. These buildings have been redesigned to accommodate a wide variety of activities and therapies. The buildings are used by both Regional Center and community clients and can be readily adapted for use by other special needs groups.

- Nine buildings are used to provide administrative and support services. The Regional Center also provides bakery and laundry services to numerous public and private facilities in the region. The Health Services Center includes an acute medical hospital, skilled nursing and convalescent care, pharmacy, laboratories, clinics, dental suites, and other medical facilities.

Over 50 percent of the buildings have been constructed since 19[redacted] have been invested in major repairs and improvements such as energy management, asbestos removal, life safety/handicapped remodeling, etc. Therefore, the buildings constructed prior to 1950 have been remodeled and are in good condition. The buildings constructed after 1950 are in excellent condition. Please refer to Map 3.

Of the 30 buildings, only four are dedicated to a specific function by virtue of the capital equipment they house:

- Food Service Building
- Hospital
- Laundry
- Power Plant

The remaining 26 buildings can be adapted to a multitude of uses with relative ease.

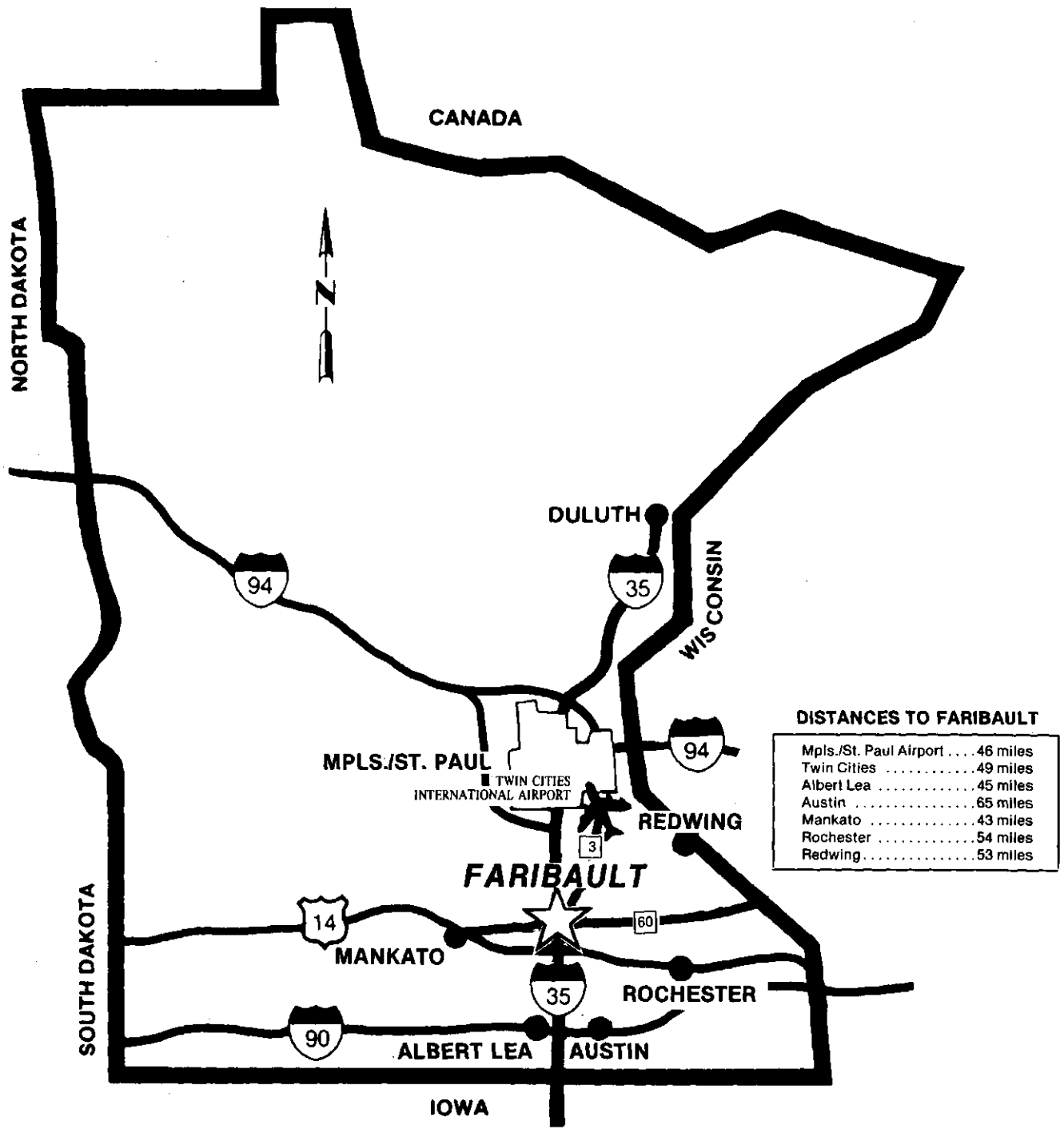
All buildings are served by a central heating plant with dual fuel capabilities. Recently, the Faribault Regional Center was recognized for saving more heating dollars (nearly $100,000 in a single season by burning the least expensive fuel) than any other state facility or state university. In addition to high pressure steam, the plant provides the campus with hot and cold water pumped from two private, deep wells. Although "private", the Regional Center's waterworks are licensed and operated as a municipal system.

Electricity is purchased from NSP. Presently, the Regional Center's primary electrical system is being converted to a "closed loop" to enhance reliability and safety. A 1,100 kilowatt diesel generator provides stand-by power. Sanitary sewer, police, and fire protection are provided by the city. Telecommunications are provided by U.S. West through a state-owned PBX. The PBX serves the Regional Center, both State Academies and several smaller State offices.

The Faribault Regional Center, with it's ideally located campus and over 30 buildings and one million square feet of space, is larger than the majority of the college campuses in the state of Minnesota.

FARIBAULT ...

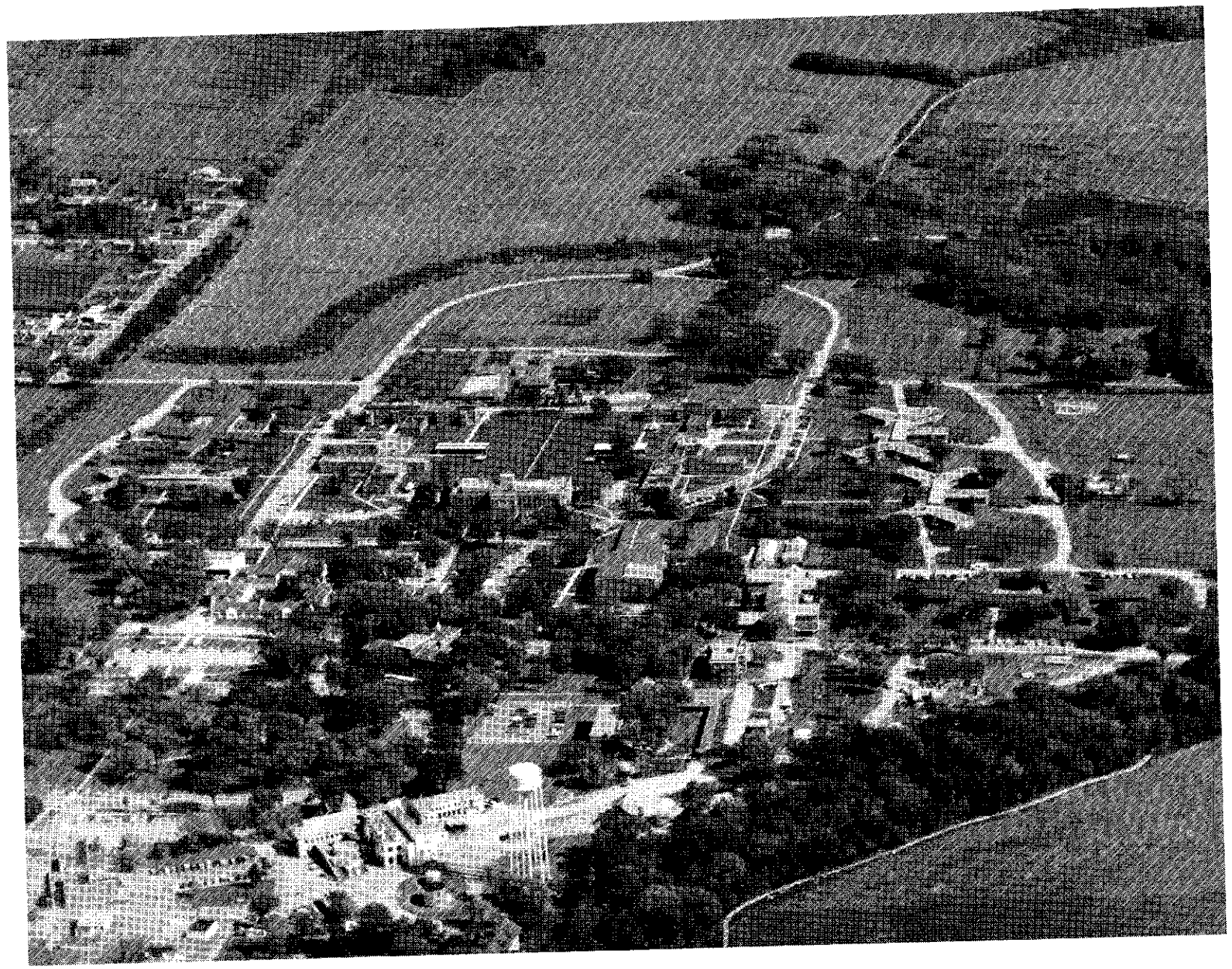
STATEGICALLY LOCATED IN BUSTLING S.E. MINNESOTA



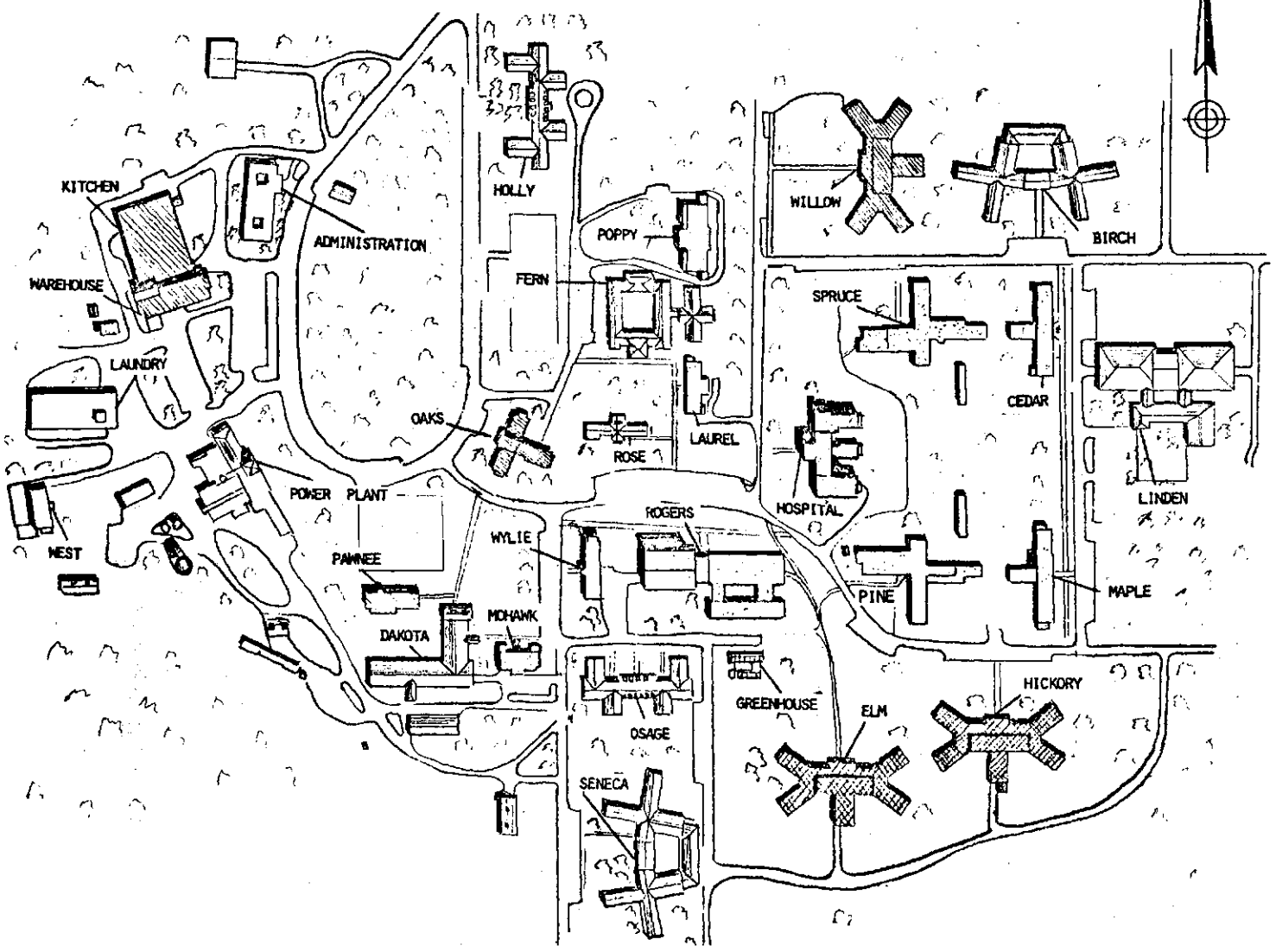
DISTANCES TO FARIBAULT

Mpls./St. Paul Airport	46 miles
Twin Cities	49 miles
Albert Lea	45 miles
Austin	65 miles
Mankato	43 miles
Rochester	54 miles
Redwing	53 miles

Faribault Regional Center



FARIBAULT REGIONAL CENTER



Auxiliary	Sq. Ft.	Condition	Program	Sq. Ft.	Condition	Residential	Sq. Ft.	Condition
Admin.	19,002	Excellent	Laurel	14,063	Good	Birch	34,042	Excellent
Food Serv.	42,244	Excellent	Linden	41,877	Excellent	Cedar	22,734	Good
Health Serv.	67,649	Excellent	West	12,078	Good	Elm	35,201	Excellent
Laundry	25,692	Excellent	Dakota	38,670	Fair	Hickory	36,057	Excellent
Mohawk	11,982	Good	Fern	30,887	Good	Holly	24,123	Good
Power Pl.	40,115	Good	Oaks	30,308	Fair	Maple	22,734	Good
Warehouse	28,735	Excellent	Poppy	20,786	Good	Osage	23,763	Good
Wylie	17,599	Good	Rose	10,704	Good	Pine	22,499	Good
			Rogers	51,340	Excellent	Spruce	22,499	Good
						Willow	36,514	Good
						Seneca		

Clients

There are currently 520 clients receiving services at the Faribault Regional Center.

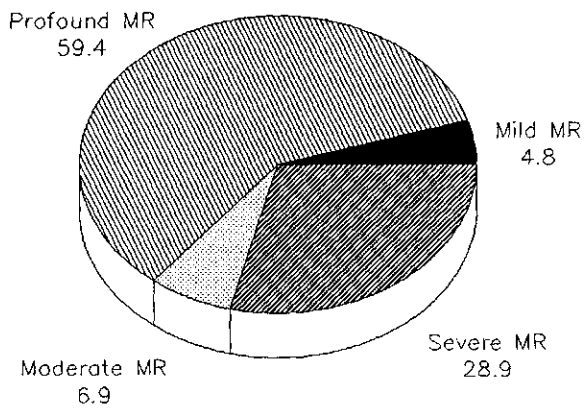
The following demographics document the severity of the developmental disabilities and handicapping conditions that the clients are experiencing.

In reviewing the demographics, please note the following American Association on Mental Deficiency definitions:

Diagnostic Characteristic	IQ	Mental Age
Mild Mental Retardation	55-70	8-11 years
Moderate Mental Retardation	40-55	6-8 years
Severe Mental Retardation	25-40	4-6 years
Profound Mental Retardation	0-25	0-4 years
Educable	50-75	
Trainable	25-50	
Custodial	0-25	

Faribault Regional Center Client Demographics

Current Population Characteristics

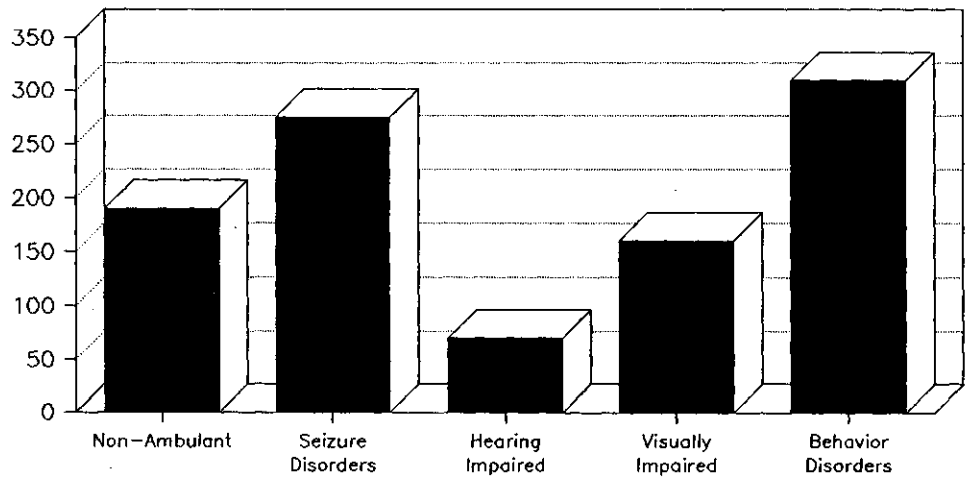


Based on population of 520

Diagnostic Characteristics as of September, 1988

	Numbers	%
Mild Mental Retardation	25	4.8
Moderate Mental Retardation	36	6.9
Severe Mental Retardation	150	28.9
Profound Mental Retardation	309	59.4
	520	100%

Client Demographics/Handicapping Conditions



Handicapping Conditions*

	Numbers	%
Non-Ambulant	194	37.3
Seizure Disorders	263	50.5
Hearing Impaired	64	12.3
Visually Impaired	151	29.0
Behavior Disorders	302	58.0

* A person may have one or more handicapping conditions so the numbers reflected above will exceed total population counts.

CARE NEEDED BY DISCIPLINE

Additional services for persons with mental retardation who are also visually impaired
- Opthomology
- Protective/adapted environment
- Access to specialized equipment (talking books, cassettes)
- Mobility training/devices

Additional services rquired for persons with mental retardation who are also hearing impaired
- Audiological
- Speech pathologist
- Interpretive services
- Adaptive communication devices
- Support network (staff, friends, employers, family, etc.) trained in total communications
- Adaptive life safety equipment
- Adaptive equipment (hearing aids, telecommunication devices)

Resource needs of persons with mental retardation
- Primary physician
- Dentist
- Medical, psychological/functional assessment/ diagnostic services
- Day Program services/work sites
- Advocacy services
- Socialization network
- Case management
- Spiritual guidance
- Transportative
- Adequate housing
- Supervision/assistance in activities of daily living as needed (i.e., vocational skills, nutritional needs, self-care skills, finacial skills, medical/dental needs, communicative skills, community integration, sex education, recreation skills, socialization skills
- Generic recreation/leisure options
- Habilitation plans
- Dietary services

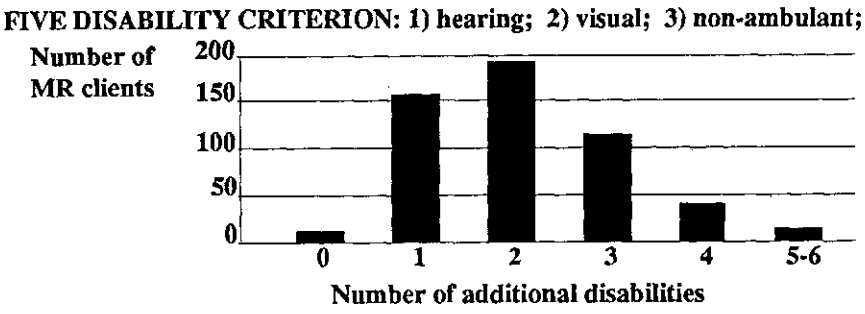
Additional services required for persons with mental retardation who are also non-ambulant
- Occupational therapy
- Physical therapy
- Adaptive equipment specialist
- Orthopedist
- Padiatry
- Appropriately available Medical staff
- Handicapped transportation
- Handicapped accessible/barrier free housing

Additional services for persons with mental retardation who also have behavior disorders
- Ongoing psychological
- Behavior modification therapy/ application
- Counseling—group & individual
- Psychiatric
- Phamacological
- Neuroleptic medication monitoring
- Rehabilitation/vocational services
- Recreation therapy
- On care emergency services
- Protected environment
- Consistent 24 hour staffing
- One on one enriched staffing for severe life threatening behaviors
- Receptive community

Additional services required for persons with mental retardation who also have a seizure disorder
- Pharmacology
- Nursing services
- Neurology
- Adaptive safety devices
- Epileptologist
- Immediate medical/emergency services (i.e., CPR life support systems
- Medication monitoring
- Pharmacist
- 24 hr. supervision with staff trained in CPR and First Aid

Medically fragile
- 24 hour nursing care—licensed practical nurses
- Respiratory therapy
- Daily dietary services
- Adaptive equipment, positioning devices
- Daily MD coverage
- Daily O.T. and P.T.
- On site pharmacist
- Emergency backup power system
- Continuous need for medical supplies

FIVE DISABILITY CRITERION: 1) hearing; 2) visual; 3) non-ambulant; 4) epileptic; 5) behavior disorder



with no other disabilities:	6
with 1 additional disability:	157
with 2 additional disabilities:	191
with 3 additional disabilities:	114
with 4 additional disabilities:	44
with 5-6 additional disabilities:	8
Total Number of Clients:	520

Staff

The Faribault Regional Center employs 1,089 individuals with a total of 945.48 FTE's. The Regional Center employs a fully trained and qualified staff to provide care, training, and habilitation to handicapped people. There are over 200 health and human services professionals providing medical and nursing care, counseling, vocational training, speech therapy, behavior therapy, and other specialized services. The staff is licensed, certified, and otherwise fully qualified in their various professions. Many are active in their professional associations.

These professionals are furnishing consultative services to families and social service agencies in designing and implementing specialized techniques. Professionals are assigned to teams which cooperatively assess clients' needs, train staff, and monitor the delivery of programs.

The Regional Center employs over 530 health and program staff, many of whom are para-professionals, licensed or certified in several specialty areas. Those who are not licensed or certified have received extensive pre-employment training in the care and habilitation of the handicapped. Throughout employment, all staff receive continuing education on current philosophies and methods of treatment.

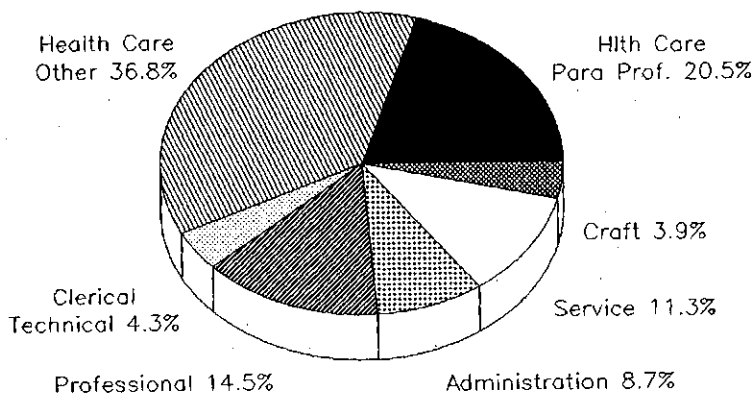
Specialized services are provided for hearing and visually impaired clients, for medically fragile persons, severe behavioral disorders, and seizures. Staff skills in training clients to care for themselves and in teaching social and work skills are an invaluable asset to the state.

The employee classifications are as follows:

Classification	FTE's
Administrative	85.00
Professional	142.50
Health Care-Para-professional	183.90
Health Care-Other	342.88
Craft	38.00
Clerical/Technical	42.50
Service	110.70
Total	**945.48**

* Please refer to Chart 1 for a classification breakdown by percentages and refer to the Appendix for a total listing of employees by position title.

Faribault Regional Center
Staff Complement : 945.48

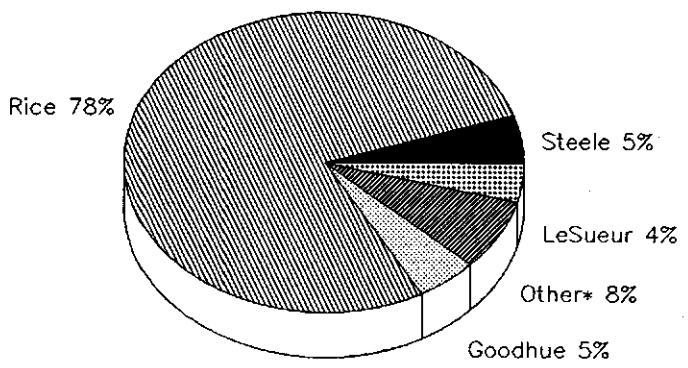


In addition to staff, the Faribault Regional Center augments its professional/technical services with consultative services which include medical consultants, religious services, individual client services, staffing services, and facility management/standards compliance services.

* Please refer to the Appendix for a complete description of the Faribault Regional Center Medical Staff and Consultants.

Currently, the employees of the Faribault Regional Center reside in 18 counties, with 78 percent of the employees residing in Rice County. Please refer to Chart 2.

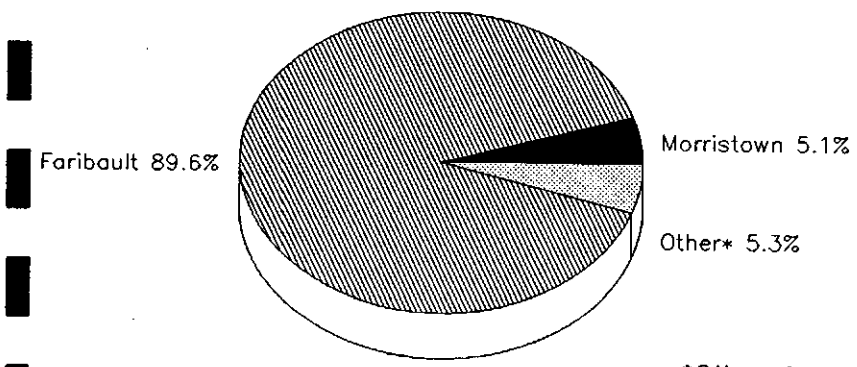
Geographic Distribution by County
FRC Staff Total: 1,089



*Other includes: Olmstead (1.4%), Dakota (1.3%), Dodge (1.3%), Hennepin (1.1%); Blue Earth, Faribault, Freeborn, Mower, Nicollet, Ramsey, Scott, Wabasha, Waseca and Washington (2.6%).

Of the 847 employees that reside in Rice County, 89.6 percent or 759 employees live in the city of Faribault. Please refer to Chart 3.

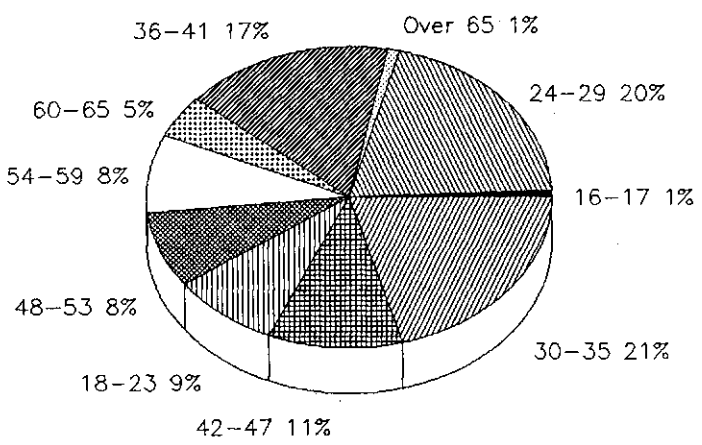
Staff Composition by City (Rice County)
FRC Total: 847



*Other includes: Dundas, Lonsdale, Northfield, Nerstran Nerstrand, Warsaw and Webster.

With regard to age distribution, 50 percent of the employees are over the age of 35, with 20 percent over the age of 50. Please refer to Chart 4.

Employee Age Distribution
MR and General Support: Total: 1,089



BUDGET

The Faribault Regional Center budget for the current biennium follows:

Faribault Regional Center
Major Budget Allocations to Date

	Average pop. -568 Annual - FY 8 1987-88	Average Pop. -500 Annual - FY 9 1988-89	Biennial
Salaries Allocated:			
General Support Salaries	5,738,947.00	6,132,147.00	11,871,094.00
Regional Laundry Salaries	723,137.00	757,700.00	1,480,837.00
Direct Care—M.R. Salaries	21,290,818.00	20,574,265.00	41,865,083.00
Unemployment/Workers' Comp.	629,907.00	575,400.00	1,205,307.00
Prof./Tech. Services & Patient Pay	253,079.00	391,400.00	644,479.00
Student Worker	8,706.00	-0-	8,706.00
TOTAL	**28,644,594.00**	**28,430,912.00**	**57,075,506.00**

Current Expense Allocations:			
Fuel & Utilities	774,176.00	979,900.00	1,754,076.00
Food	533,970.00	518,000.00	1,051,970.00
Drugs/Medical Supplies	275,200.00	240,900.00	516,100.00
All Other Current Expense	555,284.00	490,300.00	1,045,584.00
TOTAL	**2,138,630.00**	**2,229,100.00**	**4,367,730.00**
Repairs, Replacement, and Betterment			
Regular R, R, & B	129,230.00	155,770.00	285,000.00
Special Projects R,R, & B	83,962.00	81,293.00	165,255.00
Resident Furniture	59,200.00	-0-	59,200.00
TOTAL	**272,392.00**	**237,063.00**	**509,455.00**
Special Equipment Allocation	98,616.00	10,789.00	109,405.00
TOTAL OF MAJOR ALLOCATIONS	**31,154,232.00**	**30,907,864.00**	**62,062,096.00**

PLAN PREFACE

The Faribault Regional Center Task Force recommends to the Legislature the following plan that provides expanded and additional uses for the Regional Center.

The Task Force Plan includes:

- expanded services to meet the needs of the populations currently served by DHS,
- development of a brain injured rehabilitation program for identified populations with unmet needs,
- lease arrangements to utilize space through contractual agreements with providers that administer programs compatible with the existing population, and
- Shared Services components to utilize existing staff on a fee basis for identified programs, as well as fee for service for services which include, but are not limited to, laundry facilities, dietary, and medical.

The individual programs proposed in the Task Force Plan are:

1. Plan for Developmentally Disabled Residual Population
2. Plan for a Geriatric Population
3. Plan for SOCS Residential Program Services
4. Plan for Day Program Services
5. Plan for a Brain Injury Unit and Functional Evaluation Clinic
6. Plan for a Psychiatric Unit
7. Plan for Shared Services Program
8. Leases

The following sections address the programs with an **Introduction, Statement of Need, Plan of Action, Impact, Budget,** and **Conclusion.**

PLAN FOR DEVELOPMENTALLY DISABLED RESIDUAL POPULATION

INTRODUCTION

The Faribault Regional Center will serve 250 specialized need clients on site with a full array of residential, day program, professional- technical, medical, psychiatric, and diagnostic services to provide concentrated programmatic intervention for select persons with an array of diverse medical and/or behavioral challenges for whom community networks are not operationalized.

The Faribault Regional Center is uniquely qualified programmatically, structurally, and organizationally to meet the needs of a diverse and challenging developmentally disabled population. The Regional Center has developed and currently conducts a variety of special programs designed to meet the extraordinary needs of both behaviorally and medically involved clients.

The Faribault Regional Center is well prepared to serve individuals with defined special needs. There is a critical need for ongoing regional center residential and program services for those persons with severe medical conditions and/or unstabilized behavioral conditions. There is not an adequate and sufficiently concentrated medical, psychological, and/or therapeutic community network available for a significant number of these persons given the severity of the presenting medical problems and/or behavioral volatilities.

The Regional Center provides a protective, but not necessarily restrictive, intense therapeutic environment and a cadre of medical and/or behavioral experts on site for medical and/or program input, monitoring, and intervention each day.

The Regional Center serves persons basically in two major disability categories.

1. **Medical**: Those persons whose medical conditions require hourly monitoring by licensed nursing personnel and immediate and concentrated service by medical support and diagnostic specialties due to nutritional/hydration deficits, neuro muscular-skeletal, and respiratory-cardiovascular deficits resulting from physiological abnormalities; need for use of specialized medical equipment (particularly long term use); complex seizure disorders; progressive degenerative; and end-stage disease.

2. **Behavioral**: Those persons court committed as dangerous to self or others; persons whose deviant sexual behaviors place the community at risk and who, as a result, become vulnerable to commitment within the penal system; persons whose self-injurious behaviors require intense remediation; persons with atypical or deteriorating cognitive conditions who require special services not available in the community; persons who have substance abuse and do not benefit from general population treatment programs (MR/CD); and persons who suffer from dual diagnosis (MR/MI) and are unable to profit from the existing mental health programs as a result of their mental retardation.

The Faribault Regional Center meets licensure standards with DHS Rules 34, 38, and 10, Federal ICF/MR standards, and Minnesota Department of Health Standards.

STATEMENT OF NEED

Residual clients are defined as:

> Those persons with medical conditions and/or unstabilized behavioral conditions for whom an adequate and sufficiently concentrated medical, psychological, and/or therapeutic community network is not presently available. Given the severe medical problems and/or volatilities exhibited by these populations, such community development would require two critical components:
>
> 1. a protective, but not unnecessarily restrictive, intense therapeutic environment; and
>
> 2. a cadre of medical and/or behavioral experts on site to provide medical services, program input, monitoring, and intervention each day. (Developmentally Disabled Residual Population definition; August 12, 1988). See Appendix for examples and characteristics.

Utilizing this definition, the Faribault Regional Center is currently serving a residual [redacted] clients. The current residual population includes:

- 15 persons court committed as dangerous to self or other
- 15 persons with deviant sexual behaviors
- 20 persons with self-injurious behaviors
- 5persons with deteriorating cognitive conditions
- 60 persons with medical conditions
- 35 persons with MR/MI dual diagnosis

Other regional centers have identified additional clients with similar characteristics. Thus, the total residual population in the regional center system could be approximately up to 400 clients.

The following recent examples provide further documentation of a critical need for ongoing regional center residential and program services for those persons with severe medical conditions and/or unstabilized behavioral conditions.

- During 1987-1988, the Faribault Regional Center was asked to provide services to four children (under 18) and received the appropriate variances to do so even though clients under age 18 are prohibited by the Welsch Decree to be admitted to Regional Treatment Centers. Counties did not have the appropriate resources to serve the severity of behaviors exhibited.

- Court-ordered commitment for a 24 hour respirator dependent client after 80 community rejections.

- Ten re-admits from community placements as a result of assaultive and dangerous behaviors or self-injurious behavior.

- Eighteen new admits exhibiting self-injurious behavior, assaultive behaviors, psychotic, or medical conditions.

- Five new admits from a community group home decertified by DHS licensure in September, 1988.

PLAN OF ACTION

The Faribault Regional Center will provide the residential space, equipment, programs, and staff to serve a residual population of 250 clients. These specialized need clients will be served with a full array of residential, day program, professional-technical, medical, psychiatric, and diagnostic services.

Bed Units:

The Faribault Regional Center will provide services for the following.

- Behaviorally Volatile
- Medically Fragile
- Developmentally Disabled/Chemically Dependent

[redacted]

The number of behaviorally and emotionally volatile bed units is based on the Regional Center's past experience with the type and number of admissions, readmissions, and lack of placement options for this population.

The Faribault Regional Center will establish licensed units to serve the following populations:

1. 25 persons dangerous to self and others,
2. 25 persons with deviant sexual behaviors,
3. 30 persons with life threatening, self-injurious behaviors,
4. 8 persons with deteriorating cognitive conditions, and
5. 50 persons with dual diagnosis.

[redacted]

The number of medically fragile licensed beds is based on the difficulty of finding appropriate community placements given the intense medical monitoring needs of these persons.

The Faribault Regional Center will establish sufficient licensure defined bed units to serve clients with fragile medical conditions.

[redacted]

The State of Minnesota will identify those clients at risk from substance abuse and sanction the establishment of a unit to begin serving these persons. Since they remain an unidentified group, it is anticipated that the program would begin on a small scale and expand as necessary. Financial support would be available from the Chemical Dependency Consolidated Fund.

The Faribault Regional Center will establish 12 licensed beds for persons who are chemically dependent. Program duration for this population would be similar to community CD models (i.e. 30, 60, 90 day programs as individually needed).

Facilities

The facilities for the behaviorally volatile and the chemically dependent clients will have the following amenities.

- A secure, protective environment
- Single story with wheelchair accessibility
- Private bedrooms
- Private space
- Containment room
- Large exterior and interior space
- Free from traffic hazards
- Recreation rooms and workshops
- Close proximity to other recreation/leisure options
- Therapy areas
- In-house alarm to call other staff
- Close proximity to medical/psychiatric services
- Physical layout amenable to easy monitoring and movement of staff and clients

The facilities for the medically fragile clients will have the following amenities.

- Single story with wheelchair accessibility
- Call lights and over-bed lights
- Bed and communication monitoring devices
- Handrails in halls
- Private bedrooms
- Capable laundry service
- Kitchen services on site to meet special diet needs
- Emergency backup power systems
- Immediate access to emergency medical services
- 24 hour a day on call nursing and physician services

Equipment

The behaviorally volatile and chemically dependent clients will have utilization of the following equipment for their security, safety, and development.

- A security system both for monitoring and preventing egress as needed
- Computer-based data collection systems
- Behavioral assessment and behavioral programming equipment
- Adaptive equipment
- Public and private transportation
- Video and leisure equipment
- Age appropriate leisure materials
- Complete kitchens
- Laundry service
- Sexuality training materials and access to sexuality training programs
- Gross motor program areas
- Protective equipment
- Appliances and furniture selected on basis of safety considerations
- Life supports
- TV monitors
- Access to generic recreation/leisure options

The medically fragile clients will have utilization of the following equipment for their security, safety, and development.

- Life support systems
- Specialized medical supplies
- Occupational Therapy/Physical Therapy equipment for positioning and range of motion
- Use of switch activated equipment
- Whirlpool baths; specialized beds and baths
- Adaptive wheelchairs and tables
- Specialized transportation

- Orthotic sitting devices, positioning tables, wedges and bolsters, splints
- Special feeding equipment
- Ventilators with portable back-up
- Suction equipment that is intermittent, continuous, and portable
- Compressors
- Continuous special need medical supplies such as trach tubes, trach care kits, NG tubes, and ostomy supplies
- Bowel care supplies
- Feeding infusion pumps
- Respiratory nebulizers
- Mechanical lifting devices

Program and Staffing

The residual population program will be a structured, seven days per week program. Units will be under the supervision of either behavioral or medical experts who will provide the necessary direction and supervision to a multi-disciplinary team of professionals appropriately constituted from the disciplines described below to provide the medical, habilitative, behavior management, day program/work support, and remediation/training needed.

The behavioral remediation programs will require existing, highly trained professional staff to provide individual/group counseling, behavior modification, psychological services, medication monitoring, family therapy, recreation therapy, on-call emergency services, vocational services, on-call behavior teams, occupational therapy services, social services, dental/ medical/nursing services, a pharmacologist, day program/work site program education, community integration training, speech therapy, sexual therapy services, psychiatric services, available specialized diagnostic services, behavior analysis, case management, and the necessary support staff services to provide dietary, laundry, housekeeping, and ancillary services.

The behavioral remediation programs will require existing direct care staff to provide consistent, intensive, structured program implementation, supervision, limit setting, behavior modification, 24-hour coverage, one on ones for behavior problems, appropriate consequences/rewards, trained in behavior modification and self-injurious behavior reduction techniques, staff trained in psychiatric principles, and staff able to deal with a person active in their aggression towards others.

The medically fragile group will require professional staff to deliver 24-hour Registered Nursing services intervention, daily M.D. rounds, EKG services, on-site availability of lab and X-ray, Licensed Practical Nurses to provide direct care services, appropriately available medical specialists, daily dietary monitoring, occupational and physical therapy, respiratory therapy on-site, dental services, on-site pharmacists and pharmacologist consultant, and a day/vocational program appropriate to the needs and tolerance of the client.

The Chemical Dependency group will be a short term program (30, 60, 90 day duration) modeled similarly to community programs with the critical distinction of providing the necessary staff and programmatic expertise specifically tailored for the developmentally disabled, chemically dependent client. Resources needed will be similar to those available for the behavioral volatile with the exception of additional MR/DD trained staff and chemical dependency support groups.

The current Regional Center staff has the expertise, education, and experience to serve the residual population that has been identified. This is evidenced by the fact that the Center has a long history of successful interventions with difficult to serve clients.

IMPACT

The continuance and expansion of programs at the Faribault Regional Center for the residual populations which have been identified, will provide the necessary programming, treatment, monitoring, and resources for an extremely challenging group of persons in a cost effective, therapeutically sound, already operationalized environment.

Faribault Regional Center will continue to be a "safety net" for counties in the region, communities, and families. The clients themselves will receive the necessary training, environmental structure, and support in a stable "zero reject" comprehensive program. [redacted]

BUDGET

The figures in the budget are based upon a reduced population using the existing building space and services. Because the type of clients will be the more medically and behaviorally difficult to serve, the per diem rate will be higher than the usual aggregate per diem rate quoted which includes less costly client care. The following are problems in projecting costs.

- It is not known which year this proposed program will begin.
- It is not known which Capital Improvement funds will be appropriated and in operation before the project will begin.
- Staffing patterns will determine salary costs. These costs will make up 91 to 92 percent of the program's budget.

CONCLUSION

The Faribault Regional Center has responded to the need to integrate persons with developmental disabilities into the community and has worked with the counties to successfully place clients near or in their home communities.

The Regional Center has been acutely aware of the difficulties counties have experienced in finding appropriate or existing community resources and programs to meet the highly specialized/ critical needs of this challenging group of clients. [redacted]

The development of the services in the community would entail duplication of resources and services at substantially greater costs than the Faribault Regional Center and still lack the essential medical or

behavioral "safety nets" required by this population. The Faribault Regional Center has traditionally served as the communities and counties safety net and has always provided the primary "zero reject" program resource for clients whose community integration options have been exhausted.

The Regional Center proposes to serve this residual population in a cost effective manner compatible with high quality services. All existing resources currently needed by this population are presently available and operational. In addition to these resources, the experience, the environment, and the staff expertise to deliver the services needed are all present at the Regional Center.

The following documents are included as supporting documentation:

A. August 17, 1988, memorandum from Faribault Regional Center CEO, Bill Saufferer, to Beverly Jones Heydinger, DHS, defining "Residual Population".

B. September 13, 1988, memorandum from Faribault Regional [redacted] Program Director, Dave Campbell, to Shirley Schue, DHS, describing characteristics and needs of a residual population.

C. DHS preliminary overview counts of residual population estimates in each Regional Treatment Center.

D. May, 1988, Faribault Regional Center handout prepared for distribution to parents and Maria Gomez, DHS, for the facility's annual Parents, Friends, and Family Day gathering. This document provides an overview of special program services, staff complement, and physical plant building capacities/characteristics.

Additional documents are available upon request to support current Faribault Regional Center licensure compliance with Minnesota Department of Health, Federal ICF/MR, DHS Rules 34, 38, and 10.

Residual Population Budget
(Based on 250 Clients)

	FY89	4.9 COLA FY90	5.3 COLA FY91
Salaries Allocations			
General Support Salaries	$ 3,154,376	$ 3,308,940	$ 3,484,314
Regional Laundry Salaries	528,067	553,942	583,301
Direct Care - MR Salaries	15,459,200	16,216,701	17,076,186
U/C - W/C	401,017	420,667	442,962
Professional/Tech Services	272,768	286,134	301,299
TOTAL	**$19,815,428**	**$20,786,384**	**$21,888,062**
Current Expense Allocations			
Fuel and Utilities	$ 712,925	$ 747,858	$ 787,494
Food	259,000	271,691	286,091
Drugs/Medical Supplies	120,450	126,352	133,829
All Other Current Expenses	245,150	257,162	270,792
TOTAL	**$ 1,337,525**	**$ 1,403,063**	**$ 1,477,426**
Repairs, Replacement, Betterment			
Regular R, R & B	$ 77,885	$ 81,701	$ 86,031
Special Projects R, R & B	40,647	42,639	44,899
Residential Furniture	29,600	31,050	32,696
TOTAL	**$ 148,132**	**$ 155,390**	**$ 163,626**
Total of Major Allocations	**$21,301,085**	**$22,344,837**	**$23,529,114**
Per Diem Rate (Institution)	($233.44)	($244.87)	($257.85)
Plus -6.6% DHS & Statewide Overhead	(15.41)	(16.16)	(17.02)
Total Per Diem Rate	(248.85)	(261.03)	(274.87)
Estimated Capital Improvement Costs	$600,000		
Estimated Air Condition Costs	$1,113,000		

Staffing Mix

Category	Classification	Number (FTE)
Professional/Supervisory	Group Supervisor	8.0
	Group Supervisor, Assist.	8.0
	Registered Nurse	16.0
	Psychologist	8.0
	Social Worker, Senior	8.0
	Occupational Therapist	8.0
	Recreation Therapist	8.0
	TOTAL	**64.0**
Residential	LPN1//LPN 2	31.0
	Mental Retardation Residential Lead Worker	31.0
	Behavior Mgmt. Analyst	31.0
	Human Services Technician/Sr.	217.0
	TOTAL	**310.0**
Day Program	Group Supervisor, Assist.	10.0
	Skills Development Specialist	72.0
	Human Services Technician/Sr.	58.0
	TOTAL	**140.0**
Other	Physical Therapist	3.0
	Physical Therapy Assistant	5.0
	Medical Staff	2.5
	TOTAL	**10.5**
	TOTAL STAFF	**524.5**

Staffing Mix Detailed Budget

STAFF	SALARY	FTE	TOTAL SALARIES W/BENEFITS	4.9 COLA FY90	5.3 COLA FY91
Household:					
LPN 1/LPN 2	$24,889	1			
MRRL	$23,803	1			
BMA	$22,926	1			
HST/HST, Sr.	$19,962	7			
			$ 264,181		
			x 31 hsehld		
			$8,189,611	$8,590,902	$9,046,220
			* * * * * * * * * *		
Prof./Supervisory:					
Group Supervisor	$39,609	1			
Asst. Group Super.	$32,364	1			
Registered Nurse	$32,155	2			
Psychologist	$37,626	1			
Social Worker	$31,069	1			
Occ. Therapist	$26,476	1			
Rec. Therapist	$26,037	1			
			$ 321,864		
			x 8 units		
			$2,574,912	$2,701,083	$2,844,240
			* * * * * * * * * *		
Day Program:					
Asst. Group Supv.	$32,364	10			
SDS	$25,327	72			
HST/HST Sr.	$19,961	58			
			$4,131,153	$4,333,579	$4,563,259
			* * * * * * * * * *		
Admin. & Gen. Support					
			$3,154,376	$3,308,940	$3,484,314
			* * * * * * * * * *		

Staffing Mix Detailed Budget

STAFF	SALARY	FTE	TOTAL SALARIES W/BENEFITS	4.9 COLA FY90	5.3 COLA FY91
Physical Therapy Dept.					
Physical Therapist	$37,208	3.5			
Phys. Ther. Asst.	$22,550	6			
			$ 331,910	$ 348,174	$ 366,627
			**********		
Medical Staff					
Medical Director	$109,182	1			
Physicians	$ 78,175	1.5			
			$ 283,056	$ 296,926	$ 312,663
			**********		

PLAN FOR GERIATRIC POPULATIONS

INTRODUCTION

The Faribault Regional Center has operated a Skilled Nursing Facility (SNF) since January 1, 1975. In addition, from the early beginning of the facility, the Faribault Regional Center has operated a free standing medical hospital, complete with a total array of medical, nursing, lab, and diagnostic services.

The Faribault Regional Center is licensed by the Minnesota Department of Health as a 678 bed, Supervised Living Facility (SLF); as a 35 bed Medical Hospital and a 35 bed SNF. The Regional Center currently provides a continuum of services to clients who are medically fragile and elderly, behaviorally disordered, and multiply-handicapped. The Regional Center has the necessary expertise, space, professional/technical/administrative resources, programmatic modalities, and operationalized system to serve an expanded population of geriatric - SNF clients.

During the past ten years, the population served at the Regional Center has increasingly become more medically involved, behaviorally disordered and elderly as communities and counties have expanded their integration efforts and successfully placed more capable and less involved persons.

As a result, the Faribault Regional Center has developed and expanded its expertise in serving a population declining in health and capabilities while increasing in age. Residential sites have been converted for handicapped accessibility. Safety and review committees monitor and effect ongoing additional environmental or administrative changes to accommodate increased safety, health promotion, and less personal risk to clients. The Regional Center is highly qualified to serve an expanded population of geriatric - SNF clients.

STATEMENT OF NEED

The geriatric clients addressed are elderly persons who are mentally ill, medically fragile, or who are clinically challenging (i.e. severe behavior problems).

The State currently has approximately 690 licensed nursing home beds. It is estimated by DHS that this number will be adequate for the next several years. Currently, about 500 beds are occupied statewide as follows:

- 260 at Oak Terrace
- 245 at Ah-Gwah-Ching

The Department of Human Services has reduced the number of admissions to Oak Terrace and plans to close the Oak Terrace facility by 1992. The plan will include relocating approximately 250 nursing home beds to be distributed statewide to other Regional Treatment Centers due to the poor condition of the Oak Terrace facility. Additionally, Minnesota is ranked 18th in the nation in the number of residents aged 65 and over; the size of this group is 526,000 or 12.5 percent of the State's total population.(1)

About nine percent of these individuals (49,000) are in some form of institutional long-term care setting, primarily nursing homes, compared to a national average of five percent.(2)

The 65 and over population in Minnesota has increased by 9.7 percent between 1980 and 1986.(3) Future projections show an overall growth in the 65 and over population, particularly growth of the 85 and over population, who are most apt to be in need of nursing home care. That segment of the population is expected to increase by 50 percent in the next ten years and in recent years about one-third to one-half of the total population 85 and over have been utilizing nursing home services.(4)See chart that follows, Projections of the Nursing Home Population 65 Years and Older by Age Group - 1985-2040.

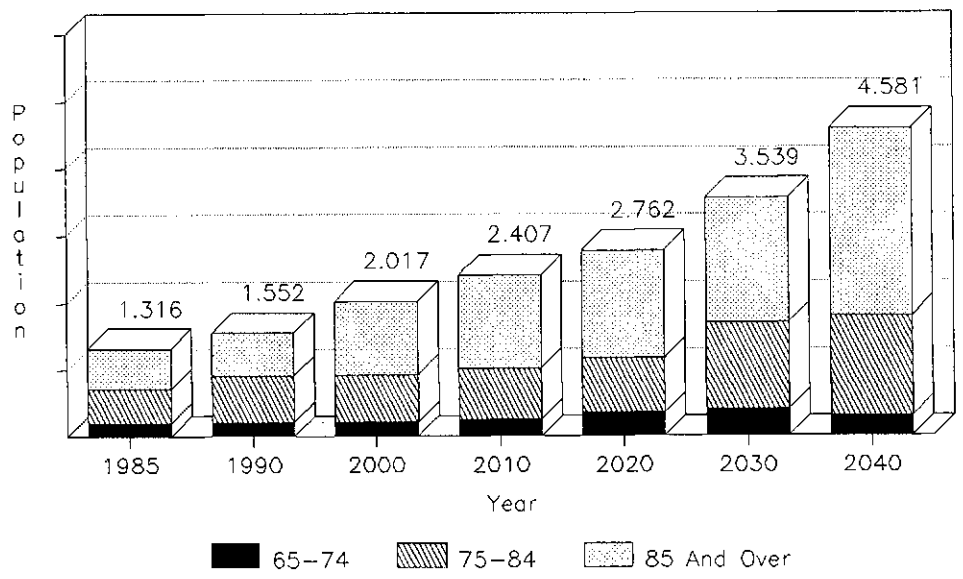
"The programs for the elderly in the Regional Treatment Centers and Skilled Nursing Homes primarily serve a subgroup of the population who are either referred from other institutional long-term care settings or are determined to be inappropriate for such settings in the community. These facilities serve elderly individuals on a referral basis, who, in addition to their nursing care needs, have problematic or difficult to manage behavior and cannot be adequately served through existing community resources.

It would be appropriate to note here that national studies suggest that in the range of 55-60 percent of the total population of elderly in nursing homes have serious mental health problems and, in at least half of the cases, these disorders can be attributed to physical or organic causes. It is not surprising then that there has been a continuing need for specialized services such as those the Regional Treatment Centers and Skilled Nursing Homes provide to this population.

Historically, the Skilled Nursing Homes received most of their admissions directly from the Regional Treatment Center (formerly State Hospital) system, whereas now the trend is toward admissions from community nursing homes, VA hospitals, and other treatment facilities after completing the county pre-screening process. This suggests that placements are being made because of the appropriateness of the state facility as a treatment resource rather than by chance or for some other extraneous reasons."(5)

[redacted] Under an agreement with the Federal government [redacted] SNF beds.(6)

Projections of the Nursing Home Population
65 Years and Older by Age Group
1985-2040



DHS is recommending that the state provide residential care directly to about one-third of persons with developmental disabilities remaining in the Regional Treatment Centers. It will target the persons most difficult to serve including those with severe medical, mobility, and behavior problems.

PLAN OF ACTION

The Faribault Regional Center will have a role in providing long-term care to elderly mentally ill persons and those, usually very elderly, who are medically fragile or clinically challenging (i.e. severe behavior problems). Most are referred by a hospital or another nursing home. Few have any other alternative to a state operated nursing home.

The nursing home beds at the Faribault Regional Center will be expanded by 100-125 beds to serve this group.

Persons will be accepted for admission only after pre-admission screening by the counties. Placements occur where no other community alternative is available and generally are expected to last longer than 180 days, or for short term acute care. These persons cannot be adequately served in the community because they are medically fragile and exhibit severe or challenging behavior.

The Faribault Regional Center has experienced, effective staff, successful and innovative programs, and will provide services on an inpatient basis to the identified populations.

The Faribault Regional Center will establish four residential areas serving no more than 28 persons, seven per household area, on a 24 hour/ seven day operation basis. Current licensure standards governing the operation of a skilled nursing care facility will determine all phases of the staffing mix, programs, and environmental components.

Direct care services will be provided by Licensed Practical Nurses and residential services will be managed by a Nursing Home Administrator augmented by a Director of Nursing, Nursing Educator, Registered Nurses, an Occupational Therapist, Recreational Therapist (activity director for off hours), Physical Therapists, and Physical Therapist Assistants. Adult Day Care services offering a six hour/five day program will be delivered by Assistant Group Supervisors, Certified Occupational Therapy Assistants and Human Services Technicians.

A full array of medical, clinical, behavioral, and habilitative services will be provided to each client based upon the severity and/or intensity of need. All support services (dietary, laundry, etc.) will be available to fully maintain the necessary programmatic and residential areas.

IMPACT

1. The Faribault Regional Center is the only Regional Center currently operating a nursing home and has the necessary licensure base as well as the administrative, medical, and support services needed to capably meet the needs of this unique population. Thus, the Faribault Regional Center can readily implement current services to a core population of 100-250 clients.

2. The Faribault Regional Center has been certified as fiscally sound and well managed by the Office of the Legislative Auditor. Per diem cost is $166.67, an all inclusive rate, as compared to an overall average per diem of $198.20 for all regional centers providing services to persons with developmental disabilities, making the Faribault Regional Center a viable resource to serve the needs of the geriatric population described.

3. If the acute care hospital unit were closed, there would be a large negative financial impact on Rice County District One Hospital due to lack of reimbursement. The same applies to relocating the population to SOCS. The residents would also find it difficult to receive necessary medical attention due to a lack of specialized providers willing to serve this population.

4. The utilization of existing facilities versus the new construction to serve the population makes economic sense.

BUDGET

The primary costs of delivering services to more than 100 geriatric - SNF persons are those attributable to the needed professional/medical/ technical staff. Projected staffing costs for this group will be about two-thirds of a similar group of SLF licensed developmentally disabled persons. Refer to attached budget

for specifics. The budget reflects the cost for delivering services based upon inclusion of Day Program Services.

CONCLUSION

There are no present alternatives to providing services to this population given the nursing home bed moratorium, the unique characteristics of this population, the proposed Oak Terrace closure, and the difficulties of accessible integration. The Faribault Regional Center is available as a viable and credible resource to this group.

The Faribault Regional Center is presently qualified to provide all needed services to all the clients who have an intense medical or behavioral need.

1. A core population of 100-250 clients will be served.
2. Existing trained and qualified Faribault Regional Center staff will be employed to staff the programs and services.
3. A cadre of medical, behavioral, and professional/technical experts will be available in sufficient numbers to provide the necessary services.
4. Current sources of funding will need to continue to be made available.
5. Funding for necessary physical remodeling, specialized equipment, and environmental enrichment will need to be available.
6. The facility is already licensed as an ICF/MR and SNF facility and would remain certified. This proposal would require an expansion of SNF certified beds to accommodate the identified population.
7. The Faribault Regional Center currently meets licensure standards with DHS Rules 34, 38, 10, Federal ICF/MR standards, and Minnesota Department of Health standards.
8. The Faribault Regional Center presently has the expertise, experience, environment, structure and physical plant to serve the identified populations.
9. The Faribault Regional Center has a long history of successful interventions with difficult to serve clients.
10. This core population base allows the facility to also provide fee for service activities.

The Faribault Regional Center's program will be unique and will be a statewide resource for this population.

BIBLIOGRAPHY

(1) "Rank Order of States by Selected Population Characteristics of the 65+ Population: 1986 (Table 1-7). Aging America: Trends and Projections, 1987-88 Edition. U.S. Department of Health and Human Services.

(2) "Draft of comments made by Assistant Commissioner Gomez on June 24 [1988]". Memorandum from Department of Human Services staff to Committee members, Regional Treatment Centers Negotiation Process, July 1, 1988.

(3) Aging America: Trends and Projections, 1987-88 Edition.

(4) "Projections of the nursing home population 65 years and older by age group: 1985-2040 (Chart 4-8). Aging America: Trends and Projections, 1987-88 Edition.

(5) "Draft of comments made by Assistant Commissioner Gomez on June 24 [1988]."

(6) ibid.

Geriatric - SNF Budget
100 SNF Beds with Day Program Services

	FY 89	4.9 COLA FY 90	5.3 COLA FY 91
Salaries Allocations:			
General Support Salaries	1,254,024	1,315,471	1,385,191
Regional Laundry Salaries	164,550	172,613	181,761
Direct Care - Salaries	4,539,986	4,762,445	5,014,855
Unempl Comp - Wker Comp	125,130	131,261	138,218
Prof/Tech Services	85,207	89,382	94,119
Total	**6,168,897**	**6,471,172**	**6,814,144**
Current Expense Allocations:			
Fuel and Utilities	316,856	332,382	349,998
Food	103,600	108,676	114,436
Drugs/Medical Supplies	48,180	50,541	53,220
All Other Current Expense	98,060	102,865	108,317
Total	**566,696**	**594,464**	**625,971**
Repairs, Replacement, Betterment:			
Regular R, R, B	31,154	32,681	34,413
Special Projects R, R, B	16,259	17,056	17,961
Residential Furniture	11,840	12,420	13,078
Total	**59,253**	**62,157**	**65,451**
Total of Major Allocations:	**6,794,846**	**7,127,793**	**7,505,566**
Per Diem Rate (Institution)	($186.16)	($195,28)	($205.63)
Plus -6.6% DHS and Overhead	(12.29)	(12.89)	(13.57)
Total Per Diem Rate	(198.45)	(208.17)	(219.20)

Estimated Capital Improvement Costs:	$1,820,000
Estimated Air Conditioning Costs:	291,000

Staffing Mix for Geriatric - SNF - State Operated

Category	Classification	Number (FTE)
Professional/Supervisory	Nursing Home Administrator	1.0
	Director of Nurses	1.0
	Nursing Educator	1.0
	Social Worker	1.0
	Assistant Director of Nurses	1.0
	Registered Nurse	2.0
	Occupational Therapist	1.0
	Recreation Therapist	1.0
	TOTAL	**9.0**
Residential	LPN/LPN 2	96.0
	TOTAL	**96.0**
Other	Physical Therapist	1.5
	Physical Therapy Assistant	2.5
	Medical Staff	1.0
	TOTAL	**5.0**
Day Program	Group Supervisor, Assistant	2.0
	COTA 1/COTA 2	13.0
	HST/HST, Sr.	18.0
	TOTAL	**33.0**
	TOTAL STAFF	**143.0**

Staffing Mix Detailed Budget

STAFF	SALARY	FTE	TOTAL SALARIES W/BENEFITS	4.9 COLA FY90	5.3 COLA FY91
Direct Care:					
LPN	$24,889	96	$2,986,680	$3,133,027	$3,299,077
**********					
Prof./Supervisory:					
Nurs. Home Admin.	$53,160	1			
Dir. of Nursing	$49,026	1			
Nursing Ed.	$40,319	1			
Social Worker	$31,069	1			
Asst. Dir. of Nursing	$40,987	1			
Registered Nurse	$32,155	2			
Occup. Therapist	$26,476	1			
Rec. Therapist	$26,037	1	$ 414,230	$ 434,527	$ 457,557
**********					
Day Program:					
Asst. Group Supv.	$32,364	2			
COTA 1/COTA 2	$22,342	13			
HST/HST Sr.	$19,961	18	$ 893,090	$ 936,851	$ 986,504
**********					
Admin. & Gen. Support			$1,254,024	$1,315,471	$1,385,191
**********					

Geriatric - SNF Budget

The following budget reflects the Geriatric program without Day Program Services for comparison.

	FY 89	4.9 COLA FY 90	5.3 COLA FY 91
Salaries Allocations:			
General Support Salaries	1,254,024	1,315,471	1,385,191
Regional Laundry Salaries	139,186	146,006	153,744
Direct Care - Salaries	3,646,896	3,825,594	4,028,350
Unempl Comp - Wker Comp	100,491	105,415	111,002
Prof/Tech Services	68,429	71,782	75,586
Total	**5,209,026**	**5,464,268**	**5,753,873**
Current Expense Allocations:			
Fuel and Utilities	316,856	332,382	349,998
Food	103,600	108,676	114,436
Drugs/Medical Supplies	48,180	50,541	53,220
All Other Current Expense	98,060	102,865	108,317
Total	**59,253**	**62,157**	**65,451**
Repairs, Replacement, Betterment:			
Regular R, R, B	31,154	32,681	34,413
Special Projects R, R, B	16,259	17,056	17,961
Residential Furniture	11,840	12,420	13,078
Total	**59,253**	**62,157**	**65,451**
Total of Major Allocations:	**5,834,975**	**6,120,889**	**6,445,298**
Per Diem Rate (Institution)	($159.86)	($167,70)	($176.58)
Plus -6.6% DHS and Overhead	(10.55)	(11.07)	(11.65)
Total Per Diem Rate	(170.41)	(178.77)	(188.23)

Estimated Capital Improvement Costs:	**$1,820,000**
Estimated Air Conditioning Costs:	**291,000**

Staffing Mix for Geriatric - SNF - State Operated

Category	Classification	Number (FTE)
Professional/Supervisory	Nursing Home Administrator	1.0
	Director of Nurses	1.0
	Nursing Educator	1.0
	Social Worker	1.0
	Assistant Director of Nurses	1.0
	Registered Nurse	2.0
	Occupational Therapist	1.0
	Recreation Therapist	1.0
	TOTAL	**9.0**
Residential	LPN/LPN 2	96.0
	TOTAL	**96.0**
Other	Physical Therapist	1.5
	Physical Therapy Assistant 2.5	
	Medical Staff	1.0
	TOTAL	**5.0**
	TOTAL STAFF	**110.0**

PLAN FOR STATE OPERATED COMMUNITY BASED RESIDENTIAL SERVICES

INTRODUCTION

The plan calls for a series of community based services to be provided by staff of the Faribault Regional Center. The Faribault Regional Center is committed to supporting the growth and development of persons who are developmentally disabled, through the provision of community based services and settings. The Center supports the position that handicapped persons share with their non-handicapped peers the right to enjoy and benefit from participation in community life. The Faribault Regional Center has made tremendous strides in the physical and social integration of handicapped individuals into society.

The Faribault Regional Center has demonstrated the feasibility of state operated community residential services through the development two years ago of four licensed Adult Foster Homes under the Title XIX Medicaid Waiver.

Benefits that have been provided to handicapped individuals in the recent past through the Faribault Regional Center's State Operated Community Services Project (SOCS) can be provided to more such persons in the future.

DEFINITION

State Operated Community Services (SOCS) will include a network of all residential services required by each individual identified to receive these services in a community living situation. Services will be provided by current Faribault Regional Center employees, building a service framework for training, analysis, and intervention.

STATEMENT OF NEED

Flexibility in service delivery, both in the intensity of service provided and in the type of services offered, enhance the degree of discretion in service arrangements based upon individual strengths and needs, family, and community resources.

Expansion of State Operated Community based Residential Services will emphasize program quality compatible with the special needs and the continued progress towards community integration and independence of persons with developmental disabilities.

Expansion of State Operated Community based Residential Services will fill the gap of unmet services based on individual, family, and community strengths and needs, without displacing the adjunct support services required of persons with special needs. The Faribault Regional Center will provide a framework of services which will assure the quality of living arrangements through employees who are highly trained and qualified.

PLAN OF ACTION

The Faribault Regional Center proposes to develop and manage a network of licensed ICF/MR/waiver homes, each housing six individuals with developmental disabilities, as follows.

Target Population

1. Number of persons served: 168-174 individuals in six bed sites (28-29 service sites).

2. Characteristics of persons served: The individuals served will be determined through assessment, need, and choice.

    - All individuals will possess a primary diagnosis of mental retardation.
    - Services will be provided to persons with a dual diagnosis.
    - Primary focus on those individuals currently residing in Regional Treatment Centers; however, persons from the community and/or persons in jeopardy of placement at a Regional Treatment Center may be considered for placement in a state operated site.

Services Provided

1. Living arrangement with 24 hour active treatment.
2. Respite beds.
3. Crisis management.
4. Direct professional/technical support services.
5. Indirect support services.
6. Supervision and management.

Location of Sites

1. The location of residential sites will be developed to supplement existing helping networks such as the family, neighborhood, and the community. In order to maintain quality of living, proper working arrangements and coherence among various service elements, as well as compliance with contractual agreements, the homes should be located within a 35 mile radius of the Faribault Regional Center.

2. Counties which are expected to submit "Request for Assistance" to the Faribault Regional Center for site development include:

    - Rice County
    - Dakota County
    - Hennepin County
    - Freeborn County
    - Goodhue County
    - Wabasha County
    - Steele County
    - Dodge County
    - Olmsted County
    - Winona County
    - Houston County
    - Mower County
    - Fillmore County

Time Frame

It is projected that 12 to 18 months will be required to establish each six bed ICF/MR newly constructed sites.

It is projected that six months will be required to establish six bed ICF/MR sites utilizing existing facilities.

It is projected that 28 to 29 homes can be developed over a five year period.

Program Evaluation

Program success will be determined through monthly, quarterly, and annual client assessments utilizing objective data compiled from each individuals Program Plan.

Program success will also be determined through client, family, and County satisfaction as well as the outcome of Regulatory Agency reviews (Department of Health, etc.).

Overall program effectiveness will be based upon a compilation of statistics which will include client outcomes, satisfaction with program, regulatory reviews, and cost effectiveness.

PLAN IMPACT

Impact on Faribault Regional Center employees:

FTE's projected per site:	9.70
Number of sites:	29
Total FTE's utilized:	281.30

Expanding state operated residential sites in the community will assure employment opportunities for State employees.

Impact on developmentally disabled clients within Minnesota:

Expansion of state operated residential sites will assure that those developmentally disabled clients with special needs requiring intense professional program management and specially trained direct care staff would receive quality services. The special needs of these clients require a higher concentration of expertise to assure that active treatment is delivered as mandated by law.

Impact on community:

Providing employment opportunities for current Regional Center employees will minimize the impact on the Faribault and surrounding community's financial base.

BUDGET

Start Up Costs

1. Supplies/Equipment: $24,000 per site ($4,000 per client)
   Start Up Costs for 29 Sites: $696,000

2. Modifications to home (physical adaptations, life safety equipment) will depend on client needs and whether equipment is installed by lessor or lessee. Cost of a sprinkler system for a one story rambler ranges from $5,000 to $7,000.

Operational Costs (Six bed ICF/MR)

Service Type	Annual Costs	Annual Direct	FY90 PerDiem
Administrative Operating	$ 19,510	$ 3,251.67 Expense	$ 8.91
Program Operating Expense (Salaries)	$313,286	$52,214.33	$143.05
Dietary Expenses	$ 17,200	$ 2,866.67	$ 7.85
Housekeeping, Laundry, Etc.	$ 8,800	$ 1,466.67	$ 4.02
Special Operating Costs	$ 1,000	$ 166.67	$ .46
Property Related Costs	$ 14,640	$ 2,440.00	$ 6.68
	$374,436	$62,406.01	$170.97

Operational Costs for 29 Sites: $1,809,774.29

Total Start Up and Operational Costs: FY90 $2,505,774.29
Operational Costs: FY91 $1,905,692.33

Biennial Request: $4,411,466.62

CONCLUSION

The plan identifies 168 to 174 developmentally disabled clients who can be served by the Faribault Regional Center in community based residential facilities over a five year period.

The Faribault Regional Center possesses the expertise to provide a network of services with quality and integrity. Implementation of this proposal will assure that individuals with developmental disabilities are offered a wide array of choices when selecting services.

Quality assurance, active treatment, cost effectiveness and accountability will be assured.

PLAN FOR STATE OPERATED COMMUNITY BASED DAY AND VOCATIONAL SERVICES FOR THE DEVELOPMENTALLY DISABLED

INTRODUCTION

Minnesota Rules part 9525.1500 through 9525.1690 (Rule 38) and Minnesota Rules part 9525.0015 through 9525.0165 (Rule 34) require six hours per day of day habilitation training for developmentally disabled individuals away from the residential living unit. This training must be provided by professional and direct care staff in numbers sufficient to meet the needs of the individuals being served and must emphasize vocational skill development in community integrated environments and job sites.

The Faribault Regional Center has a long tradition of serving developmentally disabled adults who exhibit the most severe behavioral problems as well as those individuals who require the most intensive medical interventions and follow-up because of their multi-handicapping conditions. The Faribault Regional Center also has demonstrated the ability to provide vocational and day program services to this clientele in community based service sites. This has been demonstrated by the Faribault Regional Center receiving a grant from the Office of Special Education and Rehabilitation in 1986 for the development of community based supported employment sites. The Faribault Regional Center successfully placed more than 28 individuals in community employment sites during the grant period, and continues to have between 30 and 40 individuals placed in community employment sites on a daily basis at the Faribault Motor Lodge, Golden Corral, Holden Farms, and with the City of Faribault Parks Department and mobile work crews.

The Faribault Regional Center also has a proposal submitted to the State Executive Council for a community based day program/work activity and retail outlet store to be located in the Faribo Town Square. This site will provide integrated vocational training for up to 20 individuals as well as providing a retail outlet for the marketing and sale of goods manufactured at the Faribault Regional Center. The targeted opening date is January 1, 1989.

STATEMENT OF NEED

To assure that habilitation and work training occurs in integrated environments that are community based, there is a need to provide service sites in the home communities for many clients who are currently being served at the Faribault Regional Center. The provision of day habilitation and work training services in home communities must be coordinated with the counties in the region so that development of state operated residential homes and state operated day programs are developed hand in hand.

The thirteen counties in the Faribault Regional Center receiving district are in need of specialized services for the more medically and behaviorally involved client as evidenced by the number of clients currently residing at the Faribault Regional Center. This plan will move the expertise of the state employee staff currently providing services to the clients' in community based day program service sites.

The State must provide a system whereby all developmentally disabled citizens can obtain the services they need even if private providers have refused to provide services to an individual.

PLAN OF ACTION

The expansion of state operated community based day program service sites will be established under the administrative direction of the Faribault Regional Center and the sites will utilize Faribault Regional Center supervisory, professional, and direct service staff in the provision of habilitative and work training services to developmentally disabled clients. These clients will be from the Regional Center, state operated residential sites, private group homes, family homes, etc.

Each service site will be located in an area that will provide the opportunity for integration with the general public on a regular and routine basis as part of the delivery of service. Each site will serve up to 16 clients in one location. Community supported employment services will be provided to the clients served in each site as an outreach program. Training in the actual service site will include vocational training, prime production and work activity sub-contract work, community integration skill training, domestic, mobility, and social skills training.

Location of Service Sites

The locations of service sites are based on reasonable geographic proximity to Faribault. The actual location of service sites will be negotiated with the counties served based on individual client needs in each geographic area. There will be additional service sites in the Metro and Rochester areas if the need for service is indicated in those locations.

The community based service sites will be situated in locales within 35 miles of Faribault as well as in the Faribault community. The recommended locations are:

	Number of Sites	Number of Clients Served	Number of Staff Needed
Faribault	3 service sites	48	21.0 FTE's
Owatonna	2 service sites	32	14.0 FTE's
Northfield	1 service site	16	7.0 FTE's
New Prague	1 service site	16	7.0 FTE's
Farmington	1 service site	16	7.0 FTE's
Lakeville	2 service sites	32	14.0 FTE's
LeCenter	1 service site	16	7.0 FTE's
Waseca	1 service site	16	7.0 FTE's
West Concord	1 service site	16	7.0 FTE's
Wanamingo	1 service site	16	7.0 FTE's
TOTALS	**14 service sites**	**224 clients**	**98.0 Staff**

Organization and Support

There will be one program director in charge of all sites who will report to the Chief Executive Officer of the Faribault Regional Center. Specialized professional services such as speech, psychology, physical therapy, etc. will be provided by the Faribault Regional Center staff located on campus as an outreach service. A fee for service will be billed to Medical Assistance to pay for these specialized services for clients who are not Faribault Regional Center residents and are served in these day program sites. Clinical, accounting, and maintenance services will also be provided by the Faribault Regional Center personnel as a support to each service program.

Time Frame

The first service site is already proposed for Faribault and will be in operation by January 1, 1989.

It will take approximately three to six months to develop each service site and many sites can be developed simultaneously. It is estimated that the 14 service sites proposed can be developed over a five year period.

Program Evaluation

Program success will be determined by the number of clients successfully placed in community day program sites within the five year program and the level of social/physical community integration achieved for the clients being served. At the end of five years, at least 50 percent of all clients being served in these sites should be involved in at least 15 hours of community supported employment per week.

PLAN IMPACT

The development of state generated day habilitation and vocational training services in community based settings will allow for the expertise and skills of the Regional Center staff to be further expanded into community training environments. This expansion will provide the opportunity for many clients now residing in the Regional Center to be more fully integrated with their home communities while still receiving the professional support of those staff possessing the highest skill levels for dealing with persons with special needs. The development of community based state operated day program services will also assure a viable statewide service delivery system that allows all clients to receive the services they need at a reasonable cost.

The maintenance of state generated services for developmentally disabled adults will assure employment opportunities for affected state employees and will even expand employment opportunities to communities where state employment does not exist.

BUDGET

Start Up Costs

These costs are considered one time costs and will be necessary to get the program up and running initially.

1.	* Transportation: Each center will need three vehicles to accommodate the in-house programas well as the supported work effort (twosedan/mini vans and one larger van to serve handicapped and ambulant clients).	$40,000
2.	Equipment: To include tables, chairs, vocational/workshop equipment, desks, storage cabinets, office equipment.	$20,000
		$60,000

Start Up Costs for 14 Sites: $840,000

* *A maintenance and replacement schedule will need to be developed for this equipment once in operation.*

Operating Costs

For every 16 clients served in each site there will be 3 FTE* professional staff, 3.5 FTE direct service staff, and a .5 FTE supervisor (assistant group supervisor). One program supervisor will supervise every two sites. The approximate cost of each service site is:

	FY 90 First Year	FY 91 Second Year
Lease	$ 12,000	$ 12,480
Heat/Electricity	$ 3,000	$ 3,120
Staff (.5 supervisor, 3 FTE professionals, 3.5 FTE direct staff)	$ 180,000	$ 187,200
Administrative support from FRC (.5 FTE - business office, typing, administrative)	$ 10,000	$ 10,400
Supplies/Equipment	$ 5,000	$ 5,200
Phone/Communications	$ 500	$ 520
Total Cost:	**$ 210,500**	**$ 218,920**
For 14 sites:	**$2,947,000**	**$3,064,880**

** 1 FTE is equal to 80 hours of employment every two weeks.*

Per Client Cost	**FY 90**	**FY 91**
$210,500 - 16 clients	$ 13,156.00	$13,682.50
Per diem cost - $13,156 (230 service days)	$ 57.20	$ 59.48

* Two professionals and two (.75) direct staff will work in the in-house program. One professional and one (.75) direct staff person will work as job coaches in community based employment sites. Two part time direct staff (sharing 1.25 FTE positions) will provide substitute coverage along with the supervisor assigned to the site.

Total Start Up and Operational Costs: **FY90 $3,787,000**
FY91 $3,064,880

Services to Other Populations

Utilizing the model established for the Developmentally Disabled population, the Faribault Regional Center is equipped to provide service to additional populations as follows.

- **Community Based Services for the Mentally Ill.** The Faribault Regional Center will also be well equipped to provide day/ vocational training services for a mentally ill population. Even though there is no present requirement for day and vocational services for mentally ill clients, treatment and therapy is required. Re-introduction into the work force, occupational therapy, job skill training, and community supported employment will be an integral part of a quality therapy and treatment program. Depending on the acuteness of the condition of the clients served, the cost for services will vary from an upper level rate approximating the developmentally disabled community based program, to a low end rate of $40 per day per client (or approximately two-thirds of the cost for developmentally disabled persons). An organizational structure similar to the program for the developmentally disabled will serve this population.

- **Community Based Services for Veterans.** Community based services for veterans can also be provided by staff at the Faribault Regional Center. Services will include occupational therapy, job skill training, recreation and leisure training, physical therapy, and supported employment. Services for veterans will need to be very individualized and will probably not require a service site. Day services will be provided as an outreach service to the community based residential facility for these individuals. Day program staff separate from the residential staff will provide services on an individual basis to the veterans. Services provided to veterans in the residential home, in community based service, or employment sites will be based on the individual medical restrictions of each individual. Costs of this program would be about $30 per day per veteran, and could increase or decrease based on severity of physical/mental conditions of individuals served. The organizational structure will be similar to that of the developmentally disabled program.

- **Community Based Services for Chemically Dependent.** Re-introduction into the mainstream of society and teaching skills necessary to stay chemically free will be an integral part of the CD program. Learning new job skills and appropriate use of leisure time will be critical components to this treatment program. CD programs are generally short term in-house programs for each participant, with long term follow-up. Both types of programs will be developed consistent with that philosophy. The organizational approach to day services will be similar to the veteran population and the per diem cost for service will also be similar.

- **Community Based Services for Geriatric Populations.** Keeping elderly citizens in integrated home community environments will be the goal of a state operated service serving elderly individuals. Day services will include providing in-home support to individuals needing special assistance, recreation and leisure programs, physical and health maintenance programs, and transportation/mobility support. Clients residing in community based state operated residential facilities can also be served. The day program will probably not require a physical plant. Utilization of community facilities serving elderly populations and maintaining ongoing support and integrative activities in the community at large will provide the direction, dimension, and location of the program. An organizational structure similar to the developmentally disabled program will serve this group. The cost for service will be based on a fee for service for a few hours a week or $20 to $40 per day for full time day care services.

Staff Training. It is estimated that staff in all programs will need at least 360 hours of training relative to the specific population being served as an introduction to working with each population. Professional staff will come to the job with educational training in their profession.

Retraining staff to serve a different disability group will be provided in the 360 hour course. This will include on-the-job training with trained staff in existing facilities and programs. Forty to eighty hours a year to update training will be provided to all staff in all programs thereafter.

CONCLUSION

The Faribault Regional Center has demonstrated the ability to provide vocational and day program services to clients in community based service sites.

An expansion of service sites will provide clients with services in the community and an additional option in the array of choices that will be available in meeting the special needs of developmentally disabled individuals.

Developmentally disabled clients in Minnesota will have service options beyond the Faribault Regional Center. The Regional Center will continue to provide the specialized medical, professional, and administrative support necessary to maintain effective service to each individual.

PLAN FOR THE BRAIN INJURY UNIT AND FUNCTIONAL EVALUATION CLINIC

INTRODUCTION

As mandated by DHS Omnibus Bill (dated April 16, 1988), Section 236, a 13 member task force and subsequently a Rehabilitation Subcommittee was designated to survey the population to identify unmet needs in the area of neuromotor and physical deficits. The subcommittee was requested to develop a proposal that utilizes physical plant and staff expertise at the Faribault Regional Center. The subcommittee consisted of representatives from the City of Faribault, Rice County District One Hospital, private health care providers, the Faribault Regional Center, local primary care and specialty physicians, and a physician-consultant in Physical Medicine and Rehabilitation. This subcommittee identified potential areas of need as well as services and expertise currently available in the Faribault community.

Presently, all of the Faribault Regional Center's residential areas have been remodeled to meet ICF-MR, Rule 34 and Rule 38 physical plant requirements and with minimal additions, standards for existing nursing home beds. The Faribault Regional Center is licensed by the Minnesota Department of Health as a 578-bed Supervised Living Facility, Class B, for the mentally retarded, as a 35-bed skilled nursing home and as a 35-bed medical hospital.

Faribault Regional Center's present complement consists of 945.48 full-time equivalents. In addition to managerial and support staff, the Center employs approximately 200 health professionals specializing in program development and implementation for individuals with physical disabilities resulting from cerebral palsy and/or other neurological deficits and individuals with limited behavioral control, who are diagnosed as mentally retarded.

The subcommittee has identified community and regional needs in the area of cognitive and physical rehabilitation. Consideration has been given to:

- The need for these services
- The existing community resources
- The expertise and professionals available at the Regional Center
- The existing physical plant

STATEMENT OF NEED

The Task Force and Rehabilitation Subcommittee identified populations with chronic cognitive-behavioral impairments and/or physical deficits who are not presently served or underserved in the southern Minnesota region, not excluding a larger catchment area if a need exists.

Need for Brain Injury Unit

According to the Minnesota Association of the National Head Injury Foundation (NHIF-MN), 9,600 head injuries occur each year as a result of accidents (1). Estimates from large trauma centers in Minnesota regarding the number of closed head injury victims admitted each year are: 500 per year

at Mayo and St. Mary's Hospitals in Rochester, 900 per year at Hennepin County Medical Center, and 500 per year at St. Paul Ramsey Medical Center (2).

DHS conducted a survey over the period January 1-July 30, 1986, titled "Survey on the Home and Community-Based Social Service Needs of Brain Impaired Adults." The survey was sent to 83 Minnesota counties and 79 responded. The results documented between 7,600 and 9,740 new head trauma cases each year. Of this number, 800-1,000 were determined to need follow-up assistance. For the counties that are specific to the southern MN region, results determined:

- the estimated number of brain impaired adults that sufferedhead trauma, under age 65, receiving services-- 40.
- the estimated number of brain impaired adults that suffered head trauma, under age 65, and needed services but weren't being served--72.

The counties specific to the Southern Minnesota region are: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan, Winona.

Recovery from this type of injury is lengthy, with inpatient hospitalization often extending to months and treatment to one to two years. It is estimated that 14% require long-term supervision, 7% in care facilities (3).

Integral to the successful rehabilitation of the brain injured patient is the understanding, support and knowledge of the patient's family and friends. Members of the Minnesota Association of the National Head Injury Foundation as well as other concerned family members of brain injured individuals indicate the need for a strong support network and services available in their area. These support systems need to be located in Greater Minnesota, closer to the patient's home and family in order to interface daily responsibilities with involvement in the patient's treatment.

The Rehabilitation Subcommittee believes that persons with brain injury who have severe behavioral and cognitive impairments are deprived of essential professional services in Greater Minnesota and have a right to receive comprehensive and expert care. With the development of the proposed programs, these individuals would receive comprehensive, cost-effective treatment on the Faribault Regional Center campus and through the Regional Center's community-based programs.

Need for Functional Evaluation Clinic

Local primary care physicians identify a need for comprehensive rehabilitation evaluation services for post stroke patients. Current statistics from two acute care facilities, one in Steele County and another in Rice County, indicate an average yearly census of 72 stroke patients. These patients suffer disabilities with a varying degree of intensity and most require at least some rehabilitative assessment and follow-up.

Currently, patients discharged from an acute hospitalization following a neurological insult, do not receive a comprehensive rehabilitation evaluation. These patients are often placed in a skilled nursing facility for purposes of Specialized Rehabilitative Services as well as health status evaluation. These evaluations are done independently, without the benefit of an integrated team conference headed by a Physiatrist. The need exists for additional evaluation services to maximize functional capacity and enhance the adjustment to the disabilities for both the patient and family.

This need will be filled through the establishment of a rehabilitation team headed by a physiatrist (a physician specialized in physical medicine), to develop a comprehensive evaluation system. Assessment services will be available for both acute and long-term follow up to minimize the need for repeated hospitalization or long-term care placement.

A survey conducted by the Regional Center Task Force Shared Services/ Respite Care subcommittee indicated a need for services that could be provided by the Functional Evaluation Clinic. The survey was sent to County Social Service Agencies, residential facilities, Regional Services Specialists, day program and special education directors and Department of Jobs and Training Offices in Region 10 and 11. Additional information about the survey can be found in the Plan for Shared Services.

The results of the survey indicated an interest in, and a need for Occupational Therapy, Physical Therapy, and Recreation Therapy services. Under the heading Occupational Therapy, Adaptive equipment/learning devices received a 39% response (25/64), Client assessment - 27% and Program design - 22%. In the area of Physical Therapy, Program development services were an interest to 23% of respondants, Client assessment - 22% and wheelchair adaptation - 20%. Regarding Recreation Therapy services, 27% indicated interest in Game and equipment adaptation. Marketing the functional evaluation clinic will include contacts with area primary physicians as well as the respondants from this survey.

PLAN OF ACTION

The Plans for the Brain Injury Unit and the Functional Evaluation Clinic include three components as follows:

1. The development of a Brain Injury Unit to provide comprehensive treatment to persons with brain injuries resulting in behavioral, cognitive, emotional, communicative and mobility impairments and/or deficits, including not only post-acute services but also community integration and needed family support systems. The plan includes the establishment of a free standing 40 bed residential unit for brain injured adults (28 regional center beds and 2 six bed group homes).

   Research assisted this subcommittee in identifying the need for such a facility in greater Minnesota, with special expertise in the management of behavioral problems and with the ability to transition clients into the community near their home. Supportive services include vocational services, respite care, family support services and supervised activity programs.

2. The development of an out-patient clinic for purposes of functional evaluation of persons with neurological and motor deficits. This would include persons with neuromotor impairments including the diagnoses of brain injury, stroke, rheumatoid arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy and other chronic organic brain disorders.

   Multidisciplinary evaluations would be conducted by existing professionals including: Occupational Therapists, Physical Therapists, Speech Therapists, Nurses, Psychologists, Social Workers, physical medicine and primary care specialists. Recommendations for functional improvement including rehabilitative therapies, adaptive equipment and environmental adaptations would be forwarded to the patient's primary care physician. Adaptive equipment could be fabricated on site or provisions made for its fabrication.

3. The development of an Adaptive Equipment Center within the out-patient Evaluation Clinic. The purpose of the Adaptive Equipment Center is to provide professional assessment, recommendations, or on-site fabrication of assistive devices to enhance functional performance

of individuals with a variety of physical dysfunctions. The professional team will consist of a Physiatrist, Occupational Therapist, Physical Therapist and Speech Therapist.

The technical and professional staff needed for these programs can be provided by combining expertise from the Faribault Regional Center and physical therapy services available within the Faribault community. These experts currently at the Faribault Regional Center evaluate and program for the cognitive, behavioral, emotional, communicative and physical needs of the developmentally disabled population. Therefore staff would require minimal retraining, focusing on the new technologies and their application to treatment of the targeted diagnostic groups.

Space is available on the Faribault Regional Center campus and off campus, which can be remodeled at minimal cost, to house both the Brain Injury Unit and the Out-Patient Evaluation Clinic.

BRAIN INJURY UNIT - REHABILITATION

The program will provide an intermediate and/or long-term program for post-acute brain injured individuals 15 years or older who are either ambulatory or non-ambulatory, utilizing existing residential facilities, community based group homes, day program services, and community supported employment. This program will be serviced by existing staff experienced in health services and behavior management. The Unit would be programmatically licensed under DHS Rule 80 as a Rehabilitation facility, and would be operationally licensed by the Department of Health as a Skilled Nursing Facility. The group homes would be licensed by the Department of Health Services as Board and Care facilities.

To select a residential site for the Brain Injury program, considerations will be directed toward primary care delivery on a campus where therapists and medical personnel can be concentrated to serve persons during the early course of therapy, when a high degree of intensive therapy and supervision is essential. As the individual progresses, the transition to community can begin. This will require the establishment of a continuum of group homes, for placement within the parent community, and finally the appropriate regional home community setting; either actual home or similar group home with supportive services such as day care and respite care. Day program services will include supportive employment and vocational training. Respite care will be available for individuals based on identified need and space availability.

Considering a number of items addressed below, a specific building could be chosen from which to develop a budget of remodeling costs. An appropriate building would consist of 25-30,000 square feet of residential and therapy space, to provide a self-contained program for 28 individuals in 4 apartment-like settings, with a maximum occupancy of 7 in each and no more than 2 per bedroom. Through utilization of these smaller units, this setting would assist in stimulating closer peer interaction and yet allow some degree of segregation. It would also provide the ability for increased attention and concentration through environmental control. In addition, through the primary care delivery model, a consistent staff relationship could be promoted to improve memory enhancement and consistency needed for behavioral management. If a building was chosen on the perimeter of campus it would allow some degree of separation from other residential populations. If it was on the north perimeter, it would provide proximity to an acute care facility, which is essential in early stage complications. A single story building, with a limited amount of remodeling, could be adapted to meet licensure requirements for new nursing home construction with minimal waivers. This would allow partial reimbursement for the program through the option of Federal certification for nursing home beds. Additional funding would be required to enhance staffing to the level suitable for the existing needs of the individuals served (see Budget Section for this plan).

The educational training of existing staff will require retraining in the areas of new technology and their applications to treatment of the brain injured. In addition, there will be an ongoing need for staff development training and inservice.

The remainder of professional training and education will be provided through a combination of seminars on the Faribault Regional Center campus and on-site visits to related programs.

A coordinated effort by the staff and support persons from the family setting add to the continuity of the program. The social worker will have the primary responsibility of providing support to the families and friends of the brain injured patient. Input from the consulting psychologist as well as from other professional staff is considered essential in providing the setting for families to find the tools to learn about and successfully deal with brain injury. The objectives of providing a support group include the following four points:

1. Information To provide family members and friends with knowledge about the brain injured patient and in particular, information about the individual patient's progress within the program.

2. Involvement To involve the family and friends in the treatment and rehabilitation program of their family member.

3. Reimbursement To assist the family in the steps to gaining funding available for rehabilitative and/or maintenance of the brain injured patient.

4. Communication and Networking To provide the setting for allowing families and others to support each other and learn from each other.

Long range alternatives for the Brain Injury Unit include:

- Expansion to include other medical conditions with aggressive behavior, one example might be geriatric populations.

- Expansion to include other forms of brain impairments (Alzheimers and other forms of Dementia; Epilepsy secondary to brain trauma; Cerebrovascular Disease; Parkinson's Disease; Multiple Sclerosis; Need for comprehensive care for post-surgical brain tumors and brain infections).

FUNCTIONAL EVALUATION CLINIC

The objectives of the Functional Evaluation Clinic are to:

- Provide a multidisciplinary team approach to the evaluation of physical and cognitive status.

- Identify solutions to enhance functional abilities.

- Identify appropriate community resources to fulfill identified needs.

- Communication of recommendations to the patient, family, primary physician and other health care providers.

- Order and/or fabricate necessary adaptive equipment.

To provide a comprehensive out-patient functional evaluation service for individuals with neurological and orthopedic deficits, an interdisciplinary team of professionals, following evaluation, will refer clients to physicians and available local resources. Supplies, knowledge and skill are available at the clinic to fabricate adaptive equipment.

When initiating a Functional Evaluation Clinic, multidisciplinary evaluations would be conducted by professionals. These services could be available in the hospital during the acute phase, or at a location where services are requested. Assessment would include the following:

- Primary physician - assessment of medical status, medications, referral
- Occupational Therapist - assessment of daily living skills, perceptual and cognitive skills
- Physical Therapist - mobility, strength, endurance
- Speech Therapist - communication
- Psychologist - cognition, patient and family adjustment to disability
- Physical medicine - comprehensive functional, biomechanical, psychosocial assessment
- Social services - financial and family support, investigation and integration of existing home community resources
- Nursing - bowel and bladder assessment, medication compliance, patient education, coordination with needed community services

The team members involved in the assessment conference jointly with the patient and family to present findings of evaluations and recommendations for treatment, with referral to local care providers.

ADAPTIVE EQUIPMENT CENTER

The functional evaluation clinic will identify therapeutic adaptations needed to assist in the performance of self-care, work and leisure activities. This includes selecting, obtaining, fitting and fabricating equipment and instructing the client, family and/or staff in the proper use and care of equipment. Referrals would be received from specialized Rehabilitation professionals, local physicians, health care professionals and individuals or family members.

Types of adaptations would include the following:

- Orthotics - dynamic and static splints for the purpose of relieving pain, maintaining joint alignment, protecting joint integrity, improving function and/or decreasing deformity.
- Positioning/Seating - devices used to normalize muscle tone, decrease the influence of pathological reflexes, increase range of motion, decrease tendency to deformities, increase stability and increase mobility.
- Communication - mechanical/electronic devices which would enhance client's ability to express wants and needs, improve socialization.

- Environmental Control - devices used to improve client's ability to control environment and make choices such as operate appliances, T.V., radio, and light switches.

A long-range expansion for the Functional Evaluation Clinic/Adaptive Equipment Center could include short term placements during the evaluation and fabrication period for individuals in out-reaching areas.

IMPACT

Many organizations provide service to the population of traumatic brain injured patients, nearly all of which are located in the metropolitan area. There is a need for additional facilities, particularly in greater Minnesota, to serve this population. Interim and comprehensive care facilities with expertise and programming for the brain injured often have waiting lists of several months, placing enormous stress on family members. One of the major goals of the NHIF-MN for 1988, is promoting establishment of services to brain injured persons in Greater Minnesota.

A clear need for a facility to serve patients with difficult and often aggressive behavior has been identified by caregivers at Courage Center, Trevilla of Robbinsdale, Sister Kenny Institute and St. Mary's Rehabilitation Center in Rochester. The expertise currently available at the Faribault Regional Center in behavior management is recognized throughout the region.

Another identified area of need is a facility with the ability to return traumatic brain injured to their local communities, in supervised group home settings. This service is available from several organizations within the metropolitan area and Duluth, but not in Greater Minnesota. The Faribault Regional Center can develop a program that offers a continuum of services from post acute to community integration.

Awareness throughout the state, of the Brain Injured Program at the Faribault Regional Center, is key to its success. Special emphasis will be placed on patients with aggressive behaviors. These patients have not had the benefit of, or have been demitted from, other rehabilitation programs because of their severe behavior/cognitive deficits.

The Director of Marketing will contact acute hospitals, rehabilitation centers and independent physicians for referrals to the Brain Injured Program at the Faribault Regional Center. The focus of the marketing of this program is for brain injured patients and their families who make their home in the southern part of Minnesota, as well as those patients who are not accepted into other brain injured programs because of aggressive behavior towards other patients and/or staff.

BUDGET

The budget for the Brain Injury Unit was broken down to address the separate programs as follows:

Brain Injury Unit - Rehabilitation Budget

The estimated budget was derived from several sources.

1. **On-staff salary -** FY90 $2,755,461.28 (appendix I)
   FY91 $2,901,444.00 (appendix I - page 2)

The list of professionals and other trained staff include:

- Unit Manager and Assistant
- Registered Nurses

- Behavioral Psychologist
- Counseling Psychologist
- Occupational Therapist
- Certified OT Assistants
- Music Therapist
- Speech Therapist
- Social Worker
- Human Services Technicians/ LPN's

Staff positions requested total 78.30 full time equivalents and include sufficient numbers to operate the 28-bed unit at the Regional Center as well as the two six bed group homes. Direct care staff ratio for residential units to cover 24 hours per day, 7 days per week is 1:2.33 during waking hours and 1:4.66 on nights. Independent nursing service would be immediately available 24 hours per day with back up services available at the community's acute care health facility. In addition, consultant services would be required.

In addition, the following consulting professionals would be required:

- Physiatrist
- Physical Therapist
- Neuro Psychologist
- Psychiatrist
- Vocational Rehabilitation Specialist
- Other medical specialists as needed

The consultant fees would be reimbursed by medical assistance fee for service.

2. **Physical plant -** $250,000 (appendix II)

   Includes installing call lights and buttons in 24 rooms and a main panel in the nurse's stations. Carpet would also be installed in much of the unit. (see appendix II for itemized breakdown of budget for remodeling).

3. **Group home expenses -** FY90 $102,728.57 (appendix III)
   FY91 $108,173.17

4. **Current expenses -** FY90 $149,746.25 (appendix IV)
   FY91 $128,356.75
   Staff retraining - $27,850 (appendix IV - page 2)

5. **Special equipment -** total $184,637.22

   - Therapy equipment - $63,553.25 (appendix V)
   - Capital equipment - $121,083.97 (appendix VI)

6. **Marketing budget** (for both programs) - FY90 $100,940.00
   (appendix XI) FY91 $106,289.82

FUNCTIONAL EVALUATION CLINIC BUDGET

This budget includes the following costs:

1. **Remodeling cost for evaluation clinic/adaptive equipment center** - FY90 $89,960 (appendix VII)

2. **Current expenses** - FY90 $15,017.49 (appendix VIII)
   FY91 $15,813.42

3. **Capital equipment** - FY90 $15,210.50 (appendix IX)

4. **Staffing budget** - FY90 $56,817.20 (appendix X)
   FY91 $59,828.51

5. **Marketing Budget** (for both programs) - FY90 $100,940
   (appendix XI) FY91 $106,289.82

COMBINED BUDGET

Combined Remodeling - $ 339,960.00

Combined Equipment - $ 199,847.72

Combined Staff -	FY90 $ 2,812,278.48 FY91 $ 2,961,272.51
Combined Current Expenses -	FY90 $164,763.74 FY91 $144,170.17
Group Home Expenses -	FY90 $102,728.57 FY91 $108,173.17
Combined Marketing Expenses -	FY90 $100,940.00 FY91 $106,289.82
TOTAL COMBINED BUDGET:	FY90 $3,720,518.51 FY91 $3,319,305.67

CONCLUSION

The Brain Injury Unit and the Functional Evaluation Clinic/Adaptive Equipment Center will address the unmet need identified for the southern Minnesota region.

The basic pieces for a comprehensive program are in place. Physician services, including primary care, neurology, psychiatry and physical medicine and rehabilitation are available, as well as dentistry, pharmacy, and dietary services. Occupational therapy, physical therapy, speech therapy, recreation therapy, music therapy, behavioral analysis, behavioral counseling psychology, social services and vocational rehabilitation services are available within the regional center and the community. The Regional Center also employs Registered Nurses, Licensed Practical Nurses, and trained Human Services Technicians.

In addition, the following consultant disciplines are currently available to the Regional Center's existing population: Orthopedics, Orthotics, Podiatry, Psychiatry and Respiratory Therapy. Consultative neuropsychology services can be obtained. This listing certainly identifies a significant number of experienced professional and residential staff available for alternate programs. Persons in each area listed above have expressed enthusiasm and interest in participating in the development of such a program.
The support needed to implement the programs include:

- Existing technical and professional staff retraining
- Technical and professional consultative staff
- Building availability
- Renovation funds for an existing suitable building on the Faribault Regional Center campus (estimated cost of $339,960 needed with minimal waivers to meet Chapter 4660 licensing requirements).
- Licensure and reimbursement necessary (beds available and funded for ambulatory brain injured under or similar to Rule 80).
- Start up special equipment and furnishings.
- Coordination and assistance with funding.
- Start up costs to provide for cash flow during first year of operation.

The Brain Injury unit will provide comprehensive treatment and services to persons with brain injuries resulting in behavior, cognitive, emotional, communicative and mobility impairments and/or deficits, including not only post-acute services but also community integration and needed family support systems for southern Minnesota, not excluding a larger service area if needed.

Programs that are compatible to other Regional Treatment Centers include:

- SOCS homes in communities
- Expertise at each Regional Treatment Center to assist brain injured individuals returning home after their stay in an acute hospital, intermediate program or long-term program.

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BUDGETS FOR THE BRAIN INJURED UNIT AND FUNCTIONAL EVALUATION CLINIC

I. STAFFING FOR THE BRAIN INJURED UNIT

II. REMODELING COST FOR THE BRAIN INJURED UNIT FACILITY SITE

III. CURRENT EXPENSE FOR GROUP HOME

IV. CURRENT EXPENSE FOR THE BRAIN INJURED UNIT FACILITY SITE

V. THERAPY EQUIPMENT AND SUPPLIES FOR THE BRAIN INJURED UNIT

VI. CAPITAL EQUIPMENT FOR THE BRAIN INJURED UNIT

VII. REMODELING COST FOR THE FUNCTIONAL EVALUATION CLINIC AND ADAPTIVE EQUIPMENT CENTER

VIII. CURRENT EXPENSES FOR THE FUNCTIONAL EVALUATION CLINIC AND ADAPTIVE EQUIPMENT CENTER

IX. CAPITAL EQUIPMENT BUDGET FOR THE FUNCTIONAL EVALUATION CLINIC AND ADAPTIVE EQUIPMENT CENTER

X. STAFFING BUDGET FOR THE FUNCTIONAL EVALUATION CLINIC

XI. MARKETING BUDGET FOR THE BRAIN INJURED UNIT AND FUNCTIONAL EVALUATION CLINIC

Appendix I
Staffing for the Brain Injured Unit
(28 residential, 12 community beds)

Position class	FTE	Salary + Benefits	X 80 Hrs.	4.9 COLA FY90 Total Cost
Unit Manager	1.0	$22.11	$1,768.80	$ 45,988.80
Asst. Unit Manager	.5	19.55	1,564.00	20,332.00
R.N. Sr.	4.8	20.47	1,637.60	204,372.48
Behav. Psych.	1.0	19.62	1,569.60	40,809.60
O.T.R.	2.0	18.33	1,466.40	76,252.80
C.O.T.A.	1.0	15.85	1,268.00	32,968.00
Counseling Psych.	.5	23.47	1,877.60	24,408.80
Music Therapist	.5	18.33	1,466.40	19,063.20
Speech Therapist	3.0	20.34	1,627.20	126,921.60
Audiologist	.5	22.62	1,809.60	23,524.80
Social Worker	1.0	18.33	1,466.40	38,126.40
Recreational Ther.	1.0	18.33	1,466.40	38,126.40
HST Sr./LPN	61.5	15.85	1,268.00	2,027,532.00
Receptionist	.5	13.79	1,103.20	14,341.60
Horticulture Ther.	.5	21.82	1,745.60	22,692.80
Totals	78.3			$2,755,461.28

Per Diem - $2,755,461.28 / 40 / 365 = $188.73

Consultant fees needed - reimbursed by MA/Fee for service
Physiatrist
Primary Physician
Physical Therapist
Neuro Psychologist
Psychiatrist
Vocational Rehab.
Other Medical Specialists as needed

Appendix I - page 2 (for FY91)
Staffing for the Brain Injured Unit
(28 residential, 12 community beds)

Position	FTE	Salary + Benefits	X 80 Hrs.	5.3 COLA FY91 Total Cost
Unit Manager	1.0	$23.28	$1,862.40	$ 48,422.40
Asst. Unit Manager	.5	20.59	1,647.20	21,413.60
R.N. Sr.	4.8	21.55	1,724.00	215,155.20
Behav. Psych.	1.0	20.66	1,652.80	42,972.80
O.T.R.	2.0	19.30	1,544.00	80,288.00
C.O.T.A.	1.0	16.69	1,335.20	34,715.20
Counseling Psych.	.5	24.71	1,976.80	25,698.40
Music Therapist	.5	19.30	1,544.00	20,072.00
Speech Therapist	3.0	21.42	1,713.60	133,660.80
Audiologist	.5	23.82	1,905.60	24,772.80
Social Worker	1.0	19.30	1,544.00	40,144.00
Recreational Ther.	1.0	19.30	1,544.00	40,144.00
HST Sr./LPN	61.5	16.69	1,335.20	2,134,984.80
Receptionist	.5	14.52	1,161.60	15,100.80
Horticulture Ther.	.5	22.98	1,838.40	23,899.20
Totals	78.3			$2,901,444.00

Per Diem - $2,901,444.00 / 40 / 365 = $198.73

Consultant fees needed - reimbursed by MA/Fee for service
Physiatrist
Primary Physician
Physical Therapist
Neuro Psychologist
Psychiatrist
Vocational Rehab.
Other Medical Specialists as needed

Appendix II
Remodeling Cost for the Brain Injured Facility Site

The Director of Facilities and Services at the Faribault Regional Center provided cost estimates for the Brain Injured Skilled Nursing Facility site based on a 28 bed facility including all permanent fixtures and equipment, but not portable fixtures, equipment, and furnishings.

New Construction:

Source:	1988 Means Facility Cost Data		
Cost Per Square Foot:	$54 to $86		
Cost Per Bed:	$ 20,900	to	$ 36,300
	x 28		x 28
Range:	$585,200		$1,016,400

Assuming reliance on a central heating plant and a building site with readily available utilities, an 11,200 square foot facility could be constructed for $75,000 per square foot (11,200 x $75 = $840,000).

Remodel a Single Story Building:

The remodel cost estimate is based on the following assumption: Remodel to provide an aesthetically pleasing and comfortable environment compatible with Chapter 4660 licensing requirements (with minimal waivers). The addition of fire sprinklers is not anticipated.

For example, waivers may be necessary for bedroom windows (distance above the floor) and to satisfy the requirement for "an unobstructed angle of vision" (not less than 65 degrees for a distance of 30 feet).

All other requirements of 4660 could be met with an approximate investment of $250,000. A breakdown of the $250,000 follows.

The following would be necessary before a Faribault Regional Center building could be licensed as a nursing home.

1. Nurses Stations (four total)

   A. Rooms exist
   B. Open walls (for view of area)
   C. Build and install counters and cabinets
   D. Increase lighting
   E. Paint

2. Clean Utility Rooms (four total)

   A. Rooms exist
   B. Build and install counters and cabinets
   C. Relocate sinks
   D. Repair floors
   E. Paint

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3. Staff Toilets (four total if unisex)
   A. Remodel existing toilet areas
   B. Install walls, ceilings, and doors
   C. Install lav's
   D. Install mechanical ventilation
   E. Install grab-bars
   F. Paint

4. Soiled Utility Rooms (four total)
   A. Rooms exist
   B. Flush rim sinks exist
   C. Install bed pan flushing/sanitizing equipment
   D. Install lav's
   E. Paint

5. Patient Toilets (three/wing - twelve total)
   A. Construct in existing bedrooms
   B. Install walls, ceilings, and doors
   C. Install lav's
   D. Install commodes
   E. Install grab-bars
   F. Install mechanical ventilation
   G. Install lighting and ground-fault electricity
   H. Install handicapped shower
   I. Paint

6. Toilet Training Rooms (four total)
   A. Remodel existing toilet areas
   B. Install walls, ceilings, doors
   C. Install lav's
   D. Install mechanical ventilation
   E. Install grab-bars
   F. Paint

7. Storage Rooms (four total)
   A. Rooms exist
   B. Repair floor(s)
   C. Paint

8. Install Electric Water Coolers (eight total)
   A. Remove existing china fountains (four)
   B. Patch walls
   C. Wire and install new electric water coolers

9. Dining Areas (four total)
   A. Rooms exist
   B. Build and install counters and cabinets
   C. Paint

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10. Day Rooms (four total)
    A. Rooms exist
    B. Replace ceilings
    C. Paint

11. Barber/Beauty Shop (one)
    A. Room exists
    B. Install shampoo sink
    C. Install lav
    D. Install counter and cabinets
    E. Install chair
    F. Install mirror
    G. Increase lighting

12. Carpet (approximately 1,700 square yards)
    A. Bedrooms
    B. Day rooms
    C. Halls
    D. Nurse's stations

13. Door Hardware
    A. Replace approximately 50 knobs with levers

14. Call Systems/Lights
    A. Install main panels in nurse's stations (four)
    B. Install call buttons and lights (approximately 24)

Appendix III
Two (2) Group Homes Current Expense for 12 Clients

		4.9 COLA FY90	5.3 COLA FY91
Rents and Leases		$ 30,211.20	$31,812.39
Utilities:	Electricity	2,181.92	2,297.56
	Water and Sewer	839.20	883.68
	Heat	4,363.84	4,595.12
Repairs		1,258.80	1,325.52
Communication:	Postage	335.68	353.47
	Telephone	1,636.44	1,723.17
Instate Lease		15,252.46	16,060.84
Travel, Private car		566.46	596.48
Claims:	Staff Poss	419.60	441.84
	Equipment damage	419.60	441.84
Supplies:	House and Administration	4,363.84	4,595.12
	Program	3,147.00	3,313.79
	Food	30,630.80	32,254.23
	General	314.70	331.38
Purchased Cable		545.48	574.39
Services:	Laundry	2,674.95	2,816.72
	Car	419.60	441.84
Training		3,147.00	3,313.79
		$102,728.57	$108,173.17

Appendix IV
Current Expense for the Brain Injured Unit Facility Site

Utilities:	4.9 COLA FY90	5.3 COLA FY91
Heat	$ 11,122.55	$ 11,712.05
Electricity	6,250.99	6,582.29
Sewer	1,373.49	1,446.28
Garbage Service	1,405.66	1,480.16
Telephone	2,108.49	2,220.24
Contract Maintenance/ Housekeeping	8,223.11	8,658.93
160 lbs. linen per month for 28 bed facility	545.48	574.39
Food Service, 2 meals/day Preparation and delivered	63,252.60	66,604.99
	$ 94,282.37	$ 99,279.33

Expendables:		
Office Supplies	$ 1,258.80	1,325.52
Housekeeping Supplies	1,888.20	1,988.27
Food Purchasing	2,098.00	2,209.19
Entertainment budget	13,746.10	14,474.64
Transportation/Gas	1,258.80	1,325.52
Repair	1,573.50	1,656.90
Purchased Cable	545.48	574.39
Basic Medical Supplies	5,245.00	5,522.99
	$ 27,613.88	$ 29,077.42

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Current Expense for the Brain Injured Unit Facility Site

Staff Retraining	4.9 COLA FY90	5.3 COLA FY91
Professional Staff: (16.3 FTE's)		
Seminars off campus	$ 17,000.00	
Seminars on campus (3)	4,700.00	
Paraprofessional:		
LPN's	800.00	
Technical Staff:		
HST (30 hours)	4,350.00	
On-site visits to other facilities	1,000.00	
Seminars on campus provided by professionals in program	0.00	
	$ 27,850.00	
Total Cost (utilities, expendables and retraining):	$149,746.25	$ 128,356.75

Appendix V

Therapy (P.T., Speech, O.T.) Equipment and supplies for Rehabilitation Center for Brain Injured

ITEM	QTY	UNIT PRICE	TOTAL COST
Physical Therapy - Equipment			
Mat Tables with Mats	2	$ 778.36	$ 1,556.72
Standing Tables Electric	1		$ 2,727.40
Parallel Bars with Abd Boards	1		$ 1,246.21
Posture Mirrors	1		$ 272.74
Hoyer Lift	1		$ 923.12
Bolsters			
4 x 24	1		$ 36.72
6 x 24	1		$ 62.94
8 x 24	1		$ 70.28
8 x 36	1		$ 76.58
10 x 36	1		$ 101.75
12 x 36	1		$ 119.13
14 x 48	1		$ 202.46
16 x 48	1		$ 220.29
Wedger			
8 x 24 x 28	1		$ 117.49
10 x 24 x 28	1		$ 125.88
12 x 24 x 28	1		$ 139.52
Hydrocollator Unit	1		$ 2,150.45
Pack: Standard	6	$ 11.54	$ 69.24
Neck	6	$ 13.64	$ 81.82
Oversize	6	$ 27.27	$ 163.64
Covers: Standard	6	$ 26.23	$ 157.35
Neck	6	$ 20.98	$ 125.88
Whirlpools	2	$2,832.30	$ 5,664.60
Ultrasound	1		$ 1,416.15
Cuff Wts & Storage Rack	1		$ 404.91
Stairs	1		$ 751.08
TENS	1		$ 618.91
Vestibular Board	1		$ 159.45
Treatment Table			
Electric	1		$ 2,234.37
Standard	1		$ 338.83
Step Stools	2	$ 32.52	$ 65.04
Carts	2	$ 111.19	$ 222.39
Restorator	1		$ 262.25
Stationary Bike	1		$ 209.80
Pulley Channel with Weights	1		$ 2,150.45
Electric Stim	1		$ 1,521.05
Rolling Stools	4	$ 98.61	$ 394.42
File Cabinet	1		$ 314.70
Desk	1		$ 314.70
Wheelchairs	2	$ 524.50	$ 1,049.00
		TOTAL	$28,839.71

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ITEM	QTY	UNIT PRICE	TOTAL COST
Physical Therapy - Supplies			
Walkers			
Standard	3	$ 114.34	$ 343.02
Rolator	3	$ 61.89	$ 185.67
Walkane	1		$ 51.40
Cane			
Standard Adjustable	1		$ 12.59
Pistol Grip	1		$ 11.54
Ortho-Cane	1		$ 15.74
Quadcanes			
Small	2	$ 37.76	$ 75.53
Large	2	$ 38.81	$ 77.63
Crutches (Wood)	3 pr.	$ 18.88	$ 56.65
AFO's	6	$ 52.45	$ 314.70
Goniometer	3	$ 22.03	$ 66.09
Timer	4	$ 16.78	$ 67.14
Knee Immobilizers	2	$ 36.72	$ 73.43
Shoe Lift	1		$ 121.68
Transfer Belts	12	$ 4.20	$ 50.35
Hoyer Slings	4	$ 43.01	$ 172.04
Transfer Boards	2	$ 34.62	$ 69.23
Office Supplies			$ 314.70
		TOTAL	$ 2,079.13

* * * * * * * * * *

Speech Therapy - Equipment	
Apple GS Computer	$ 3,147.00
Hardware	$ 3,147.00
GSI #16 Audiometer	$ 5,245.00
Electronic Language Board	$ 2,098.00
	$13,637.00
Speech Therapy - Supplies	
Software	$ 1,573.50
Therapy Materials	$ 1,049.00
	$ 2,622.50
TOTAL	$16,259.50

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ITEM	QTY	UNIT PRICE	TOTAL COST
Occupational Therapy - Equipment			
Deltoid Aid			$ 440.58
Height Adjustable Hydraulic Table			$ 786.75
Floor Loom			$ 388.13
Apple Computer			$ 3,147.00
Hardware			$ 3,147.00
Software			$ 1,049.00
Wood Platform with Mat			$ 776.26
Standing Table			$ 1,888.20
			$11,622.92
Occupational Therapy - Supplies			
Communications			$ 236.03
Hygiene Supplies			$ 78.68
Art Supplies			$ 131.13
Copper Tooling			$ 31.47
Leather Work Supplies			$ 576.95
Mosaic Tile Supplies			$ 31.47
Needlework Supplies			$ 131.13
Weaving Supplies			$ 94.41
Kitchen Supplies			$ 83.92
Office Supplies			$ 209.80
Positioning Supplies			$ 314.70
Testing Materials			$ 1,049.00
Therapeutic Materials			$ 209.80
Splinting Materials			$ 1,049.00
Perceptual Materials			$ 524.50
			$ 4,751.99
		TOTAL	$16,374.91
		GRAND TOTAL	$63,553.25

Appendix VI
Capital Equipment for the Brain Injured Unit

Household Furnishings:	4.9 COLA FY90
Television Sets (6)	$ 3,147.00
Beds (40)	15,357.36
Tables and Chairs (8) @ $900.00	7,552.80
Lamps (12) @ $75.00	944.10
Dressers (40) @ $230.00	9,650.80
w/mirrors (40) @ $96.00	4,028.16
Couch (8) @ $830.00 Chairs (8) @ $200.00 End Tables (8) @ $200.00	10,322.16
Washer and Dryer (4)	2,098.00
Van (2) Aerostar (1) Phys. Handi.	29,372.00 23,078.00
Stove and Refrigerator (6)	8,287.10
Freezer (2)	1,573.50
Entertainment Center (8) @ $676.00	5,672.99
	$ 121,083.97

Appendix VII
Remodeling Cost for Functional Evaluation Clinic/Adaptive Equipment Center

Physical Plant:	4.9 COLA FY90
Remodeling costs	$ 41,960.00
Air Conditioning	48,000.00
Total:	$ 89,960.00

Appendix VIII
Current Expenses for the Functional Evaluation Clinic and Adaptive Equipment Center

Utilities:	4.9 COLA FY90	5.3 COLA FY91
Heat	$ 5,477.88	$ 5,768.21
Electricity	$ 3,078.82	$ 3,242.00
Sewer	$ 679.75	$ 715.78
Garbage	$ 692.34	$ 729.03
Telephone	$ 1,038.51	$ 1,093.55
	$ 10,967.30	$ 11,548.57
Maintenance/Housekeeping:	$ 4,050.19	$ 4,264.85
Total (Utilities, Maintenance/Hpkg	$ 15,017.49	$ 15,813.42

Appendix IX
Capital Equipment Budget for the Functional Evaluation Clinic and Adaptive Equipment Center

Capital Equipment:	4.9 COLA FY90
Shop	$ 6,818.50
Contour U Body Molding System	3,671.50
Hand Tools	1,049.00
Office Furnishings	1,573.50
Reception Room Furnishings	2,098.00
	$ 15,210.50

A shared agreement would be developed with OT, PT, Speech, and Psychology from the Rehabilitation Unit for the use of equipment and space.

Appendix X
Staffing Budget for the Functional Evaluation Clinic

Salaries:	4.9 COLA FY90	5.3 COLA FY91
On-staff salary including benefits	$ 56,817.20	$59,828.51

This figure reflects the salary and benefits of the carpenter and upholsterer for the Adaptive Equipment Department. Therapy staff would be procurred through a shared agreement with the Rehabilitation Unit.

Appendix XI

Marketing Budget for the Brain Injured Unit and Functional Evaluation Clinic

Marketing Costs:	4.9 COLA FY90	5.3 COLA FY91
Gross annual salary	$ 44,100.00	$ 46,537.30
Annual mileage and expenses (2.5 days/week, $.22/mile)	$ 2,640.00	$ 2,779.92
Meals (2.5 days/week, $15.00/ day)	$ 1,800.00	$ 1,895.40
Lodging (based on $50/night 1.5 nights)	$ 2,400.00	$ 2,527.20
Advertising, brochures, various promotions	$ 50,000.00	$ 52,650.00
	$100,940.00	$106,289.82

Total for Biennium: $207,229.82

PLAN FOR PSYCHIATRIC UNIT

INTRODUCTION

The provision of treatment to persons with mental illness must be based on the needs of the patient and an array of services that must be available and provided in the least restrictive environment.

The Mental Health Initiative passed in 1987 requires counties to offer a full range of mental health services as close to the county as possible, designed to prevent placement in settings that are more intensive, costly, or restrictive than necessarily appropriate to meet the client's needs.

Pre-admission screening for inpatient and residential treatment will be required prior to admission by January 1, 1991, to ensure that the admission is necessary and the length of stay is as short as possible consistent with the individual needs of the clients.

The Regional Treatment Centers should continue to play an important role in providing care for mentally ill people as one of many alternatives. The Faribault Regional Center should serve persons whose illness is of such intensity or duration that community resources are not available, or with characteristics which reduce the likelihood of care in the community.

Currently, the Faribault Regional Center provides a wide array of services to over 520 developmentally disabled persons. Approximately 7% of that population carries a dual diagnosis of MR/MI (mentally retarded and mentally ill). Therapeutic programs established for these dually diagnosed persons are closely aligned with current programmatic modalities used to treat the mentally ill community client (i.e., psychiatric consultation and review, individual and group psychotherapy, careful management and monitoring of medication, a supportive environment as well as a full range of habilitative, leisure, social and work activities). The Regional Center's experience in treating the presenting challenges of its current mentally ill and mentally retarded clients provides a potentially highly successful climate for the development of residential units for persons with mental illness at the facility.

An essential habilitative function of the Psychiatric Unit will be to provide inpatient psychiatric treatment to persons with major mental illness to:

- stabilize the individual and symptoms of illness which required the admission
- improve functioning
- strengthen family and community support
- facilitate appropriate discharge, aftercare and follow up in the community.

STATEMENT OF NEED

The need exists for a program that will serve persons with serious mental illness who require intensive psychiatric evaluation and stabilization. Indications of need for inpatient psychiatric care include, but are not limited to, the following:

- prior treatment attempts, employing less restrictive levels of care, which have been unsuccessful

- seriously impaired affective, social, and familial functioning
- potentially dangerous to self and others.

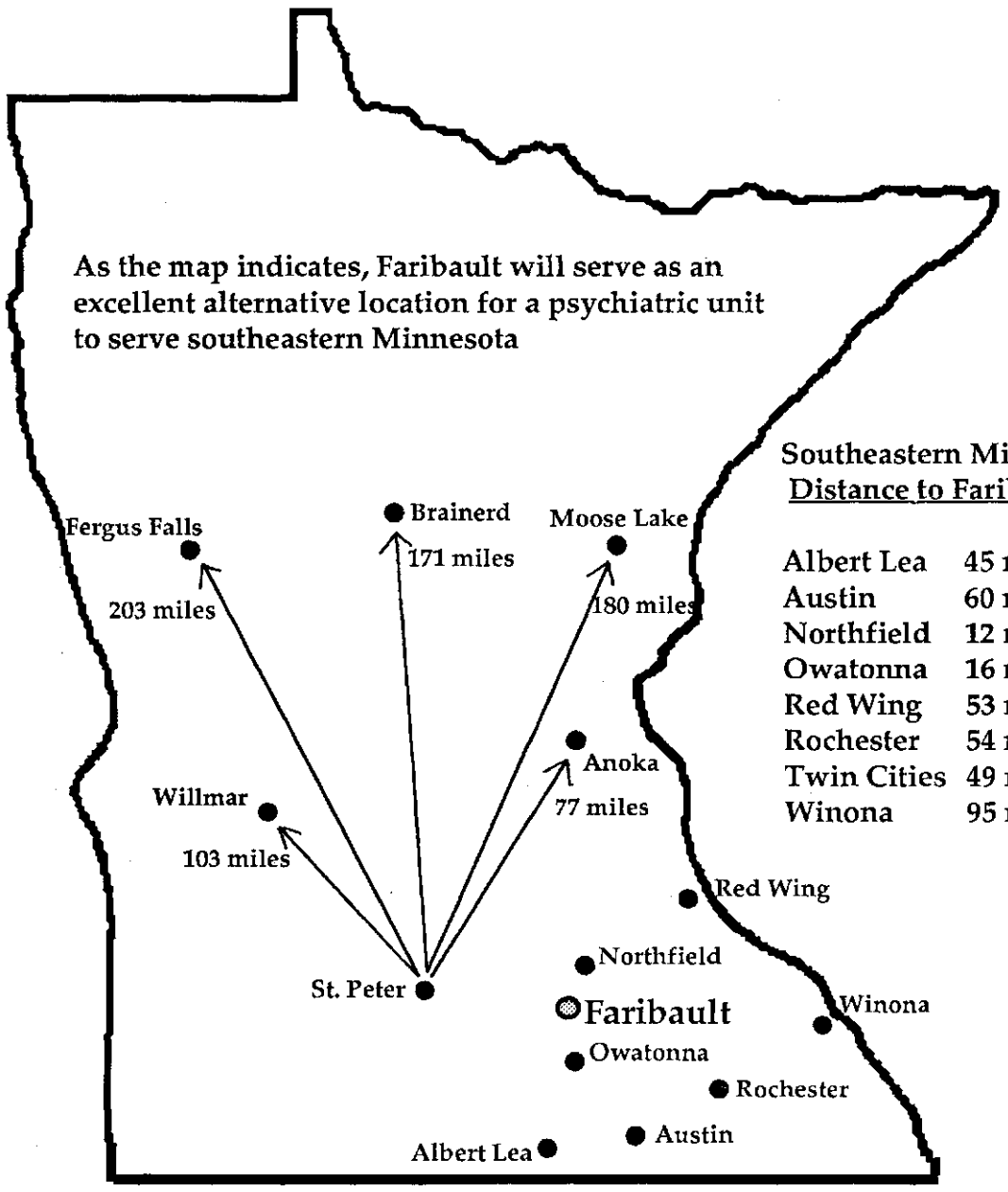
The prevalence of mental disorders was compiled in a study conducted under contract for the Department of Human Services and submitted in September, 1987. The study determined the prevalence of any disorder; schizophrenia, affective disorders, personality disorders, severe cognitive impairment, and phobia, as well as the prevalence of chronic mental illness. The results for counties in Southeastern Minnesota indicated that the prevalence of any disorder ranges from 36,940 to 55,701 while the prevalence of chronic mental illness ranges from 2,199 to 2,932. These figures represent 12.6 to 19.1 percent and .75 to 1.0 percent of the county populations respectively. "An analysis of U.S. epidemiological studies on the ratio of treated to untreated cases in true prevalence estimates found that only about 25 percent of those found to be suffering from a clinically significant disorder had ever been in treatment." (See bottom of chart on next page.)

During 1987, St. Peter Regional Treatment Center provided services for 418 clients and was unable to provide services for 70 clients who were referred on to other Regional Treatment Centers in the State. Of those 70, 43 were from the 11 county area of southeastern Minnesota. These 43 people were provided services in Willmar, Brainerd, Fergus Falls, Moose Lake and Anoka. See following map.

The number of clients served from this 11 county area, including those who were sent places other than the St. Peter Regional Treatment Center, was 296. These clients received a total of 35,704 days of service, or an average per client of approximately 120 days.

The need exists for two 20 bed units at the Faribault Regional Center which will provide 14,600 days of service per year which will accomodate approximately 121 clients. St. Peter Regional Treatment Center will continue to be needed for the remaining 21,104 days of service, or approximately 59% of the services provided to this 11 county area. This plan will, at a minimum, eliminate the need to transfer clients to other Regional Treatment Centers, which are a considerable distance for persons living in the southeastern corner of the state. (projected median length of stay - 67 days, projected mean length of stay - 120 days)

Additionally, there is a need for consultation services. There is a significant lack of community based psychiatric services available in the community. The County, School District and providers are in need of and open to contracting for psychiatry time on a shared service agreement basis. This has been listed as the second highest unmet need as identified by the Rice County Mental Health Advisory Council.



Southeastern Minnesota communities
Distance to Faribault

Albert Lea	45 miles
Austin	60 miles
Northfield	12 miles
Owatonna	16 miles
Red Wing	53 miles
Rochester	54 miles
Twin Cities	49 miles
Winona	95 miles

PLAN OF ACTION

A program will be established for comprehensive psychiatric inpatient and day treatment services on the campus of the Faribault Regional Center, for adults 18 years of age and older who are suffering from major psychiatric illness. The two twenty bed units will serve persons at the Faribault Regional Center with serious mental illness who require intensive psychiatric evaluation and stabilization.

There is an immediate need for psychiatric inpatient services to serve residents of the southeastern region of Minnesota, who either currently receive services farther from their home communities, or not at all. This service will facilitate coordination within the region and increase the likelihood of family involvement and sufficient case management services.

The general treatment program objectives are:

1. to evaluate the patient's physical, psychological and social functioning
2. to promote improved self care
3. to improve the patient's ability to interact with others
4. to eliminate or reduce disorders of perception and thinking, severe emotional distress and substance abuse
5. to minimize stress on families and provide better skills for working with the patient
6. to provide a safe, secure environment for patients unable to handle their own behavior and behavioral consequences
7. to minimize the chances that severely disturbed patients will injure themselves or others
8. to establish discharge and aftercare planning at the time of admission, which will assist in appropriate referral to other programs or assist the patient in transition to home or community

The proposed program will be located in units of not more than 20 beds, utilizing existing structures on the campus. The units may require some remodeling for this purpose, in order to create a pleasant and safe environment for the clients.

The 73 staff, currently at the Faribault Regional Center, would require appropriate ongoing staff development training. The training needed for the existing staff will be specialization to work with mentally ill. The basic requirement of training to serve the mentally ill is 360 clock hours. It is estimated that training 75 persons in three sections would cost $45,000. This training could be facilitated through a cooperative effort with Faribault Techical Institute and the State Board of Vocational-Technical Education provided by a special legislative appropriation. This appropriation will cover all costs including tuition for existing employees.

The adult mental illness program will be a structured, seven days per week program. The unit will be under the direction of a Board Certified psychiatrist who will function as the Medical Director, and will provide the direction and supervision of a multidisciplinary team of professionals including psychologists, social workers, nurses, activity therapists, occupational therapists, vocational therapists and others.

The first unit will be a more secure (locked) unit, designed to allow the patient to gain some control over their behaviors, etc. The second unit will be an open unit designed to allow the patient to develop

internal control over their behaviors and emotional problems, versus the external control of the secure unit.

Treatment services offered will include:

1. A supportive environment sensitive to the disturbed patient's need for reduced stimuli, interpersonal support and assistance with reality testing.
2. Individual and group psychotherapy stimulating personal growth and development.
3. A wide variety of planned activities designed to promote social skills, leisure interests and a sense of personal competence.
4. Vocational assessment and work therapy experience.
5. Careful management of medication combined with ongoing instruction to promote the patient's understanding of the benefits and occasional side effects of medications.
6. Family therapy.
7. Pastoral care.
8. Dietary consultation.
9. A full range of medical specialists and consultants as needed.

An important component of the program, available to persons living in the community, will be structured day treatment. The program will be designed to provide a less confining and cost reducing alternative to 24 hour inpatient treatment. The program will provide most of the diagnostic treatment services of 24 hour inpatient treatment, but allow patients to spend nights and weekends at home or in a residential setting. Day treatment will encourage greater independence and allow patients to maintain a more normal routine of participation in social and family activities.

Patients may be referred to the program from the inpatient program by mental health service providers. Therapists may refer patients to day treatment and continue treating their patients. Evaluation services could be available to provide assessments and recommend the most effective treatment.

IMPACT

The establishment of a psychiatric unit at the Faribault Regional Center will enhance the overall care for clients with dual diagnoses (MR/MI), and for those clients receiving long-term care in the skilled nursing beds at the Faribault Regional Center.

At least 73 highly trained professional and support staff currently at the Faribault Regional Center can staff the proposed unit.

According to DHS, it is estimated that in 1985 over 15,000 persons with mental illness in Minnesota resided in nursing homes. In many of these facilities, mental health services are inadequate or unavailable.(5) Mental health professionals staffing a psychiatric unit at the Faribault Regional Center could be available to provide consultative services to local nursing homes.

BUDGET

The budget for the psychiatric unit includes the following costs:

Staffing cost for 40 bed unit - FY 90 $ 1,739,570.99
FY 91 $ 1,792,173.79

Per diem rate (4.9% COLA) - FY90 $160.56

Per diem rate (5.3% COLA) - FY91 $169.07

Estimated capital improvement costs - $ 0

Estimated air conditioning costs - $ 112,500

Estimated retraining cost for current staff - $45,000

TOTAL - FY90 $1,897,070.00
FY91 $1,792,173.79

CONCLUSION

Current existing alternatives are recognized as inadequate. Increased public awareness and recognition of the dearth of resources for the mentally ill support and accelerate the need for Human Service Agencies to develop appropriate resources. A viable program established at the Faribault Regional Center will at least partially address the concerns and needs of the southeast region.

The only existing barrier is the provision of the necessary licensure to operate a residential MI program. All other concerns could be easily addressed and are incidental.

Development of a 20 bed secure and a 20 bed open unit to serve mentally ill persons at the Center will begin to close the existing gap between client needs and services available. Persons from the southeast region will not have to be transferred to northern counties which results in additional costs to the client and the provider, both monetary as well as therapeutic. The level of therapeutic intensity is compromised when family involvement and existing support mechanisms cannot be adequately maintained. The establishment of the proposed unit will create an acutely needed service option for clients, families and counties, reduce transportation liabilities, provide therapeutic integrity, favorably economically impact the local community and utilize the existing professional resources of the Faribault Regional Center and community.

The following assumptions are concluded for the implementation of the psychiatric unit:

1. Existing Faribault Regional Center staff will be employed to staff the program with the exception of a psychiatrist.

2. Current sources of funding for MI treatment will not decline.

3. Faribault Regional Center will serve a core population of 250 MR/DD special needs persons on the Faribualt Regional Center campus, in order to retain the professional staff currently employed.

4. Funding for remodeling of facilities will be made available.

5. Licensure for treating a mentally ill population will be granted.

6. The primary population to be served on an inpatient basis will range in age from 18-64 years, services will also be available to other populations residing on the Faribualt Regional Center campus, thus enhancing the overall care provided.

7. The geographic location of Faribault Regional Center will be a positive force in retaining and recruiting of staff to provide services (i.e. Psychiatrists, other medical specialties).

8. Faribault has an array of non-residential mental health services available through many local providers, which will enhance post-discharge care for persons receiving inpatient services at the Faribault Regional Center.

The existence of similar programs at other RTC's would be a benefit to the Faribault Regional Center. Faribault Regional Center staff could avail themselves of the practical experience, knowledge and recommendations of existing programs. Programs would be compatible rather than competitive since clients would be served appropriately by Region. Development would be mutually advantageous.

STAFFING MIX AND SALARY ALLOCATIONS FOR PSYCHIATRIC UNIT

40 Beds

Positions	FTE	FY 90 Salary Cost	FY 91 Salary Cost
Medical Director/Psychiatrist	2.0	$ 262,250.00	$ 276,149.24
Social Work Specialist	2.0	72,674.72	76,526.48
Psychologist 2	2.0	78,939.35	81,123.14
Recreation Therapist	1.0	27,312.81	28,760.33
COTA	.5	12,796.75	13,474.98
Therapeutic Work Coordinator	.5	22,116.15	23,288.31
Skills Development Specialist	.5	13,284.53	13,988.61
Registered Nurses	13.0	438,497.73	461,738.10
HST/HST, Sr.	16.8	351,776.90	370,421.07
Group Supervisor	1.0	41,549.84	43,751.98
Pharmacist Clinician	.5	31,470.00	33,137.91
Salaries + Benefits		**$1,739,570.99**	**$1,792,173.79**

Chronic Mental Illness Prevalence Estimates and Use of Regional Treatment Center MI Units by County for Adults 18-64 Years of Age

County	County Pop.	Prevalence Estimate	1985 # of Clients Served	1985 Total Days of Service	1986 # of Clients Served	1986 Total Days of Service
Rice	33,949	255- 339	18	1,934	17	2,127
Goodhue	28,072	211- 281	21	1,998	18	2,276
Wabasha	13,377	100- 134	9	983	3	665
Steele	21,479	161- 215	27	3,287	31	3,154
Dodge	10,293	77- 103	6	805	4	09
Olmsted	69,105	518- 691	76	10,616	76	11,608
Freeborn	25,012	188- 250	10	1,295	21	1,958
Mower	28,632	215- 286	25	3,068	22	2,174
Fillmore	15,364	115- 154	10	858	8	888
Houston	13,207	99- 132	6	1,45	11	1,200
Total	**293,165**	**2,199-2,932**	**242**	**29,938**	**239**	28,981

Sources:

"Prevalence Estimates of Mental Disorders for Minnesota Counties", prepared by Rama S. Pandey, Ph.D., Professor, School of Social Work, University of Minnesota and Soonhae Kang, Research Assistant, Doctoral Student, School of Social Work, University of Minnesota. Submitted under contract #89255 to Minnesota Department of Human Services, September, 1987.

"Use of Regional Treatment Center MI Units by County for Adults 18-64 Years of Age", Department of Human Services Information Bulletin 87-53G (September 15, 1987) Information on Mental Health Service Use to Assist with Mental Health Plan.

PLAN FOR SHARED SERVICES

INTRODUCTION

The Faribault Regional Center has many professional/technical services and professional expertise that could be of great value if made available to the community and the region. As a result, the Shared Services Subcommittee of the Faribault Regional Center Task Force has explored the feasibility of accessing these services on a fee basis for purchase of services.

The Faribault Regional Center consists of approximately one million square feet of sound structural space in 30 major buildings on approximately 500 acres of land of which 185 acres constitutes the active campus. The beautiful campus setting includes a groomed park along the Straight River and a twelve acre athletic field. Additionally, the River Bend Nature Center, which consists of ten miles of marked trails and 640 acres of woodlands and prairies, is adjacent to the Faribault Regional Center.

The Faribault Regional Center staff consists of 945.48 FTE's which includes a professional core of physicians, nurses, staff development personnel, psychologists, social workers, behaviorists, administrators, maintenance workers, clerical staff, etc.

The Faribault Regional Center provides an array of services to its clients including laundry, dietary, medical facilities, etc.

The Faribault Regional Center has a long tradition of providing a diversity of human services to its single disability population and can readily apply similar expertise to a multi-disability population mix. The Faribault Regional Center's current organizational structure and physical layout lends itself to semi-autonomous operations among departments, units, and services and yet more than adequately allows for the necessary professional intra/interdependence needed to coordinate services. This experience provides the necessary back drop for a smooth transition to multi-disability coordination and service delivery.

The Faribault Regional Center has previously provided space, coordinated and delivered services, and provided administrative support to other human service providers with high mutual satisfaction levels experienced by both entities. Over the past few years, the Faribault Regional Center has entered into cooperative arrangements with School District #656, the Department of Corrections, the Faribault Technical Institute, the Department of Education, the Department of Veteran Affairs, and counties.

Currently, access to these services is difficult to obtain. Minnesota Statutes 246.57 provides that the Commissioner of Human Services may authorize any regional center or state-operated nursing home to enter into an agreement with other governmental entities and both non-profit and profit health service organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities, health service organizations, and the public.

In the early 1970's, the Faribault Regional Center, on an informal basis, provided some excellent professional services to children with developmental disabilities and related conditions referred by the Minnesota Department of Health Child Study Center in Owatonna. Some of the services provided were medical (seizure diagnosis and treatment), dental (to children who were considered untreatable by local dentists), psychological (assistance with difficult to diagnose children), physical therapy (therapy exercises and advice on adaptive equipment, wheelchairs, etc.), occupational therapy (advice on feeding problems and adaptive feeding equipment for severely disabled and handicapped infants and young children). Due to this practice sited as not being in compliance with Minnesota Statutes, the services ceased.

These services were of great benefit to those children and were not readily obtainable in any other location. If these types of services could be obtained on an outpatient basis for a fee, it would enhance the quality of life for persons with developmental disabilities living in the community.

STATEMENT OF NEED

In 1986, Faribault Regional Center staff conducted a survey of County Social Service Agencies and private providers of services to the mentally retarded in this region. This survey determined that the Regional Center did have services that would be used if made accessible to these groups (see Attachment I, Results and Summary of 1986 Survey).

In July of 1988, a follow-up survey was done with some modifications. The primary focus of this survey was to assess current service needs in this region and to detemine the nature and scope of a regional center based service system that would meet the demand from agencies and community based services (see Appendix for Results of 1988 Survey).

One hundred thirty-four surveys were sent to County Social Service Agencies, residential facilities, Regional Services Specialists, day program and special education directors, and Department of Jobs and Training Offices in Regions 10 and 11. Of the 134 surveys sent, there was the potential of 126 responses. In all, 64 of the surveys were returned. Sixty-one of the responses indicated interest in some of the services listed in the survey.

Staff development received a very high response from the agencies surveyed. The respondants needs indicated were tabulated and the percentage by responses are as follows.

RESPONSE	THE NEED EXISTS FOR:
66%	Monthly Listing of Courses, Workshops, Conferences, etc.
47%	Direct Staff Training
41%	Consultation in Staff Training
39%	Mentally Retarded Sex Offender Services (i.e., evaluation and assessment)
34%	Program Consultation
25%	Group Therapy
28%	Dual Diagnosis Client Services - Assessment
28%	Dual Diagnosis Client Services - Program Consultation
16%	Dual Diagnosis Client Services - Direct Service
56%	Behavior Management Services - Consultation
27%	Behavior Management Services - Direct Service
30%	Medication Evaluation/Adjustment
39%	Occupational Therapy Adaptive Equipment/Learning Devices
34%	Library Services - Direct Service (access to professional resource materials and literature, inter-library loan system)

Refer to the Appendix for the 1988 Shared Services Survey and results.

This concept has not been done before on any systematic basis. It has occurred, but not officially, and not on a fee basis.

However, the Faribault Regional Center has provided some services on a limited basis to other public and private, non-profit providers of services to the developmentally disabled in the community. Needed services provided to date include in-service training, time limited day program services, psychological services, program consultation, and short term respite care.

The Faribault Regional Center does not have the authority to bill a fee for services. Separate Medical Assistance authorization is needed for two separate groups of clientele. The clients served in-house at the Faribault Regional Center would require a bundle rate while in residence. Some clients could be served on an outpatient basis or in the community by specific staff using a billing process. The Faribault Regional Center would need the authority to bill for the specific staff and services used.

PLAN OF ACTION

If the core population of 250 developmentally disabled special needs persons remain in residence at the Faribault Regional Center, there will continue to be a need for the expertise of the professionals currently employed there.

It is from this professional core - physicians, nurses, staff development personnel, psychologists, social workers, behaviorists, etc., that expert services will be purchased by county social service agencies, providers of developmentally disabled residential services, developmental achievement centers, work activity and sheltered work programs, families, and individuals.

The facility, staff, and most equipment needed are already in place. Over complement positions need to be authorized and temporarily funded until the transition from residential, professional staff to outpatient, shared services staff is complete.

The educational need in this recommendation for shared services will be in the area of staff development. Ongoing training of existing staff to increase or broaden the understanding of clientele to be served will be the most immediate need. Expansion of educational training to group homes in communities is also a consideration.

Consultant Service

The Faribault Regional Center will provide consultants on a fee basis to other agencies such as those identified and surveyed by the Shared Services subcommittee: Individuals, County Social Services, Residential Facilities, Regional Services Specialists, Special Education Cooperatives Educational Districts, Department of Jobs and Training, Minnesota Job Training Partnership Act, Community Action Councils.

Training Service

The Faribault Regional Center will provide, in cooperation with the Southeast Minnesota Higher Education consortium, courses, workshops, and clinics on a fee basis. Examples of offerings could be First Aid, Pharmacology, Nursing Documentation, Right-to-Know, Sexual Harassment, Nonverbal Communication, Use of Psychotropics, Steam Engineering, Plant Maintenance.

Courses and/or clinics can be offered for college credit and/or clock hour credit for re-certification. The Faribault Technical Institute, working with the State Board of Vocational-Technical Education, could certify Faribault Regional Center employees to teach in appropriate licensed areas.

Funding Appropriations

To support these services, a legislative initiative needs to be appropriated to facilitate the planning of these training programs. It is estimated that an appropriation of $77,776.00 will be needed to explore these opportunities in FY90. These dollars could be allocated to the State Board of Vocational-Technical Education as a fiscal agent to support the Faribault Regional Center education and training operation.

The Faribault Regional Center could utilitze the Faribault Technical Institute as a contracting agent to provide support in implementing a plan of action.

Legislation for Implementation - See page 103, Plan of Action to Establish an Education and Training Consortium

To establish a budget mechanism for conference/course registration fees whereby individuals from profit and non-profit agencies may enroll in Faribault Regional Center course offerings, no initial funding is necessary as existing resources would be used. Legislation would be needed to authorize Faribault Regional Center local receipt and expenditures of training monies to enable the training operation to become self sustaining.

The Minnesota DHS policies regarding the Minnesota Statute 246.57 provision of service to public and private providers involves the establishment of contracts with multi-levels of approval. The complexities of the approval system makes the provision of services difficult in an ordinary situation and nearly impossible in a crisis. This plan needs to implement a simplified system to allow the Chief Executive Officer of the Regional Center to approve contracts. Also, DHS would need to approve the Faribault Regional Center as a Medical Assistance vendor of outpatient services and allow them to retain fees. Legislative authorization is needed to establish a system for billing for services given and locally retaining the money.

Respite care for persons with development disabilities has been identified as a need for some families with a developmentally disabled family member living at home. These services will be provided through an agreement between the Academies for the Deaf and Blind, which are licensed to have children in residence, and the Faribault Regional Center, which is licensed for adult residents.

Program Impact

Preserving the core of professional expertise now located at the Faribault Regional Center would assure that a high level of service to developmentally disabled persons would continue to be available and accessible. Small communities would not have to duplicate hiring scarce and financially prohibitive consultants for intermittent services and would be able to provide available, cost effective, and needed services to clients.

Budget

The proposed Shared Service budget is as follows.

Shared Service Administrative Staff

Administrator	.10	$10,000
Coordinator	1.00	50,000
Secretary	1.00	25,000
Business Office	.50	14,485
Personnel	.50	16,313
TOTAL		**$115,798**

Shared Service Teams

Psychologist	.50	$23,516
R.N.	.50	20,098
Behavioral Analyst	.50	3,313
O.T.	.10	3,310
R.T.	.10	3,255
Physician	.10	9,773
Dentist	.10	7,013
HST Sr. or BMA	2.25	64,010
Unit Manager	.10	4,951
Comm. Supp. Emp.	.10	5,311
Staff Trng.	.10	4,769
TOTAL		**$149,319**
		$265,117
16% overhead		$ 30,000
		$295,117

Shared Services Funding Agreement

To implement the Shared Services Funding Agreement, the Task Force is requesting start-up funds for the initial stages of the Shared Services Project. Once the Shared Services Team is in place, the program will be self-funding based on charges for services determined by staff and supplies needed.

Crucial components for the operation of this project are:

- Facilities or individuals requesting the services may use Medical Assistance funds to pay for the services.
- The Shared Service contract can be locally approved.
- Monies can be carried over between fiscal year budget periods and bienniums and not go into the general fund.

An ongoing staffing configuration will change as Shared Services requests dictate.

CONCLUSION

The Faribault Regional Center has substantial professional/technical resources and expertise to significantly expand its regional service component to assist clients living in natural homes and a variety of community provider facilities. The concentration and composition of a vast array of professional/technical services at the Faribault Regional Center constitutes a valued resource for the 13 counties in this region. A substantial portion of many counties in the Southern area are rural in nature with limited accessibility to or availability of professional/ technical resources. The Faribault Regional Center is proposing to expand Shared Services to the 13 county region on a fee for service basis so that the high levels of services needed by community based developmentally disabled clients would continue to be available and accessible.

To implement the Shared Services Program, several Faribault Regional Center needs have to be addressed.

- The Faribault Regional Center needs to obtain necessary legislation and modification of DHS regulations to allow provision of Faribault Regional Center services to community providers servicing the developmentally disabled, persons with developmental disabilities living in the community, as well as to individual clients on a fee basis.

- Respite care for persons with developmental disabilities has been identified as a need for some families with a developmentally disabled family member living at home. Consideration needs to be given to providing this through an agreement between the Academies for the Deaf and Blind, which are licensed to have children in residence, and the Faribault Regional Center, which is licensed for adult residents, and could also provide staff trained in developmental disabilities.

- The Faribault Regional Center has provided some services on a limited basis to other public and private non-profit roviders of services to the developmentally disabled in the community. Services provided to date include in-service training, time limited day program services, psychological services, program consultation, and short term respite care.

- The Faribault Regional Center does not have the authority to bill on a fee basis for services given. Separate Medical Assistance authorization is needed for two separate groups of clientele. The clients served in-house at the Faribault Regional Center would require a bundle rate for services used while in residence. Some clients could be served on an outpatient basis or in the community by specific staff using a billing process.

- The Faribault Regional Center would need the authority to bill for specific staff and services used.

- The Faribault Regional Center needs to have the authorization to have an over complement of staff to provide the separate services needed on a fee basis.

- The Faribault Regional Center needs a process for billing for services given and for shared service agreements to accumulate salaries and cover equipment depreciation beyond the fiscal year.

- The Faribault Regional Center needs authorization to serve the general population.

- The Faribault Regional Center needs authorization to serve children, both on an outpatient and short term inpatient basis.

- The Faribault Regional Center currently offers shared services on a limited basis. However, the Faribault Regional Center could benefit from: 1) local authorization to approve contracts for shared services; and 2) a process for billing and retaining monies for salaries and supplies.

Both the 1986 and 1988 surveys support the establishment of a process for billing for services given by the Faribault Regional Center. The purpose of Faribault Regional Center staff providing limited service in the community in the past has been to enhance developmentally disabled adults' placement into community settings and, hopefully, to prevent a return to the Regional Center for a person who is experiencing difficulty in his/her community-based residential or day program placement.

This program could be implemented in other Regional Treatment Centers, not only with the developmentally disabled, but other populations (i.e. mentally ill, chemically dependent, elderly).

Plan of Action to Establish an Education and Training Consortium

NEED:

The Education and Training Committee subgroup has identified a need to develop methods to coordinate local activities currently available in order to better utilize community resources without duplicating efforts or offering competing programs to provide quality education and training for the Faribault Regional Center and other community based agencies.

The group has identified about 30 courses or content areas which are being offered that are common needs and are potential resource sharing opportunities. There are a wide range of education and training programs being sponsored by individual agencies that would lend themselves to such sharing with resultant cost savings for all who participate. What is needed is a way to disseminate the information and provide for joint planning across the various sponsor groups.

PROPOSAL:

Formally establish and fund a local (and potentially regional) consortium composed of business and industry, education and training, hospital and nursing home, and city, county, and state government representatives.

PURPOSE:

The consortium is to provide coordination of local and regional education and training, improve quality and excellence in staff development through cost effective means by eliminating duplication of effort and to facilitate the sharing of resources such as personnel funds, training sites, etc., thereby reducing costs.

METHOD:

This would be accomplished by formally establishing the as yet informal group of interested representatives who would convene at least quarterly to provide information, research opportunities, and provide the direction for the consortium. Membership is not exclusive. It is intended to serve any individual or group with an interest in sharing, providing, or using local and regional resources. This effort would be facilitated by establishing a consortium office with one and one-half full time staff.

COST:

Initial funding would need to be appropriated by the Legislature for a two year pilot program as outlined below.

Monthly Current Expenses

Office Rent	$ 200
Telephone	20
Postage	20
Publishing	75
Supplies	50
Miscellaneous	50
	$ 415

Monthly Salaries

1 full time Facilitator	$ 1,850
1 half time Secretary	684
	$ 2,534

Equipment

Computer/Word Processor/Ptr.	$ 4,000
Copier	3,000
	$ 7,000

Two Year Appropriation

Current Expenses	$ 9,960
Salaries	60,816
Equipment	7,000
	$77,776

Cost reduction is possible depending on location of the office and resources available. Office, telephone, and word processor costs could be deducted if located at the Faribault Regional Center or another agency willing to provide same.

The Task Force might submit a proposal now without identifying the site of the office and have the consortium select based on advantages of various possibilities.

COST SAVINGS: The potential for cost savings is great. A specific dollar amount cannot be predicted, but as a pilot project, analysis of cost savings could be conducted and defined in a final report at the end of the two years to determine continued need. The project also has the potential of becoming self-supporting through subscription or membership fees or by formulating agreements for sharing proceeds of sponsored events or other methods developed by the consortium.

LEASES

INTRODUCTION

The Faribault Regional Center Task Force, in anticipation that surplus space may be available at the Faribault Regional Center, has contacted other State departments, counties, cities, and non-profit organizations whose programs are compatible with the Department of Human Services' programs operated on the campus.

The inquiries have resulted in the identification of six potential lessees of Faribault Regional Center space. The lessees include:

1. Minnesota Department of Veterans Affairs,
2. Alpha Human Services,
3. Minnesota Department of Corrections,
4. Local Law Enforcement Agencies,
5. Federal Department of Corrections, and
6. School District #656

It is anticipated that additional governmental entities and non-profit organizations with space needs will be identified in the future. Additionally, as documented in the previous section of this Plan, lessees, in addition to space, may also seek services and/or staff from the Faribault Regional Center through Shared Services.

The Faribault Regional Center consists of one million square feet of sound structural space in 30 major buildings on 500 acres of land. The buildings are in good to excellent condition and can be efficiently and effectively adapted for other programs and activities.

LEASES

The six leases are in various stages of fruition; however, the lessees are examples of the types of governmental and non-profit organizations that may be providing programs that are consistent with current Regional Center programs.

VETERANS HOME

Introduction

Veterans in the Southeast region of Minnesota lack adequate residential, medical, health, and habilitative services in close proximity to their home communities. The Faribault Regional Center has the necessary physical and professional resources to provide the site, services, and support to a Veterans Home population. It is proposed that the Faribault Regional Center be designated as a service site for a 40 bed veterans long term care facility to provide a full continuum of domiciliary care. The facility will serve the large veterans population in this area of the state.

The total veteran population is expected to decrease over the next five decades; however, the number and proportion of older veterans is increasing. This increase in veterans over 65 has a direct impact on needed services for veterans, especially those in need of nursing and medical care. The number of Minnesota veterans aged 65 and over is projected to increase from 86,000 in 1986 to 138,000

by the year 2000, creating an unmet demand for a veterans long term care facility with a peak between 1990 and 2000. Veterans have shown a preference for, and should have the option available to them, for receiving care in a veterans facility.

Private, long term care facilities will be unable to meet the demand of the increasing 65 plus veteran population in part because of the moratorium on nursing home beds. There is no moratorium on nursing home beds for veterans.

Statement of Need

The Minneapolis Veterans Home currently includes 250 beds of nursing care and 290 beds of domiciliary care. The Minnesota Veterans Home in Hastings has 200 beds for domiciliary care.

In Southeastern Minnesota, the service area has a veteran population of 8,710 over age 65. There are currently 32 veterans receiving care in private nursing homes under contract with the Minnesota Department of Veterans Affairs in the service area. There are 13 veterans from this region receiving nursing care at the Minneapolis Veterans Home with more than 100 veterans (state wide) on a waiting list.

There is an estimated unmet demand for the service area between 1990 and 2000 from a low of 137 beds to a high of 411 beds. The establishment of a 40 bed veterans home at the Faribault Regional Center will only partially meet the future demand.

Plan of Action

The Faribault Regional Center Task Force recommends the establishment of at least a 40 bed veterans home to be located on the Faribault Regional Center campus within the next two years. This recommendation is based on a review of recent studies and available data on the increasing demand for additional veterans home beds. The Task Force believes that veterans should have a freedom of choice of providers for long term care, and veterans have shown a preference for receiving this care in a veterans facility.

The Task Force and Regional Center have sent a letter of invitation to General James Sieben inviting him, as Chair of the Veterans Nursing Home Governing Board, along with the Board, to visit Faribault. Local and District veterans organizations, as well as other groups, are acting on a resolution prepared and passed by the American Legion requesting the initial establishment of 40 skilled beds at the Regional Center with a projection that it will grow to 100 beds.

The Task Force will be involved in the planning and development of a veterans home on the Faribault Regional Center campus. The Task Force will work with the Minnesota Veterans Home Board and Long Range Planning Committee to assure that a veterans home is located at the Faribault Regional Center.

Professional/direct care staff currently exist at the Faribault Regional Center to staff the veterans home. State regulations require a minimum of 30 hours of training, but it is estimated that 75 hours will be required by 1989. There will be a need for ongoing staff development and retraining.

Budget

The necessary funding for the establishment of a veterans home at the Faribault Regional Center and the array of services needed will be allocated by the Veterans Administration.

Conclusion

The Faribault Regional Center has the facility, the staff, and the professional/technical services available to enable the Department of Veterans Affairs to expand its nursing home services to the Faribault Regional Center in Southeastern Minnesota under a lease and shared service agreement to permit the Department to maintain control.

Presently, veterans must be placed on a lengthy waiting list if they choose to receive care through the Veterans Affairs. The waiting list will likely become even longer in the near future. Also, because of the current nursing home bed moratorium and reimbursement system, it is highly unlikely that the private sector nursing homes could service the demand for beds for veterans and the continually increasing elderly population. The location of a veterans home on the Faribault Regional Center campus will address this need and allow for expansion as individual or regional needs dictate in the future.

Alpha Human Services

Alpha has been providing treatment to sex offenders since 1974. The program began as a traditional community corrections half-way house for adult male felons in 1971 or 1972. By 1973, Alpha had become more of a residential treatment program than the transitional living environment usually associated with a traditional half-way house. At the request of the Minnesota Department of Corrections, Alpha began accepting sex offenders in treatment experimentally. From that point on, Alpha's niche clearly became treating this population. For a number of years, Alpha combined person offenders of all types with sex offenders, but by the early 1980's, the population at Alpha became exclusively sex offenders. Alpha is licensed by the Minnesota Department of Corrections and is a non-profit agency.

The lack of bed space availability has been a problem for Alpha since the mid 1970's. Over the last ten years, the waiting list has averaged six to twelve months. Alpha would like to continue the program in Minneapolis as a 20 bed metro facility and is proposing a 28 to 36 bed program in a building on the Regional Center campus.

Community safety has always been a primary concern for Alpha staff. The program is highly structured and the residents are held strictly accountable for their movement in the community. They earn privileges throughout the residential phases of the program which allow for increasing freedom of movement in the community. Careful attention is given to selecting which residents can leave the facility together when the appropriate privileges have been earned and in most cases, clients are not allowed to leave the facility alone until they have had eight to twelve months of treatment. Although Alpha is a minimum security facility and almost all clients are probationers, the program is staffed 24 hours per day and at least hourly bed checks are made at night.

Alpha has an outstanding record with respect to community safety. In 14 years, two clients have been convicted of sex offenses which were committed while the individual was participating in the program with the most recent offense occurring in November of 1977. The facility is located in a South Minneapolis residential neighborhood with an elementary school two blocks away. No incidents have ever occurred in the immediate neighborhood.

Alpha is a nationally recognized treatment program for sexual offenders. The recidivism rate for those who complete treatment is currently about five percent. There is a critical need for additional inpatient sex offender beds in Minnesota.

Alpha has proposed that it enter into a lease agreement to lease a facility at the Faribault Regional Center for a 28 to 36 bed program. Programmatic and operational control would remain with Alpha.

Corrections - Minnesota Department of Corrections

The Minnesota Department of Corrections is evaluating the feasibility of developing a Juvenile Detention Center at the Faribault Regional Center. The Center will be utilized as a short term evaluation unit for juveniles and will not be utilized as a long term corrections facility. The Juvenile Detention Center will serve a five county area and will be operated by the Department of Corrections, most likely using shared services agreements to obtain needed services.

Personnel representing the five counties will meet with Task Force, County, and State representatives to further plan for the development of the Juvenile Detention Center.

Local Law Enforcement Agencies

Rice County has identified the need for low security housing for incarcerated females. Rice County presently has no such facility. Additionally, Rice County has identified a need for a "Huber Law" facility as current space is not adequate.

Law enforcement officials from surrounding Southeastern Minnesota counties have identified similar facility needs.

Therefore, the Task Force is investigating the viability of developing facilities at the Faribault Regional Center which will serve a multi-county consortium by providing low security housing for incarcerated females and a "Huber Law" facility. Programmatic control would be with the consortium with extensive shared services with the Center.

Federal Department of Corrections

The Federal Department of Corrections has identified the need for a minimum security medical facility for medically fragile elderly inmates.

The Faribault Regional Center has the expertise in serving populations declining in health and capabilities. Additionally, the Faribault Regional Center has space which provides handicapped accessibility, life safety, security, and energy conservation.

Therefore, preliminary analysis identifies the Faribault Regional Center as a potential site for a minimum security medical facility for medically fragile elderly inmates.

Independent School District #656

Independent School District #656 is presently utilizing Faribault Regional Center space for Faribault Technical Institute vocational training and practicum programs. The current programs include licensed practical nursing and environmental services. It is anticipated that Independent School District #656 will continue to lease space on an ongoing basis.

CONCLUSION

In conclusion, the Faribault Regional Center has previously provided space, coordinated and delivered services, and provided administrative support to other human service providers with high mutual satisfaction levels experienced by both entities. Over the past few years, the Faribault Regional Center has entered into cooperative arrangements with School District #656, the Department of Corrections, the Faribault Technical Institute, and the Department of Education.

The Faribault Regional Center Task Force has identified other potential lessees who will utilize Regional Center space and also may utilize services and staff. Also, the Task Force is continuing its search for other governmental entities and non-profit organizations that have space, service, and staffing needs.

ENABLING LEGISLATION

To successfully implement the Faribault Regional Center Task Force Plan, several legislative issues will need to be addressed for each of the programs to remove major obstacles for program implementation. The legislative issues include licensures, appropriations, and enabling legislation.

The specific areas of concern are identified for each of the proposed programs. They are as follows.

Geriatric - SNF

- Appropriations to allow for necessary capital improvements, purchase of specialized equipment, and environment enrichment.
- Appropriations to retain the current level and source of funding.
- Licensure for expansion or relocation of SNF certified beds to accommodate the identified population.

SOCS - Residential Services

- Licensure for additional SOCS facilities near the Faribault Regional Center.
- Appropriations for additional SOCS facilities near the Faribault Regional Center.
- Dual-Medical Assistance vendor status (i.e., "bundled rate" for in-house populations, individual service rates for non-FRC clients served).
- Appropriations to reimburse counties for monitoring SOCS homes.

SOCS - Day Program Services

- Licensure for additional sites within a 35 mile radius of the Faribault Regional Center to serve clients in both the State operated residential community based services and private community based services.
- Appropriations for additional sites within a 35 mile radius of the Faribault Regional Center to serve clients in both the State operated residential community based services and private community based services.
- Appropriations for certifying and retraining staff as necessary.
- Dual-Medical Assistance vendor status (i.e., "bundled rate" for in-house populations, individual service rates for non-FRC clients served).
- A simplified mechanism for processing supported employment and work activity contracts with businesses and other agencies; most efficient would be local sign off authority for the Chief Executive Officer.
- Ability to serve populations based on needs of clients with no age restrictions.

Mentally Ill - Psychiatric Unit

- Licensure to operate a residential MI program (20 secure and 20 open beds).
- Appropriations to retain current sources of funding for MI treatment.
- Ability to accumulate funds to provide for ongoing staff coverage through funding of vacation periods, overtime expenses, holiday expense, and equipment/supply depreciation and usage.

Brain Injured Unit/Functional Evaluation Clinic

- Licensure to serve populations based on needs of clients with no age restrictions.
- Dual-Medical Assistance vendor status (i.e., "bundled rate" for in-house populations, individual service rates for non-Faribault Regional Center clients served).
- Appropriations to allow for necessary capital improvements, purchase of specialized start up equipment, furnishings, and cash flow for first year of operation.
- Licensure and reimbursement necessary to serve ambulatory brain injured under Rule 80 or similar rule.
- Minimal waivers as needed for facility to meet Chapter 4660 regulations.

Leases

- Local lease agreement authority to provide for lessor/lessee agreements.
- Dual-Medical Assistance vendor status (i.e., "bundled rate" for in-house populations, individual service rates for non-Faribault Regional Center clients served).
- Licensure to serve populations based on needs of clients with no age restrictions.
- Amendment to existing "shared service" legislation to establish the ability to accumulate funds to provide for ongoing staff coverage through funding of vacation periods, overtime expenses, holiday expense, and equipment/supply depreciation and usage.
- Passage of "fee for service" legislation with provisions similar to amended "shared services" legislation.

CONCLUSION

In conclusion, the legislation needed to accomplish the plan's objectives falls into three general categories; 1) legislation setting forth new law, 2) legislation amending existing law, and 3) legislation appropriating money.

1. Setting forth new law. There are some parts of the proposal that will requrie several sections of new law.

2. Amending old law. There are many current laws that govern activities at the Regional Treatment Centers. Any bill to change the role of the Faribault Regional Center will need to amend some sections of the current law. An example is the treatment of juveniles. It will be necessary to ensure that no law exists that would prohibit the treatment of juveniles at the Faribault Regional Center.

3. Appropriating money. Some of the requests merely need a line in the appropriations bill. Examples are operating costs, capital costs, funding, and funding for training.

Some of the proposals may need legislation that falls into more than one of the above categories. Fee for service and cooperation with other state agencies are examples. These proposals may require specific new laws. They may also require some amendment of the existing law.

GOVERNANCE

INTRODUCTION

Historically, the Faribault Regional Center (FRC) has been under operational control of the Department of Human Services (DHS). Formal governance is provided through a "Governing Board" composed of the Commissioner of DHS, the Assistant Commissioner of DHS responsible for operation of residential facilities, the DHS Director of Residential Facility Management, and the Chief Executive Officer of the facility.

TASK FORCE RECOMMENDATIONS

The Task Force recommends that FRC continue to be a part of DHS and that governance remain as it has been as concerns the facility as a whole. The Task Force also makes the following recommendations regarding inter-facility management.

DHS Programs

The facility continue both operational and programmatic direction of programs directed by the Department. This includes residential and community-based programs which serve the developmentally disabled, mentally ill, chemically dependent, and aged. We applaud and support the facility's continued use of "Advisory Committees" for each of these groups. These committees are composed of consumers, families, professionals, and general public who offer advice regarding the operation of these programs.

Lease Agreements

Anticipating that the facility may have surplus space beyond its use, we recommend that such space be offered to other state departments, county, city, and other non-profit organizations whose programs are compatible with the Department of Human Services' programs operated on the campus. Compatibility describes programs which provide service under a very broad definition of services to individuals whose programs do not physically endanger individuals in other programs on the campus or adversely affect other program delivery. On the other hand, the presence of various groups can be a positive factor in many respects.

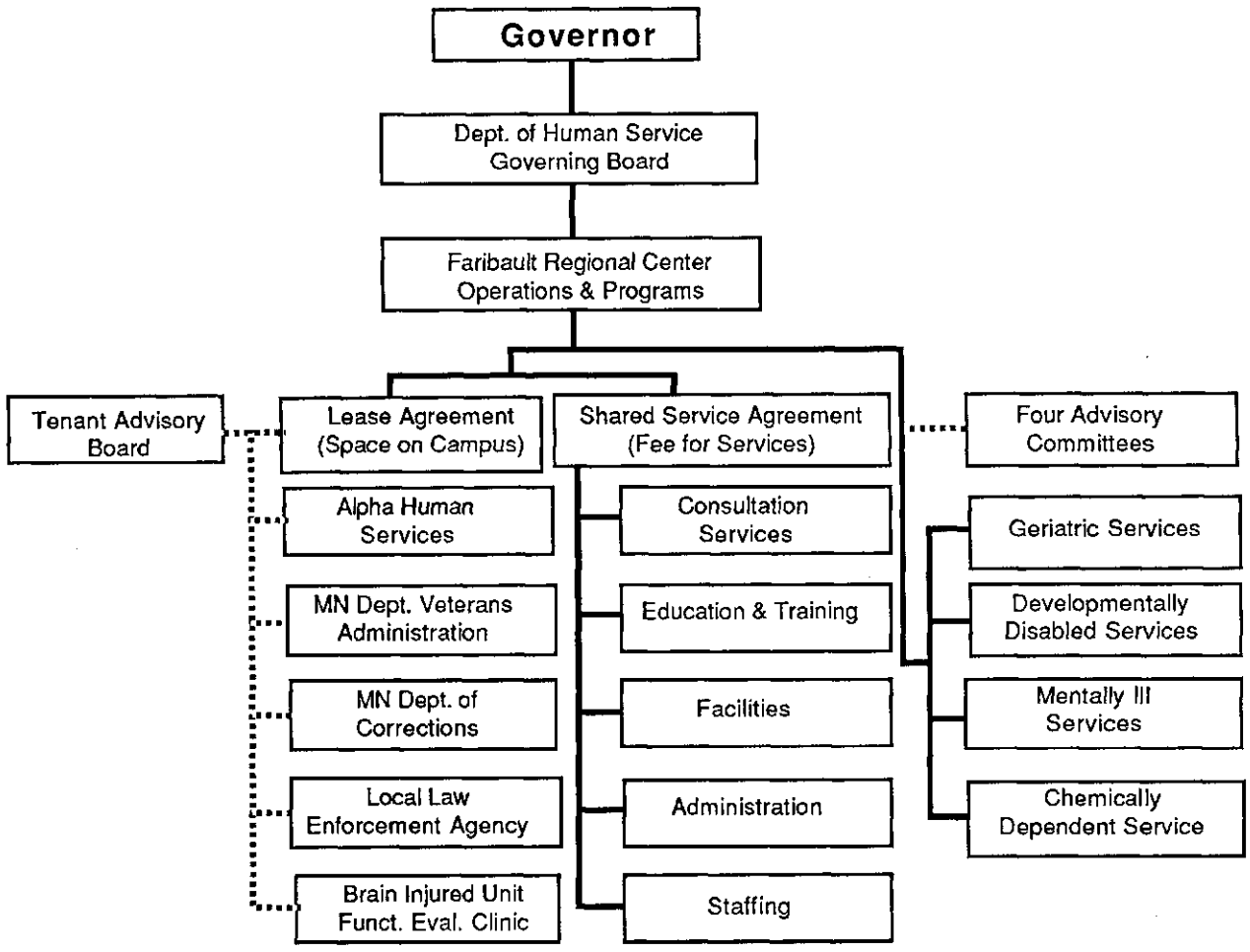
The mechanism to be used to enable these programs would be a lease of physical space on the campus. The approval of the lease would be dependent on full knowledge of the proposed programs including liabilities and assets. A major concern of leasing groups would be operational and programmatic control. We recommend this control be retained by the lessee. Any necessary limits or concerns can be addressed either in the physical space lease or through concurrent Memorandums of Understanding. Due to standard lease specifications regarding unilateral one-month notice of lease terminations the facility can effectively protect other programs and populations.

Advisory Body

In addition, the facility may negotiate representation on Governing Boards or Advisory Committees for each such program. In return, the facility may wish to establish an advisory group of all such tenants for the purpose of mutual sharing of information, coordination, and problem solving.

Shared Service Agreements

While physical space leases can utilize surplus space, the execution of Shared Service Agreements can be of mutual benefit. Facility provision of services could include any of the standard services such as administrative and support services, program services, medical and nursing services, etc. Staffing can also be provided through Shared Service Agreements. Through the effective use of Shared Service Agreements, reduction-in-force can be tempered by movement of surplus staff to over complement positions to service Shared Service Agreements.



FUNDING REQUEST/ CONCLUSION

Through the efforts of over 100 individuals who have participated on the Faribault Regional Center Task Force and various subcommittees, this document serves as a realistic, viable Plan for the future of the Faribault Regional Center.

Please find on the following pages the State funding requests and budgets for the programs that have been identified in this plan.

The plan was not developed with self-serving motives, but was developed through the consideration of all of the stakeholder in the process:

- Our Clients
- Other populations currently underserved
- The Legislature
- Other Regional Centers
- Department of Human Services
- Our Employees
- Our Community and Region
- The People of the State of Minnesota

It is our sincere request that the Minnesota Legislature support this plan for the future of the Faribault Regional Center, and on behalf of the Community, the Faribault Regional Center Task Force respectfully submits the plan to you for your consideration.

Thank You!

1990-1991 BIENNIAL FUNDING REQUEST

PROGRAM: Faribault Regional Center Task Force Plan

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Alternative and expanded future use of the Faribault Regional Center

In preparing the proposed budgets, several factors were taken into consideration:

- Personnel costs include fringe benefits estimated at 26 percent.
- The per diem rate indicated in the projected budget reflects the following factors.
  - MOST DIFFICULT POPULATION WILL REMAIN AT THE FARIBAULT REGIONAL CENTER. THESE CLIENTS ARE MORE COSTLY TO SERVE.
  - To maintain program quality, the size of program effects the cost.
  - A larger population is easier to care for and less costly.

Program	# Clients Served	Funding Request for Program				Non-State Operated Funding Request for Start Up Cash Flow				Totals	
		Per Diem	FY90 Request	Per Diem	FY91 Request	Per Diem	FY90 Request	Per Diem	FY91 Request	1 Year Total	Combined 2 Year Total
Residual	250	$261.03	$22,344,837	$274.87	$23,529.114					$23,344,837	$45,873,951
Geriatric - SNF	100	$208.17	$ 7,127,793	$219.20	$ 7,505,566					$ 7,127,793	$14,633,359
SOCS - Residential	174	$170.67	$ 2,505,774	$179.72	$ 1,905,692					$ 2,505,774	$ 4,411,466
SOCS - Day Program	224	$ 57.20	$ 3,787,000	$ 59.48	$ 3,064,880					$ 3,787,000	$ 6,851,880
MI - Psychiatric Unit	40	$160.56	$ 1,897,070	$169.07	$ 1,792,174					$ 1,897,070	$ 3,689,244
Shared Services	Unknown	N.A.	$ 295,117	N.A.	Self Support					$ 295,117	$ 295,117
Education & Training Consortium	300-500	N.A.	$ 38,888	N.A.	$ 38,888					$ 38,888	$ 77,776
Brain Injury Unit & Func.Eval. Clinic	40 60					$188.73	$ 3,720,518	$198.73	$ 3,319,305		
TOTALS	1,388		$37,996,479		$37,836,314		$ 3,720,518		$ 3,199,305	$41,718,997	
GRAND TOTAL											$82,872,616

PROGRAM: Plan for Developmentally Disabled Residual Population

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Expanded future use of the Faribault Regional Center

AGENCY REQUEST

FY 1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$23,289,502	(266.82)	$24,523,844	(280.97)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to provide expanded services to the Developmentally Disabled Residual population at the Faribault Regional Center.

DESCRIPTION/BACKGROUND: The Faribault Regional Center will serve 250 specialized need clients on site with a full array of residential, day program, professional-technical, medical, psychiatric, and diagnostic services to provide concentrated programmatic intervention for select persons with an array of diverse medical and/or behavioral challenges for whom community networks are not operationalized.

The Faribault Regional Center is uniquely qualified programmatically, structurally, and organizationally to meet the needs of a diverse and challenging developmentally disabled population. The Regional Center has developed and currently conducts a variety of special programs designed to meet the extraordinary needs of both behaviorally and medically involved clients.

RATIONALE: The Faribault Regional Center is well prepared to serve individuals with defined special needs. There is a critical need for ongoing regional center residential and program services for those persons with severe medical conditions and/or unstabilized behavioral conditions. There is not an adequate and sufficiently concentrated medical, psychological, and/or therapeutic community network available for a significant number of these persons given the severity of the presenting medical programs and/or behavioral volatilites.

PROGRAM: Plan for Geriatric Populations-SNF

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Expanded future use of the Faribault Regional Center

AGENCY REQUEST

FY 1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$11,632,198	(208.17)	$12,248,740	(219.20)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to provide expanded services to the Geriatric population requiring care in a skilled nursing facility at the Faribault Regional Center.

DESCRIPTION/BACKGROUND: The Faribault Regional Center has operated a Skilled Nursing Facility (SNF) since January 1, 1975. In addition, from the early beginning of the facility medical hospital, complete with a total array medical nursing, lab and diagnostic services.

The Faribault Regional Center is licensed by the Minnesota Department of Health as a 678 bed, Supervised Living Facility (SLF); as a 35 bed Medical Hospital and a 35 bed SNF. The Regional Center currently provides a continuum of services to clients who are medically fragile and elderly, behaviorally disordered, and multiply-handicapped. The Regional Center has the necessary expertise, space, professional/technical/administrative resources, programmatic modalities, and operationalized system to serve an expanded population of geriatric-SNF clients.

RATIONALE: Durring the past ten years, the population served at the Regional Center has increasingly become more medically involved, behaviorally disordered and elderly, as communities and counties have expanded their integration efforts and successfully placed more capable and less involved persons.

As a result, the Faribault Regional Center has developed and expanded its expertise in serving a population declining in health and capabilities while increasing in age. Residential sites have been converted for handicapped accessibility. Safety and review committees monitor and effect ongoing additional environmental or administrative changes to accommodate increased safety, health promotion and less personal risk to clients. The Regional Center is highly qualified to serve an expanded population of geriatric - SNF clients.

PROGRAM: Plan for State Operated Community Based Residential Services

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Expanded future use of the Faribault Regional Center

AGENCY REQUEST

FY 1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$2,505,774	(170.97)	$1,905,692	(180.03)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to provide expanded services to the Developmentally Disabled population through State Operated Community Based Residential Services

DESCRIPTION/BACKGROUND: The Faribault Regional Center is committed to supporting the growth and development of persons who are developmentally disabled, through the provision of community based services and settings. The Center supports the position that handicapped persons share with their non-handicapped peers the right to enjoy and benefit from participation in community life. The Faribault Regional Center has made tremendous strides in the physical and social integration of handicapped individuals into society.

The Faribault Regional Center has demonstrated the feasibility of state operated community residential services through the development two years ago of four licensed Adult Foster Homes under the Title XIX Medicaid Waiver.

Benefits that have been provided to handicapped individuals in the recent past through the Faribault Regional Center's State Operated Community Services Project (SOCS) can be provided to more such persons in the future.

RATIONALE: Expansion of State Operated Community based Residential Services will emphasize program quality compatible with the special needs and the continued progress towards community integration and independence of persons with developmental disabilities.

Expansion of State Operated Community based Residential Services will fill the gap of unmet services based on individual, family, and community strengths and needs, without displacing the adjunct support services required of persons with special needs. The Faribault Regional Center will provide a framework of services which will assure the quality of living arrangements through employees who are highly trained and qualified.

PROGRAM: Plan for State Operated Community Based Day and Vocational Services for the Developmentally Disabled

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Expanded future use of the Faribault Regional Center

AGENCY REQUEST

FY 1990		FY1991	
Amount	Per Diem	Amount	Per Diem
$3,787,000	(57.20)	$3,064,880	(59.48)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to provide services to the developmentally disabled population through State Operated Community based Day and Vocational Services

DESCRIPTION/BACKGROUND: The Faribault Regional Center has a long tradition of serving developmentally disabled adults who exhibit the most severe behavioral problems as well as those individuals who require the most intensive medical interventions and follow-up because of their multi-handicapping conditions. The Faribault Regional Center also has demonstrated the ability to provide vocational and day program services to this clientele in community based service sites. This has been demonstrated by the Faribault Regional Center receiving a grant from the Office of Special Education and Rehabilitation in 1986 for the development of community based supported employment sites. The Faribault Regional Center successfully placed more than 28 individuals in community employment sites during the grant period, and continues to have between 30 and 40 individuals placed in community employment sites on daily basis at the Faribault Motor Lodge, Golden Corral, Holden Farms, and with the City of Faribault Parks Department and mobile work crews.

RATIONAL: Minnesota Rules part 9525.1500 through 9525.1690 (Rule 38) and Minnesota Rules part 9525.0015 through 9525.0165 (Rule 34) require six hours per day of day habilitation training for developmentallly disabled individuals away from the residential living unit. This training must be provided by professional and direct care staff in numbers sufficient to meet the needs of the individuals being served and must emphasize vocational skill development in community integrated environments and job sites.

PROGRAM: Plan for Psychiatric Unit

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Alternative future uses of the Faribault Regional Center

AGENCY REQUEST

FY1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$1,897,071	(160.56)	$1,792,174	(169.07)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds for the development of a program to serve persons with mental illness at the Faribault Regional Center.

DESCRIPTION/BACKGROUND: Currently, the Faribault Regional Center provides a wide array of services to over 525 developmentally disabled persons. Approximately 7% of that population carries a dual diagnosis of MR/MI (mentally retarded and mentally ill). Therapeutic programs established for these dually diagnosed persons are closely aligned with current programmatic modalities used to treat the mentally ill community client (i.e., psychiatric consultation and review, individual, and group psychotherapy, careful management and monitoring of medication, a supportive environment as well as a full range of habilitative, leisure, social and work activities). The Regional Center's experience in treating the presenting challenges of its current mentally ill and mentally retarded clients provides a potentially highly successful climate for the development of residential units for persons with mental illness at the facility.

RATIONALE: The Mental Health Initiative passed in 1987 requires counties to offer a full range of mental health services as close to the county as possible, designed to prevent placement in settings that are more intensive, costly, or restrictive than necessarily appropriate to meet the client's needs.

Preadmission screening for inpatient and residential treatment will be required prior to admission by January 1, 1991, to ensure that the admission is necessary and the length of stay is as short as possible consistent with the individual needs of the clients.

The Regional Treatment Centers should continue to play an important role in providing care for mentally ill people as one of many alternatives. The Faribault Regional Center should serve persons whose illness is of such intensity or duration that community resources are not available, or with characteristics which reduce the likelihood of care in the community.

PROGRAM: Plan for Shared Services

AGENCY: Faribault Regional Center Task Force

REQUEST TITLE: Expanded future use of the Faribault Regional Center

AGENCY REQUEST

FY 1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$295,117	N/A	Self Support	N/A

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to allow for development and start up of a program to offer Shared Services and services on a fee basis.

DESCRIPTION/BACKGROUND: The Faribault Regional Center has many professional/technical services and professional expertise that could be of great value if made available to the community and the region. As a result, the Shared Services Subcommittee of the Faribault Regional Center Task Force has explored the feasibility of accessing these services on a fee basis for purchase of services.

RATIONALE: The Faribault Regional Center has a long tradition of providing a diversity of human services to its single disability population and can readily apply similar expertise to a multi-disability population mix. The Faribault Regional Center's current organizational structure and physical layout lends itself to semi-autonomous operations among departments, units, and services and yet more than adequately allows for the necessary professional intra/interdependence needed to coordinate services. This experience provides the necessary back drop for a smooth transition to multi-disability coordination and service delivery.

The Faribault Regional Center has previously provided space, coordinated and delivered services, and provided administrative support to other human service providers with high mutual satisfaction levels experienced by both entities. Over the past few years, the Faribault Regional Center has entered into cooperative arrangements with School District #656, the Department of Corrections, the Faribault Technical Institute, the Department of Education, the Department of Veteran Affairs, and counties.

PROGRAM: Plan of Action to Establish an Education and Training Consortium

AGENCY: Faribault Regional Center Task Force

AGENCY REQUEST

FY1990	FY 1991
Amount	Amount
$38,888	$38,888

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to develop an education and training consortium to provide a central resource for local agencies to share staff development programs, trainers, and costs.

DESCRIPTION/BACKGROUND: The consortium is to provide coordination of local and regional education and training, improve quality and excellence in staff development through cost effective means by eliminating duplication of effort, and to facilitate the sharing of resources such as personnel funds, training sites, etc., thereby reducing costs.

RATIONALE: The Education and Training Subcommittee has identified a need to develop methods to coordinate local activities currently available in order to better utilize community resources without duplicating efforts or offering competing programs to provide quality education and training for the Faribault Regional Center and other community based agencies.

The group has identified about 30 courses or content areas which are being offered that are common needs and are potential resource sharing opportunities. There are a wide range of education and training programs being sponsored by individual agencies that would lend themselves to such sharing, with resultant cost savings for all who participate. A method for dissemination of the information, through joint planning among the various sponsor groups, is needed and will be accomplished through the consortium.

PROGRAM: Plan for a Brain Injury Unit and a Functional Evaluation Clinic

AGENCY: Faribault Regional Center Task Force

AGENCY REQUEST

FY 1990		FY 1991	
Amount	Per Diem	Amount	Per Diem
$3,716,169	(188.73)	$3,319,306	(198.73)

STATEMENT OF REQUEST/OBJECTIVE: The agency requests these funds to develop and provide services for populations which would benefit from them. This request for funds is a single request for start up and cash flow costs for the 1990-1991 biennium.

DESCRIPTION/BACKGROUND: The Brain Injury Program will provide an intermediate and/or long-term program for post-acute brain injured individuals 15 years or older who are either ambulatory or non-ambulatory, utilizing existing residential facilities and community supported employment. This program will be served by existing staff experienced in health services and behavior management.

Currently, patients discharged from an acute hospitalization following a neurological problem, do not receive a comprehensive rehabilitative evaluation. These patients are often placed in a skilled nursing facility for purposes of Specialized Rehabilitative Services as well as health status evaluation. These evaluations are done independently, without the benefit of an integrated team conference headed by a physiatrist. The need exists for additional evaluation services to maximize functional capacity and enhance the adjustment to the disabilities both for the patient and family.

This need will be filled through the establishment of a Rehabilitation team headed by a Physiatrist (a physician specialized in physical medicine), to develop a comprehensive evaluation system. Assessment services will be available for both acute and long-term follow-up to minimize the need for repeated hospitalization or long-term follow-up to minimize the need for repeated hospitalization or long-term care placement. An Adaptive Equipment Center within the Functional Evaluation Clinic will fill the need for a service encompassing the design and fabrication of assistive devices to enhance functional performance of individuals with a variety of physical dysfunctions. Persons with the expertise necessary to design and fabricate assistive devices currently are employed at the Faribault Regional Center.

RATIONALE: Many organizations provide service to the population of traumatic brain injured patients, nearly all of which are located in the metropolitan area. There is a need for additional facilities, particularly in Greater Minnesota, to serve this population. Interim and comprehensive care facilities with expertise and programming for the brain injured often have waiting lists of several months, placing enormous stress on family members. One of the major goals of the NHIF-MN for 1988, is promoting establishment of services to brain injured persons in Greater Minnesota.

A clear need for a facility to serve patients with difficult and often aggressive behavior has been identified by caregivers at the Courage Center, Trevilla of Robbinsdale, Sister Kenny Institute, and St. Mary's Rehabilitation Center in Rochester. The expertise currently available at the Faribault Regional Center in behavior management is recognized throughout the region and is accomplished through comprehensive behavioral programming. Existing professionals, qualified to do evaluations and design and fabricate assistive devices, currently include Occupational Therapists, Speech Therapists, Nurses, Psychologists, Social Workers, and primary care specialists. Their expertise will be augmented by available consultative and contractual services from Physical Therapists and Physical Medicine

Specialists. Recommendations for functional improvement including rehabilitative therapies, adaptive equipment, and environmental adaptions would be forwarded to the patient's primary care physician. Adaptive equipment could be fabricated on site if provisions are made for its fabrication.

TABLE OF CONTENTS FOR THE APPENDICES

MOWER COUNTY SOCIAL SERVICES
PHONE (507) 437-9483

ROBERT W. SCHULZ, DIRECTOR

MOWER COUNTY
AUSTIN, MINNESOTA
55912

COURTHOUSE
201 NE First Street

Oct. 24, 1988

Ms. Helen Hoffmann, Chairperson
Faribault Community Task Force
208 NW First Avenue
Faribault, MN 55021

Dear Ms. Hoffmann:

I am in receipt of your letter of October 21, 1988 regarding a potential forty bed unit to serve mentally ill adults using the current Regional Treatment Center.

While it is important to note that Mower County has developed a comprehensive community based system of services for the mentally ill, there is still a need for those persons needing a longer term treatment facility. This County Social Services Department would certainly support the efforts of the City of Faribault in gaining such a facility.

Please keep us advised as per your progress as well as informed regarding what support this Agency may provide for you.

Sincerely,

MOWER COUNTY SOCIAL SERVICES

James R. Huber
Social Services Supervisor

JRH/a

freeborn county minnesota

department of human services

Reply to:
☐ City Center, 221 E. Clark, Albert Lea, MN 56007
☒ Court House Annex, 411 S. Broadway, Albert Lea, MN 56007

Mental Health Center	507-373-1491
Victim's Crisis Center	507-373-2223
Adult and Child Services	507-377-5230
Income Maintenance	507-377-5230
Support and Collections	507-377-5230

November 3, 1988

Helen Hoffman, Chairperson
Faribault Community Task Force
City of Faribault
208 N.W. First Avenue
Faribault, MN 55021

RE: Proposed MI Residential Treatment

Dear Ms. Hoffman:

I am writing to express the support of Freeborn County Department of Human Services for the development of an MI Residential Treatment program at the Faribault Regional Treatment Center. I would reiterate the support I expressed at the Minnesota Department of Human Services and Task Force Meeting I attended on Tuesday, November 1.

It would appear to be in the best interests of Freeborn County residents who need emergency and/or short term residential treatment, to have a program that is less than a one-hour drive from Albert Lea. The current driving time is about 1-1/2 to 1-3/4 hours to St. Peter Regional Treatment Center. The decreased travel time will be a benefit to county case managers, county law enforcement and interested family members.

In addition to the savings in travel time, the availability of a "secure hold" facility that offers a well defined evaluation component is a definite improvement over the current service system. Presently, Freeborn County uses St. Peter and a limited variety of private providers who are frequently unwilling to take difficult clients. The evaluative services, for persons in a "hold situation" are, in most instances, less than adequate.

I hope this letter is adequate to support the development of a Mental Health Residential Resource at Faribault Regional Treatment Center. Thank you for this opportuntiy to lend "grass roots" county support for the development of a needed "regional" resource.

Sincerely,

Raymond J. Reese
Social Service Supervisor II

RJR:jm

WABASHA COUNTY
DEPARTMENT OF SOCIAL SERVICES

COURT HOUSE
WABASHA, MINNESOTA 55981
PHONE 612-565-3351

WALLACE J. WALTER
Director

TERRY SMITH
Social Service Supervisor

Area Code 612
INCOME MAINTENANCE UNIT
565-2613
SOCIAL SERVICE UNIT
565-3351
FOOD STAMP UNIT
565-4503
CHILD SUPPORT UNIT
565-3356

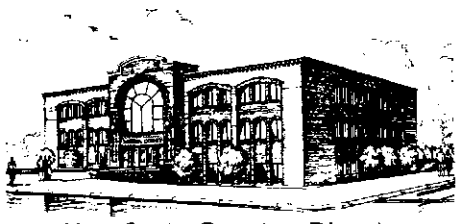
October 24, 1988

Helen Hoffman, Chairperson
Faribault Community Task Force
208 NW First Avenue
Faribault, Mn 55021

The Wabasha County Department of Social Services support your proposal to the Minnesota Department of Human Services that an MI unit be established at the Faribult Regional Center. We feel that a facility for the care and treatment of the acutely mentally ill be accessible to the citizens of this area, and that any plans for the future use of the Faribault Regional Center should include utilizing it for this needed service.

Wallace J Walter, Director

WJW/ss



Wm. Craig Brooks, Director

Winona County
DEPARTMENT OF SOCIAL SERVICES

COUNTY OFFICE BUILDING 202 WEST THIRD ST.
WINONA, MINNESOTA 55987-3102

Telephone 507/457-6200

October 24, 1988

To Whom It May Concern:

Re: Faribault Regional Treatment Center - MI Unit

Dear People:

I support the proposal to establish an MI unit at Faribault RTC It would be much more convenient for us than St. Peter.

Sincerely,

WINONA COUNTY DEPARTMENT OF SOCIAL SERVICES

Wm. Craig Brooks
Director

WCB:dr

Rice County Social Services

P. O. Box 718
FARIBAULT, MINNESOTA 55021-0718

DATE: October 24, 1988

TO: Helen Hoffman, Chairperson
Faribault Community Task Force

FROM: Dale L. Szyszka
Director

RE: Support for a Mental Illness (MI) Treatment Unit at the Faribault Regional Center

I wish to indicate my support for this proposed MI Treatment Unit. There is a need for a facility which is able to treat mentally ill persons in a residential setting. Often individuals experience an acute episode and need a short term treatment period while they are a hazard to self or others. In other cases the longer term treatment beds would be needed before a person could be returned to the community. The location of this facility locally would allow better case management from staff and ease of family involvement.

Downtown FARIBAULT ASS'N.
HISTORIC DOWNTOWN FARIBAULT
Est. 1853
228 Central Avenue • Faribault, MN 55021
(507) 334-9186

11-1-88

Helen Hoffman, Chairperson
Faribault Regional Center Task Force
Faribault, Mn 55021

Dear Helen and task force volunteers;

The members of the Downtown Faribault Association commends your efforts and your time in studying the future of the Faribault Regional Center.

The center is a necessary home for many less fortunate and we support your efforts in studying other uses for some of the facilities not being used to potential.

Anyway we can assist, let us know!!

Sincerely,
Downtown Faribault Exec Board:

Mike Dandelet, Dandelet Jewelry
Margaret Johnson, Woolworths
Brian Burkhartzmeyer, Burkhartzmeyer Shoes
Fred Klokonos, J.C. Penney
Nona Boyes, Special Women and Nona Boyes
Julie Fillipi, Hardware Hank
Helen Morgan, Yarns & Things
Gene Drentlaw, Mitchells Womens Wear

Larry Buhr, Sears, Chairperson

Jean Mahler, Downtown Faribault Coordinator

FARIBAULT REGIONAL CENTER MEDICAL STAFF AND CONSULTANTS

Faribault Regional Center provides extensive medical, nursing and consultative services to the developmentally disabled clients living at the facility. The Center relies on both internal practitioners as well as outside consultants to provide a full array of needed services to its clients. Included in the following narratives are descriptions of medical-dental services, nursing services, internal augmentative consultants, and external contracted augmentative services.

The purpose, function and scope of the FRC Medical-Dental service is established:

- To achieve and maintain an optimum level of general physical and mental health for each resident, to maximize their function, prevent disability, and to facilitate their optimum development in order that each resident may participate in active treatment programs.
- To provide epidemiological and clinical services as a basis for public health recommendations in the prevention and control of communicable disease (tuberculosis, viral hepatitis, enteric infections, AIDS, staphlococcal infections, etc.); to provide all immunization programs deemed necessary for maximum protection for residents and staff (influenza, pneumoccoccal pneumonia, etc.).
- To initiate and develop comprehensive preventive programs for early diagnosis and appropriate treatment to control chronic degenerative disease (heart, kidney, lung, peridontal diseases, etc.), and physical and mental deterioration.
- To initiate and monitor special therapeutic programs and to reduce neuromuscular and other physical disabilities through habilitation and rehabilitation of the residents.
- To prescribe and monitor specialized diets for the prevention and treatment of diseases (PKU, obesity, atherosclerosis, kidney, diabetes, etc.).
- To provide first aid and emergency medical care on the Faribault Regional Center campus.
- To cooperatively develop appropriate health, education and training programs for the residents and staff with emphasis on personal hygiene and preventive programs in order to minimize and eliminate extrinsic factors detrimental to general health and to improve the resident/patient's ability to cope with independent living.
- To function, based on a team concept, (health care team) in conjunction with the residential and program staff in the early diagnosis and comprehensive treatment of emotional and behavioral disorders.

NURSING SERVICE FUNCTION

The Nursing Department provides for the health care and well-being of all clients at the facility. The major focus of nursing activities are directed toward preventive health care and maintenance screening to minimize illness and injury. Early intervention activities include immunization programs, scheduled physical exams, cancer detection protocols and on-going health care planning and review.

In their public health role the R.N.'s are part of the interdisciplinary team surveying health care delivery systems to evaluate and correct need areas that interfere with health promotion and client safety. As a result of this monitoring function, the R.N. is made aware of and provides appropriate health education programs for staff and clients as indicated.

In cases where illness occurs, the R.N. performs the critical role of physical assessment, applies clinical expertise to effect quality intervention and monitoring so that health is maintained and/or restored.

AUGMENTED MEDICAL/OTHER CONSULTATIVE SERVICES AVAILABLE AT FARIBAULT REGIONAL CENTER ON A CONSULTANT CONTRACT BASIS

The following services augment on-going professional/technical services routinely provided by FRC staff:

Medical Consultants

- o Cardiology and Internal Medicine
- o ENT
- o Neurology
- o Ophthalmology
- o Podiatry
- o Psychiatry
- o Urology
- o Respiratory Therapy
- o Physical Therapy
- o General Medicine
- o Radiology
- o Orthopedics
- o Clinical lab services
- o Dermatology
- o Gynecology
- o General Surgery
- o Gastroenterology
- o Oncology and Hematology
- o Pulmonary/Sleep Disorders

Religious Services

- o Catholic Chaplain's assistant
- o Catholic Priest worship services
- o Choir director
- o Organist

Individual Client Services

- o Interpretive services for Cambodian client
- o Barber services for clients

Staffing Services

- o Pre-placement health exams for new hires
- o Staff training at FTI

Facility Management/Standards Compliance Services

- o Attorney General
- o Human Rights Committee community representatives
- o Twin City Interntional Program
- o Naturalist services - River Bend
- o Dental Qualtiy Assurance
- o Trayline services
- o Refuse disposal
- o Pest control

Contracts are established for each fiscal year. Frequency and type of service is determined by existing facility need. Some services occur on an intermittent basis, others are on-going for pre-set intervals occurring weekly, monthly or quarterly, and still others are on an on-call as needed referral basis. Contracts for augmentative services are establisned for those services not available at the facility and are used to supplement on-going professional/technical services. As far as possible, contracts are established with local community or regional providers.

SF-00006-05 (4/86)

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : Faribault Regional Center

DATE : August 12, 1988

TO : Beverly Jones Heydinger - 3818
Department of Human Services

FROM : Bill Saufferer
Chief Executive Officer

PHONE : 507-332-3312

SUBJECT : Definition of 'Residual Population'

Attached is a definition of Developmentally Disabled Residual Population which was developed by Faribault Regional Center in consultation with Cambridge Regional Human Services Center. Also attached are examples of more intricate groups. We tested the definition on our population, which admittedly has a higher concentration of such persons. We'd predict 35 SNF plus 30 - 50 other persons as a possible residual from Faribault. Obviously the definition is a beginning and may need work, but it does indicate areas of serious concern.

/jn
Attach.
cc; Maria Gomez
Terry Anderson
FRC Exec. Comm.
Jerry Lovrien, CRHSC
Karl Schwartzkopf, CRHSC

FARIBAULT REGIONAL CENTER

August 12, 1988

Developmentally Disabled Residual Population

Those person with medical conditions and/or unstabilized behavioral conditions for whom an adequate and sufficiently concentrated medical, psychological and/or therapeutic community network is not presently available. Given the severe medical problems and/or volatilities exhibited by these populations, such community development would require two critical components:

1. A protective, but not unnecessarily restrictive, intense therapeutic environment; and

2. A cadre of medical and/or behavioral experts on site to provide medical and/or program input, monitoring and intervention each day.

Examples of persons described above include:

- o Persons court-committed because they have been dangerous to self or others. These persons require 24-hour supervision, environmental controls, and concentrated programmatic intervention for protection of self and community. (1)

- o Persons whose deviant sexual behaviors place persons at risk in the community and who, as a result, become vulnerable to commitment to the penal system. (2)

- o Persons whose self-injurious behaviors require intense remediation, high density staff supervision. consistent and immediate program monitoring/adaptation by behaviorally and/or medically skilled professionals. (3)

- o Persons whose atypical or deteriorating cognitive conditions require unique services which are not currently available in established community environments. (4)

- o Persons whose medical conditions require hourly monitoring by licensed nursing personnel and immediate and concentrated service by medical support and diagnostic specialites due to nutritional/hydration deficits, musculo-skeletal, and respiratory-cardiovascular deficits resulting from physiological abnormalities; need for use of specialized medical equipment (particularly long-term use), complex seizure disorders, progressive degenerative and end-stage disease. (5)

- o Persons who have substance abuse and who do not benefit from general population treatment programs. (6)

- o Persons who suffer from dual diagnosis (MR/MI). These are individuals who, if of normal intelligence, would be committed to existing mental health programs, but whose mental retardation prohibits their profiting from the treatment provided in those programs. (7)

Characteristics of Residual Population

Example 1:

Persons who have set repeated fires in residences

Persons who have killed others

Persons who have caused serious bodily harm to others, including vulnerable peers

Persons who have a multitude of failed community placements

Example 2:

Persons who have a diagnosis and active history of pedophilia, voyeurism, exhibitionism, rape. Not including fetishism, paraphilia, bestiality and homosexuality

Example 3:

Persons with SIB associated with Cornelia de Lange syndrome

Persons with persistive SIB at great risk of causing significant bodily harm

Example 4:

Persons with degenerative syndromes

Persons with closed head injuries

Persons with polydipsia

Example 5:

SNF population and self-explanatory

Example 6:

Self-explanatory

Example 7:

Self-explanatory

FARIBAULT REGIONAL CENTER

May, 1988

Founded in 1879, the Faribault Regional Center today consists of nearly one million square feet of sound structural area on 185 acres of land.
APPENDIX A - P. 2

Situated in Rice County, 40 minutes South of the Twin Cities and 40 minutes Northwest of Rochester, FRC serves thirteen counties and over one-third of the state's population.
APPENDIX B - P. 3

FRC's present complement consists of 980.18 full-time equivalents.
APPENDIX C - P. 4

FRC is in full compliance with all licensure, rule, and certification requirements.
APPENDIX D - P. 6

FRC maintains a variety of special programs designed to meet the extraordinary needs of all clients including dually diagnosed.
APPENDIX E - P. 7

The Faribault Regional Center staff and clients are currently fulfilling a wide range of Shared Service Agreements for other State Agencies, DHS facilities, local private industries, and private citizens.
APPENDIX F - P. 10

The community of Faribault and FRC are served by a city bus system, taxi service, and an airport capable of accommodating business jets. Also, FRC maintains and operates a fleet of over sixty licensed vehicles.

Additionally, FRC has been certified as fiscally sound and well managed by the Office of the Legislative Auditor. Per diem cost is $166.67, an all-inclusive rate, as compared to an overall average per diem of $198.20 for all Regional Centers providing services to the developmentally disabled.

APPENDIX A

	Year Constructed	Beds	Handicapped Access	Air Conditioning	Life Safety Code	Energy Mgmt.	Area (Square Footage)
RESIDENTIAL							
Birch	47	48	Y	Y	Y	Y	34,042
Cedar	47	45	1/2		Y	Y	22,734
Elm	52	48	Y	Y	Y	Y	35,201
Hickory	52	48	Y	Y	Y	Y	36,057
Holly	32	54	Y		Y	Y	24,123
Maple	47	53	1/2		Y	Y	22,734
Osage	30	48	Y		Y	Y	23,763
Pine	47	42	Y		Y	Y	22,499
Poppy	17	43			Y	Y	20,786
Seneca	58	48	Y	Y	Y	Y	34,042
Spruce	47	43	Y		Y	Y	22,499
Willow	52	54	Y	Y	Y	Y	35,514
		574					
DAY PROGRAM SERVICE							
Laurel	24	24			Y	Y	14,063
Linden	64	52	Y	Y		Y	41,877
West	25	28			Y	Y	12,078
Dakota	13					Y	38,670
Fern	10		Y			Y	30,887
Greenhouse	53						4,683
Oaks	00					Y	30,308
Rose	06		Y			Y	10,704
Rogers	59		Y	Y		Y	51,340
AUXILIARY							
Admin.	58		Y	Y		Y	19,002
Food Svc.	66					Y	42,244
Health Svc.	37	70*	Y	Y	Y	Y	67,649
Laundry	63					Y	25,692
Mohawk	25					Y	11,982
Paint Shop	60					Y	3,000
Power Plant	96					Y	40,115
Warehouse	57					Y	28,735
Wylie	20					Y	17,599

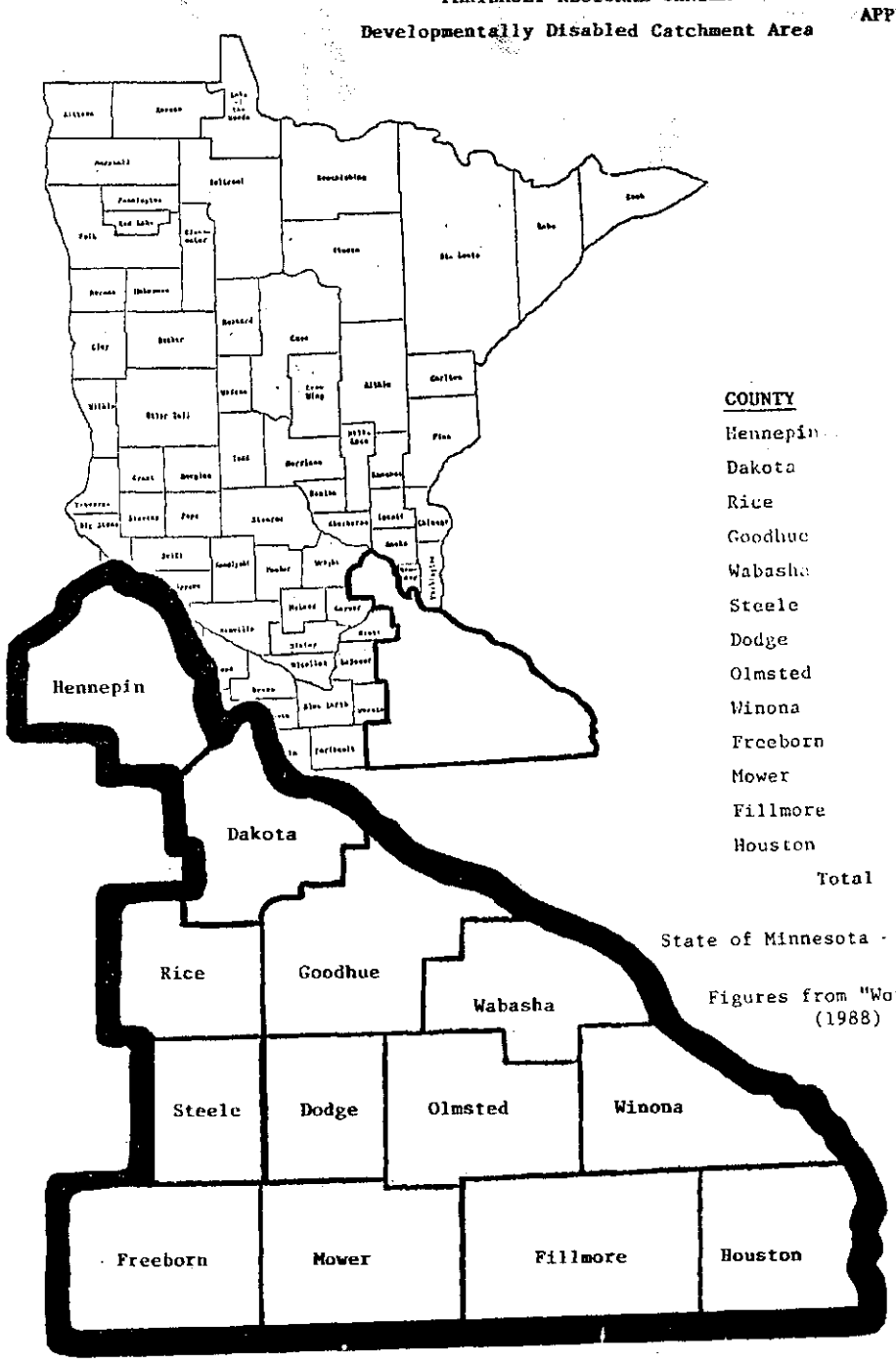
* 35 SNF Beds; 35 Acute Care Beds

(2)

FARIBAULT REGIONAL CENTER

Developmentally Disabled Catchment Area

APPENDIX B



COUNTY	POPULATION
Hennepin	945,970
Dakota	208,308
Rice	47,012
Goodhue	39,385
Wabasha	19,178
Steele	30,498
Dodge	15,144
Olmsted	95,791
Winona	46,478
Freeborn	33,398
Mower	39,816
Fillmore	21,915
Houston	18,774
Total	1,561,667

State of Minnesota - 4,075,970

Figures from "World Almanac" (1988)

APPENDIX C

FARIBAULT REGIONAL CENTER COMPLEMENT
Presented as Full-Time Equivalence (F.T.E.)
Total Complement: 980.18

F.T.E.	Administrative
1.00	Accounting Supervisor, Sr.
1.00	Assistant Institution Adminstrator
1.00	Building Maintenance Supervisor
1.00	Building Services Supervisor
1.00	Chaplain Supervisor
1.00	Chief Cook
1.00	Chief Executive Officer - Hospital
1.00	Dietician 1 Supervisor
1.00	Dietician 2
1.00	Employee Development Supervisor 1
1.00	Grounds and Roads Maintenance Supvr.
15.00	Group Supervisor
31.00	Group Supervisor Assistant
1.00	Housekeeping/Regional Laundry Supvr.
1.00	Medical Director
1.00	Medical Laboratory Supervisor
3.00	Office Services Supervisor 1
1.00	Office Services Supervisor 2
1.00	Personnel Director 2
1.00	Personnel Officer Supervisor Sr.
1.00	Pharmacist Senior
1.00	Physical Plant Director
1.00	Power Plant Assistant Chief Engineer
1.00	Power Plant Chief Engineer
1.00	Psychological Services Director
1.00	Recreation Therapy Program Supvr.
1.00	Residential Care Supervisor
2.00	Registered Nurse Administrative Supvr.
1.00	Rehabilitation Therapies Director
1.00	Rehabilitation Therapist Supervisor
1.00	Research Scientist Supervisor 1
1.00	Residential Program Services Director
2.00	Residential Program Services Manager
1.00	Social Services Supervisor
1.00	Speech and Hearing Supervisor
1.00	Vocational Therapy Program Supvr.
1.00	Volunteer Services Supervisor
85.00	

F.T.E.	Professional
1.00	Accounting Officer, Intermediate
12.00	Behavior Analyst 2
1.00	Behavior Analyst 3
2.00	Behavioral Psychologist
.50	Chief of Service
1.00	Community Liaison Representative
1.00	Dentist
2.00	Dietician

F.T.E.	Professional
1.00	Electronic Data Processing Programmer/Analyst
1.00	Library/Information Resources Services Specialist Sr.
1.00	Management Analyst 1
1.00	Medical Technologist
4.00	Music Therapist
1.00	Music Therapist Senior
7.00	Occupational Therapist
2.00	Pharmacist
8.00	Psychologist 2
1.00	Psychologist 3
9.75	Recreation Therapist
8.50	Registered Nurse
3.00	Registered Nurse Principal
16.25	Registered Nurse Senior
1.00	Rehabilitation Counselor Senior
1.00	Safety and Health Officer 2
21.00	Skills Development Specialist
2.00	Social Worker Specialist
10.50	Social Worker Senior
12.50	Special Teacher
1.00	Speech Pathologist
3.00	Speech Pathology Clinician
1.00	Speech Pathology Specialist
1.50	Staff Physician
2.00	Staff Physician Senior
1.00	Volunteer Services Coordinator
142.50	

F.T.E.	Health Care - Paraprofessional
30.00	Behavior Modification Assistant
7.00	Certified Occupational Therapy Asst. 1
5.00	Certified Occupational Therapy Asst. 2
14.25	Licensed Practical Nurse 1
68.00	Licensed Practical Nurse 2
43.00	MR Residential Lead
3.00	Physical Therapy Aide
1.00	Physical Therapy Assistant
27.00	Structured Program Assistant
3.00	Work Therapy Assistant
201.25	

F.T.E.	Health Care - Other
44.95	Human Services Technician
315.28	Human Services Technician, Senior
360.23	

APPENDIX C

F.T.E.	Craft
2.00	Automotive Machanic
1.00	Building Utilities Mechanic
6.00	Carpenter
2.00	Electrician
1.00	Laborer 2
2.00	Mason
4.00	Painter
8.00	Plant Maintenance Engineer
2.00	Plumber
1.00	Refrigeration Mechanic
1.00	Sheet Metal Worker
7.00	Stationary Engineer
1.00	Upholsterer
38.00	

F.T.E.	Service
2.00	Baker
3.00	Building Services Lead
5.00	Cook
4.00	Cook Coordinator
11.50	Delivery Van Driver
4.00	Dining Hall Coordinator
20.50	Food Service Worker
2.50	General Maintenance Worker 1
1.00	General Maintenance Worker 2
18.50	General Maintenance Worker 3
4.00	General Maintenance Worker 4
3.00	Laundry Coordinator
26.70	Laundry Worker
5.00	Sewing Machine Operator
110.70	

F.T.E.	Clerical/Technical
2.00	Account Clerk
3.00	Account Clerk, Senior
2.00	Beauty Operator
1.00	Clerk 2
1.00	Clerk 4
2.00	Clerk Stenographer 2
1.00	Clerk Stenographer 4
1.00	Clerk Typist 1
2.00	Clerk Typist 2
4.00	Clerk Typist 3
1.00	Data Entry Operator
1.00	Dental Assistant Registered
1.00	Dental Hygienist
2.00	Mechanical Stock Clerk
.50	Medical Laboratory Technician 2
1.00	Medical Laboratory Technician 1
1.50	Medical Records Clerk
1.00	Offset Press Operator
2.00	Personnel Aide Senior
1.00	Pharmacy Technician
2.00	Radiologic Technologist
1.00	Stores Clerk
4.50	Switchboard Operator
4.00	Word Processing Operator 1
42.50	

APPENDIX D

LICENSURE/CERTIFICATION

The Faribault Regional Center is licensed by the Minnesota Department of Health as a 678-bed, Supervised Living Facility, Class "B" for the mentally retarded, as a 35-bed Nursing Home, and as a 35-bed Medical Hospital.

The facility's residential areas are certified by the U.S. Department of Health and Human Services as Intermediate Care Facility/Mentally Retarded, and the Nursing Home is certified as a Skilled Nursing Facility.

The Minnesota Department of Human Services licenses the facility under Rule 34, Residential, and Rule 38, Day Programs.

APPENDIX E

SPECIAL PROGRAMS

Developmentally Disabled/Mentally Ill:

Faribault Regional Center subscribes to a holistic approach for dually diagnosed clients by providing expanded psychiatric, psychological, counseling therapy, and pharmaceutical services to meet their special needs.

Developmentally Disabled/Sex Offenders:

Faribault Regional Center offers individual and group counseling, by trained therapists, to actively educate and habilitate developmentally disabled clients who have a history of sexual offenses.

Developmentally Disabled/Geriatric:

Faribault Regional Center has one unit which is designed to meet the specialized needs of our elderly population.

Developmentally Disabled/Hearing/Visually Impaired:

Faribault Regional Center has developed one living unit which houses a homogenous group of hearing/visually impaired clients which incorporates the most current trends in programming. Specialized services are provided by a full-time audiologist and 7 speech pathology clinicians.

Developmentally Disabled/Severe Behaviors:

Psychological and behavior assessment, program planning, and habilitative training and guidance for our clients who present severe challenging behaviors (approximately 300) which is provided by the interdisciplinary team in each unit which includes a psychologist and behavior analyst.

Developmentally Disabled/Severe Physically Handicapped:

Four residential units at Faribault Regional Center are designed to focus on the special needs of multi-handicapped clients with the direct services of Registered Nurses, Physicians, Occupational Therapists, Certified Occupational Therapists, and Physical Therapists.

Work Activity/Sub-Contract:

Over 200 clients are involved in our Work Activity Center and our satellite work for pay station where the primary focus is to provide jobs which can be generalized into community employment.

Vocational Training/Work-on-Campus:

185 clients are involved in a wide array of employment sites at Faribault Regional Center in work-for-pay positions.

Shared Vocational Services:

Ten Faribault Regional Center clients are employed at the Careers Training Center in Owatonna.

APPENDIX E

Department of Rehabilitation Services:

Faribault Regional Center provides services to ten clients who live in the community. Two clients are employed in our community work sites and six in prime production.

State Operated Community Services:

Faribault Regional Center operates four licensed adult foster homes (MN DHS Rule 203). Each home provides specialized services for four clients. The homes are in Rice, Dodge, Olmsted, and Dakota counties.

Tardive Dyskinesia Monitoring System:

Computerized tracking of the Tardive Dyskinesia Monitoring System for Psychotropic Medications has been operational at FRC for the past two years. The results of this pilot project were presented October, 1986, in Montreal, Canada at the National Symposium for Computers in Nursing. The Medical Director and Director of Health Services are currently serving on the state-wide Task Force to develop standardized protocol for Psychotropic Side Effects Monitoring for use throughout the state.

Epileptology Clinic:

FRC has 280 clients diagnosed as having both mental retardation and the complex syndrome of Epilepsy. To maintain and improve their therapeutic programs and quality of life, FRC has opened a specialized clinic in Epileptology. The main purpose of the Epileptology Clinic is to utilize new and modern diatnostic techniques, to adjust medication to the minimum effective dose, to decrease polythera , and to individualize treatment.

Dentistry:

The Dental Department is managed by a licensed dentist, who with the help of a dental hygienist and a dental assistant, provide dental exams for each client at least once each six-month period as well as necessary hygiene and restoration as indicated. Emergency services are available through contract.

Nursing Home:

The Skilled Nursing Unit is the only one of its kind with the state system that provides 24-hour skilled nursing services by RN's and LPN's as well as structured day programs for five days per week based according to the client's physical and health status. Current bed capacity is 35.

Acute Care:

The Medical Hospital provides semi-acute and convalescent care to all facility clients, as well as immediate post-operative services. It maintains a full license to operate 35 beds as a Medical Hospital, although currently we are maintaining an operating census of 15.

Laboratory:

Laboratory services are available to clients 7 days per week for general routine and/or emergency diagnostic workups, basic cardiology including serum and EKG studies, and drug monitoring studies to assist the physicians in early diagnosis and treatment.

State Services for the Blind:

In the summer of 1987, Faribault Regional Center worked cooperatively with the State Academy for the Blind on a grant entitled "The Life Program - Learning Independence from Experience". This joint venture provided vocational training for eight visually impaired students of the Academy in community integrated work settings and on the FRC Campus in conjunction with FRC work programs.

APPENDIX E

Greenhouse/Horticultural Training:

The FRC greenhouse provides employment opportunities for 10+ Faribault Regional Center clients and horticultural therapy for many more. This program sells plants and flowers to the Faribault community and has been active in beautification projects on campus, in the Faribault community, and the Twin Cities area.

Center Industries/Prime Production:

Faribault Regional Center is known state-wide for its quality production of wood products to include picnic tables, park benches, clocks, trophies, and craft items. Faribault Regional Center's woodworking shop currently has three contracts for prime production of trophies, clocks, etc. with community employers/agencies.

Community Supported Employment:

Faribault Regional Center received an OSER's grant in 1986-87 for the development of community supported employment (CSE) programs from the Minnesota Supported Employment Project. The grant was for the amount of $32,572.00. The Faribault Regional Center was the only Regional Treatment Center in Minnesota, and perhaps nationally the only institution, to receive these grant monies.

Faribault Regional Center was to place 15 clients in Community Supported Employment sites. FRC met that goal and actually placed 27 people throughout the grant period.

Work Activity/Sub-Contract Work:

Faribault Regional Center has over 40 clients employed full time for the purposes of completing work for community-based businesses on a sub-contract basis. There are an additional 200 clients who work part-time on these sub-contract work assignments.

Interagency Training - Supported Employment:

Faribault Regional Center has developed a Supported Employment training course for job coaches and supervisors as well as training the Faribault Regional Center Day Program staff. FRC trainers have presented the course for Rise Incorporated--Minneapolis, the State Academy for the Blind, Rice County DAC, and to 35 Moose Lake Regional Treatment Center employees. A presentation was also made at the AAMR Conference in Sioux Falls, South Dakota, and at the MNDACCA Conference in Brainerd.

Physical Therapy Services:

The Physical Therapy Department provides comprehensive services for all residents upon referral from the physician. There are two clinics--one in the Health Services Building and one in Birch Unit. Monthly orthotics and bi-annual orthopedic clinics are also coordinated by the Physical Therapy Department.

Occupational Therapy Services:

The Occupational Therapy Department provides assessment and treatment to all residents with sensory motor deficits which interfere with the development of daily living skills needed to participate in self-care, leisure, and vocational life domains. Adaptive equipment is ordered and/or fabricated to provide wheelchairs, therapeutic positioning, and environmental control aids.

APPENDIX F

STAFF DEVELOPMENT:

1. FRC courses are open to all Regional and State agencies.

2. Mankato State University sponsors courses on campus.

3. FRC collaborated with the Faribault Technical Institute in establishing and providing Human Services Entry Level Training at the FTI, which is required at the Faribault Regional Center and used by other local health care providers.

4. FRC has an extensive internal training program providing thousands of hours of training for FRC staff.

5. Staff Development provides training sites for the Minnesota Department of Employee Relations (DOER) who conduct training for various other State agencies.

6. Specialized training is provided to private non-profit community group homes on a local and regional level.

7. Numerous training and counseling sessions are conducted directly with parents and clients from FRC and the community.

8. FRC Staff Development has an adjunct status with the University of Minnesota and Mankato State University for mutual training benefits.

9. National and international experts present workshops and seminars on campus.

10. The facility serves as a practicum site for Licensed Practical Nursing, Social Workers, Speech Therapists, etc. In addition, practicums are provided for foreign professionals as a part of the Twin City International Program.

11. An innovative staff "Wellness" program has received state-wide compliments.

12. The facility has concentrated on Workers' Compensation control and reduction and has achieved an annual expense which is 50 percent less than projections.

LAUNDRY:

1. 4,108,350 pounds per year for six state agencies: Faribault Regional Center, Oak Terrace Nursing Home, Minneapolis Veterans Home, Hastings Veterans Home, Minnesota State Academy for the Deaf, and Minnesota State Academy for the Blind.

2. 348,176 pounds per year for five non-state accounts: Dakota County Detox Center, Rice County District One Hospital, Roby Allen School for the Deaf, Shattuck/St. Mary's Private Schools, and Wilson Treatment Center.

DIETARY:

1. St. Peter Regional Treatment Center, St. Peter (bakery products).

2. Minnesota State Academies for the Blind and Deaf, Faribault (bakery products).

APPENDIX F

MEDICAL:

1. Willmar Regional Treatment Center (anticonvulsant drug level blood studies).

FACILITIES:

1. Faribault Technical Institute (FTI) Licensed Practical Nursing Program. Faribault Regional Center provides utilities, telephone service, lawn care, snow removal, trash pick-up, and duplicating services for the LPN program operating in West Cottage. West Cottage is under lease to FTI until June 30, 1989, when they expect to move into their new facility.

2. FRC provides the Minnesota State Academy for the Blind with 15 million pounds of high pressure steam annually.

3. FRC maintains a Dimension 400 Private Branch Exchange telephone system providing service to two State Academies and several smaller governmental units.

4. Answering service for Victim Support.

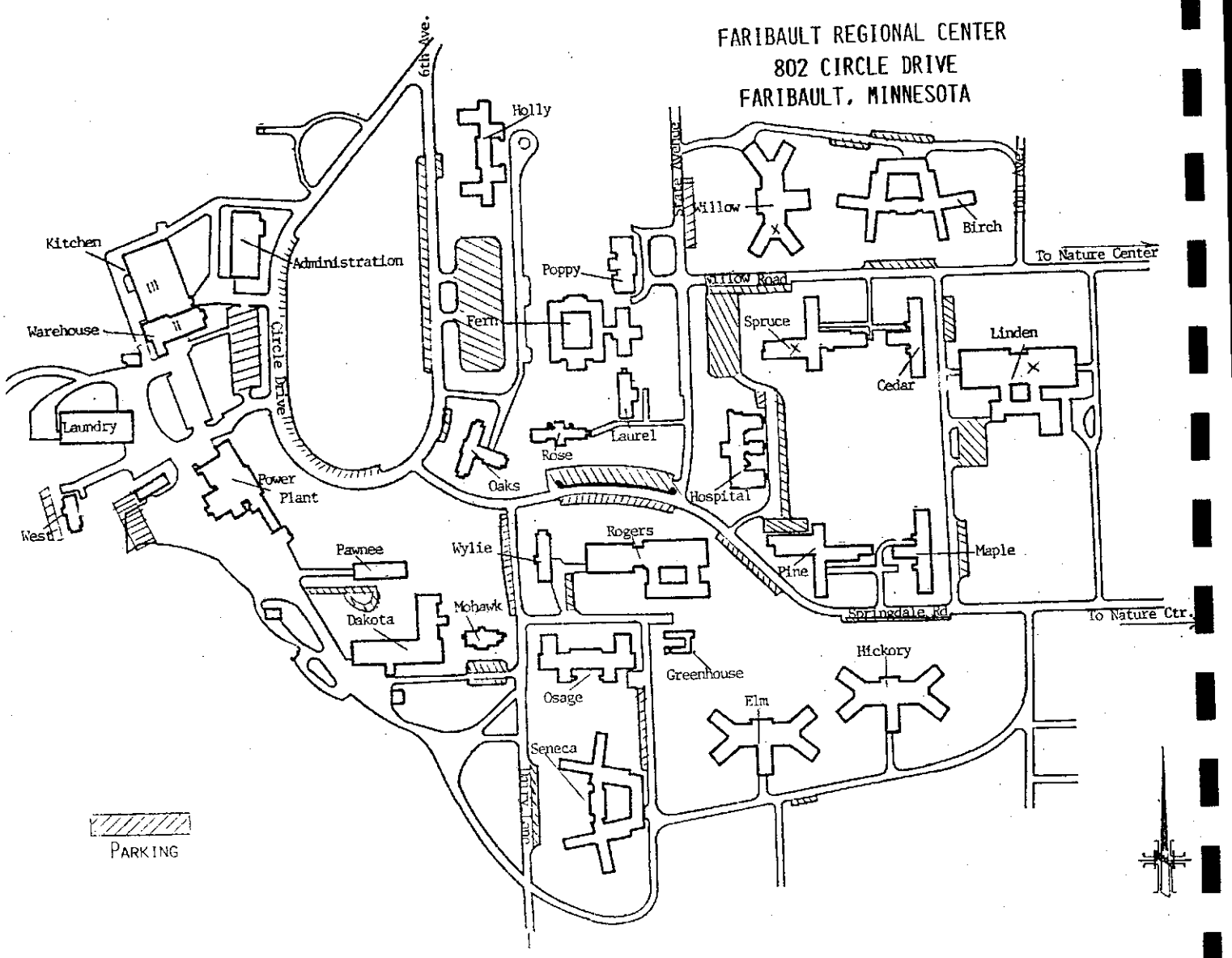
5. Radio paging service for Minnesota State Academies for the Blind and Deaf, Victim Support, and River Bend Nature Center.

6. Provides emergency housing in the event of a community disaster, stores a Civil Defense Medical Hospital, and provides space in the event it's used.

7. Operates a used clothing room which is free for clients, sells surplus to the community, and provides clothing free of charge to persons in the community who have losses from fire, etc.

8. The campus is surrounded by the River Bend Nature Center which creates opportunities for walks, solitude, and beauty.

FARIBAULT REGIONAL CENTER
802 CIRCLE DRIVE
FARIBAULT, MINNESOTA



C. RESOURCE DIRECTORY

I. Directory of Resources Serving Brain Injured

The following categories were taken from the National Directory of Head Injury Rehabilitation Services, Second Edition, 1985. The categories are not mutually exclusive and programs may overlap.

A. Acute Rehabilitation Programs

Facilities prepared to treat patients as soon as they are medically stable and are discharged from the acute hospital. Their primary emphasis is to provide intensive physical and mental restorative services in the early months after injury. These programs are relatively short term, 3 to four months, although longer stays are not unusual.

1. Knapp Rehabilitation, Metropolitan Medical Center
2. Sister Kenny Institute
3. Nat Polinsky Rehabilitation Center, Duluth
4. St. Paul Ramsey Medical Center
5. St. Mary's Hospital, Rochester
6. University of Minnesota

B. Long-Term Rehabilitation Programs

Facilities that are able to provide long-term rehabilitation and management services for brain injured individuals. Generally, not permanent placement facilities, although they may have this service available.

1. Red Wing Health Care Center
2. Trevilla of Robbinsdale
3. University Health Care Center

C. Late Rehabilitation

Extended rehabilitation either in a residential or in-patient setting or in out-patient programs. The types of services needed will vary and there is overlap with other categories.

1. Courage Center
2. Sister Kenny Institute
3. Knapp Rehabilitation, Metropolitan Medical Center
4. Caroline Center
5. SMILES

D. Extended Intensive Rehabilitation

Extended therapies in a structured program which has all the elements found in the acute rehabilitation center. Emphasis is on cognitive retraining, speech therapy, skills of daily living and restructuring lost social behaviors. Prevocational and vocational training and community re-entry are usually part of each program. Patients remain as long as progress is being made, usually 6 - 12 months.

E. Transitional Living Programs

The goal of these programs is to prepare individuals for maximum independence, skills for community integration and to work on pre-vocational and vocational training.

1. Courage Center
2. ASI, New Beginnings for Brain Injured (NBBI)
3. ELR SYSTEMS

F. Life Long Residential

For individuals unable to live at home or independently, a structured residential program for permanent care.

1. Red Wing Health Care Center
2. Trevilla of Robbinsdale
3. ASI-New Beginnings for Brain Injured (NBBI)
4. Park Point Manor, Duluth
5. University Health Care Center

G. Day Treatment Programs

Non-residential brain injury treatment facilities. Emphasis on variety of services to upgrade functional skills including traditional therapies.

1. Sister Kenny Institute
2. Courage Center
3. Knapp Rehabilitation, Metropolitan Medical Center
4. University of Minnesota

H. Independent Living Programs

Community-based programs that provide services, coordinates existing and/or lists referrals to assist severely disabled individuals increase personal independence. Provide direct and indirect services ranging from residential/transitional programs to resource referral.

1. Courage Center
2. ASI-New Beginnings for Brain Injured (NBBI)
3. Metropolitan Center for Independent Living
4. Rochester Center for Independent Living (1987)

I. Coma Treatment Centers

Centers who will accept individuals who remain in coma or in the vegetative state for months or longer after injury. Provide skilled nursing care.

1. Caroline Center
2. Red Wing Health Care Center

J. Nursing Homes with Skilled Nursing Care and Young Adult Programs

Nursing homes having specialized programs for severely injured young adults.

1. Red Wing Health Care Center
2. Trevilla of Robbinsdale
3. Park Point Manor, Duluth
4. Courage Center

K. Behavior Management Programs

Programs for severe maladaptive or aggressive behavior.

L. Individual Service Provider

Individual therapists of small groups which provide specialized treatment for head injured people.

M. Vocational Services and Facilities

1. Opportunity Workshop
2. Interstate Rehabilitation Center, Red Wing
3. ABC Workshop, Rochester
4. Department of Vocational Rehabilitation
5. Courage Center

N. Chemical Abuse/Dependency Services

Provide behavioral approach to problems of chemical abuse/dependency.

1. St. Paul Ramsey Medical Center
2. CREATE, Inc.

O. Support Groups

Provide support for family members and concerned persons working/living with a head injured individual.

Limited number of groups available.

P. Preventive/Community Education

1. MADD
2. SADD
3. National Head Injury Foundation - Minnesota Association
4. Minnesota Safety Council
5. Department of Public Transportation
6. Minnesota Safety Council
7. Minnesota Occupant Restraint Program
8. Minnesota Education Association
9. Drivers' Training Programs (Schools)

II. Directory of Resources for Alzheimer's Disease

A. Dementia Clinics

1. University of Minnesota Hospitals
2. St. Paul Ramsey Medical Center
3. The Minneapolis Clinic
4. V.A. Medical Center
5. Mayo Clinic, Rochester

B. Support Groups

1. An extensive number of support groups exist throughout the state for family members and concerned persons of individuals who have experienced Alzheimer's Disease and Related Disorders.

2. There are also an extensive number of support groups throughout the state for family members and concerned persons of individuals who have experienced a stroke.

   One example is: Courage Center's "Stroke Connection."

C. Day Care Programs

Throughout the state there are a limited number of Adult Day Care Programs that serve Alzheimer's Disease and Related Disorders patients.

D. Education

1. Alzheimer's Disease and Related Disorders
2. Courage Center Stroke Network

D. PUBLIC FUNDING SOURCES FOR LONG-TERM CARE

MEDICAID

The major public source of long-term care funding is Medicaid (Title XIX of the Social Security Act).

CSSA

The other main source of funds for long-term care is the Community Social Services Act (CSSA). Title XX is combined with other state social service programs under CSSA and represents the major source of federal funds for community-based social services.

TITLE III

Funding for long-term care under Title III is quite limited in comparison to Medicaid and CSSA programs.

CHS

Community Health Services (CHS) program is a state/county matching program which includes community nursing services and home health care. An estimated $9,308,374 of the CHS subsidy is directly related to long-term care.

MEDICARE

Limited nursing home care and home health services are available through Medicare (Title XVIII of the Social Security Act). It is intended to cover acute-care medical bills rather than long-term care.

ALTERNATIVE CARE GRANT

Some community-based services are available to Medicaid-eligible persons (and those who would be eligible for Medicaid within 180 days of institutionalization) who have gone through Nursing Home Pre-Screening and are found to be appropriate for in-home services. Funds for this program are part federal and part state money. Every county in Minnesota has a program.

OTHER PROGRAMS

Other funding sources used for long-term care include assistance for housing available through the Department of Housing and Urban Development (HUD), Minnesota Supplemental Assistance (MSA) program, and funding for transportation through the Minnesota Department of Transportation.

D. CURRENT FUNDING MECHANISM

MEDICAID AND MEDICAID WAIVER PROGRAMS

PROGRAM	AGE GROUP	PROGRAM RESTRICTIONS	SERVICES PROVIDED	PROBLEM AREAS
Medicaid (Medical Assistance)	0-21 65+ Disabled 22-64 AFDC-Related MA-Pregnant Women SSI Refugee	Minnesota Residency Eligibility by Age or Disability Income Requirements/ Spenddown Resource Requirements/ Maximums	Inpatient/Outpatient Hospital Long-Term Care Facility Physicians & Clinics Chemical Dependency Treatment Mental Health Centers Family Planning Services Vol. Sterilization Dental Services Pharmacy Services Medical Supplies Chiropractic/Podiatry Vision Care/Laboratory Rehab./Therapies EPSDT/Transportation Home Health Care Private Duty Nursing Public Health Nurses Personal Care Services	Access to Personal Care by B.I. due to Department requirement to direct own care. Deeming of parental/ spousal income for services at home Limitations in the number of private duty nurse visits/PCA visits/ etc. Resource Limitations
Medicaid Waivered Services	65+ MR Chronically Ill Children under 21	Medicaid Eligible for Individual	Case Management-all Respite-all Homemaker Services-all Day Care/Habilitation-Elderly and MR Home Health Aide-elderly Personal Care-elderly Other Services: Minor Adoptions MR and Children Foster Care-Elderly and Children Extension of MA services: home health, professional services, medical supplies/ equipment, prescribed drugs, medical transportation.	No waiver exists for Adult Physically Handicapped Individuals 22-64 Medicaid Waiver requires total cost of services for population must cost less or equal to cost of nursing home (it may be difficult to prove this due to high cost of services for adult physically handicapped)

SF-00006-05 (4-86)

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : Human Services

DATE : July 1, 1988

TO : Committee Members
RTC Negotiation Process

FROM : DHS Staff

PHONE :

SUBJECT : Attached

Attached is the draft of the comments made by Assistant Commissioner Gomez on June 24.

Please file it in your manuals under the tab labeled "Aging."

Thank you.

NEGOTIATION TEAM PRESENTATION - ELDERLY

In the limited time I have available I would like to briefly talk about long term care for the elderly in Minnesota, and then, shift attention to the role played by the state operated programs for the elderly in the RTCs and SNHs.

Background and Philosophy

There are in the neighborhood of a half million people over the age of 65 in the State.

- - About 9% of these individuals (49,000) are in some form of institutional long term care setting, primarily nursing homes, compared to a national average of 5%.
- - Minnesota also ranks about 3rd among the states in terms of the number of nursing home beds per 1000 elderly.

During the decades of the 60's and 70's the predominant growth in services for the elderly occurred in the nursing home sector. This represented the philosophical orientation of the period and it was butressed by the public funding and regulatory mechanisms in place at the time which were primarily oriented toward the delivery of institutionally based medical services to the elderly.

Minnesota's greater reliance than most other states on institutionally based services has been attributed to a number of factors including:

- - The commitment and willingness to provide public supported services that are adequate to the needs of the population which is often cited as a reflection of the progressive governmental climate and the predominant cultural (Scandinavian) background of the area, and
- - The several, large, sparsely populated areas of the state which make it difficult to provide in-home or close-to-home services.

Another contributing factor to the almost unchecked growth in nursing homes during the 60's and 70's was the depopulation of state institutions that occurred during that period. There were few specialized community based services for the mentally disabled at that time so the destination for many of these individuals was a community nursing home.

A marked change in philosophy could be noted in the 80's with the advent of the Preadmission Screening and Alternative Care Grant programs closely followed by the moratorium on the further establishment of nursing home beds. This had the effect of holding the supply of nursing home beds steady while the elderly population

was continuing to grow and to shift the emphasis to alternatives to institutional care for persons at risk of nursing home placement.

Range of Services Available to Communities and County Role

The Alternative Care Grant program provides funding for services which support care outside of institutional settings and includes such things as case management, adult day care, respite care, homemaker services, home health aides, adult foster care and personal care. The counties play the key role in conducting preadmission screenings so that unnecessary nursing home placements are avoided and in identifying and arranging for the appropriate types of service through the case management process.

Since 1985 the number of persons utilizing the Alternative Care Grants program has increased by about 3000 and is estimated to exceed 7,500 during 1988.

Innovative approaches for providing housing to the elderly such as congregate housing, accessible apartments, home sharing programs, etc., also create options which prevent or delay nursing home placement when individuals are no longer able to live alone.

Future Projections

Despite the inroads that have been made in recent years, institutional long term care will continue to be a major concern in the decades ahead for at least a couple of reasons:

- - General growth of the elderly population due to the aging of the "baby boom" generation and, particularly, growth of the 85 and over population who are most apt to be in need of nursing home care. That segment of the population is expected to grow by 51% between now and the year 2000 and in recent years about 1/3 of the total population 85 and over have been utilizing nursing home services.
- - Also, the diminishing availablilty of "informal care givers", who, in the past have usually been extended family members, as we see smaller households - - there will be fewer young adults to care for elderly family members - - and as we see the growing numbers of family households in which both adults work outside of the home.

The range of services I've identified thus far - those supporting placement in one's own home, in alternative housing arrangements and in community nursing homes - represent the basic options in communities around the state. I must hasten to add that they are not evenly distributed or equally accessible throughout the state at this point.

Role/Capacity of Services for the Elderly in RTCs and SNHs

The programs for the elderly in the RTCs and SNHs primarily serve a subgroup of the population who are either referred from other institutional long term care settings or are determined to be inappropriate for such settings in the community. These facilities serve, on a referral basis, elderly individuals, who, in addition to their nursing care needs, have problematic or difficult-to-manage behavior and cannot be adequately served through existing community resources.

It would be appropriate to note here that national studies suggest that in the range of 55-60% of the total population of elderly in nursing homes have serious mental health problems and, in at least half of the cases, these disorders can be attributed to physical or organic causes. It is not surprising then that there has been a continuing need for specialized services such as the RTCs and SNHs provide to this population.

Historically, the SNHs received most of their admissions directly from the RTC (then state hospital) system whereas now the trend is toward admissions from community nursing homes, VA Hospitals and other treatment facilities after completing the county pre-screening process. This suggests that placements are being made because of the appropriateness of the state facility as a treatment resource rather than by chance or for some other extraneous reasons.

By and large the RTC programs for the elderly serve clientele with characteristics quite similar to those in the SNHs. A notable difference, however, is that they typically come into the RTC programs under court commitment which occurs during acute psychiatric episodes and where alternative placements are not available. The RTCs are in a position to meet individuals' treatment needs precipitated by these acute episodes. The Department is in the midst of conducting a study of the elderly population in RTCs and expects to have a more complete picture of the factors that distinguish their treatment needs later this year.

Let me now turn to the dimensions of the programs for the elderly in the state facility system. The average population on any given day in the 2 SNHs is roughly 500 - -

- - 240 at Ah-Gwah-Ching near Walker, Minnesota.
- - 260 at Oak Terrace in Minnetonka.

The RTC population is approximately 300 in treatment programs serving the elderly.

Both SNHs are available to serve clients from all 87 counties in the state, whereas the RTCs serve specified geographic regions within the state.

The primary role of these state facility programs is to provide residential treatment for the special subgroup of elderly persons I've identified and to enable them to return to a more normal, less treatment intensive setting wherever possible. I might also add that these programs reach out to support and assist community facilities to manage residents they currently have with behavior problems.

Because of the treatment needs of the population that is being served, the state facility programs require the involvement of an extensive professional staff and interagency collaboration not generally available in community facilities for the elderly.

Federal Changes

Finally, I would like to call your attention to a couple of issues that reflect changing directions in federal policy that have the potential to impact on the need for and use of state facility services for the elderly.

The federal government, through its Health Care Financing Administration or "HCFA", has made it known that it intends to come into the state in 1989 and review nursing homes and other residential facilities to determine whether or not they should be regarded as "IMDs" or Institutions for Mental Diseases. Facilities would be designated as IMDs if they were found to meet certain criteria related to the presence of mental disorders among their residents and provided treatment programs which emphasize mental health services. If that were to happen, Medicaid payments would be disallowed for the individuals in the IMD facilities and that, in turn, may require relocation or identification of other funding sources in order to ensure needed care and services.

Secondly, under the nursing home reform provisions of the Budget Reconciliation Act (P.L. 100-203), beginning in 1990, annual reviews will be required for all mentally ill residents in nursing homes paid under Medicaid to determine if they require nursing facility level of care and whether they require "active treatment" for mental illness. Active treatment for purposes of persons in nursing homes is yet to be defined by the Federal Government. In any event, if active treatment is determined to be needed, then, under certain circumstances, the individuals in need of treatment must be transferred to other, more appropriate, settings.

As you can imagine, if the nursing homes in the state were found to be out of compliance on a widespread basis with the requirements related to either of these federal initiatives, it could have significant ramifications for the entire long term care service system including the state programs for the elderly in both the RTCs and SNHs. We are working very closely with HCFA and other state and federal agencies to minimize any disruption or dislocation that might occur as a result of these measures.

Concluding Comments

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

INTEROFFICE MEMORANDUM

TO: RTC Negotiating Committee DATE: September 1, 1988

FROM: DHS Staff TELEPHONE: 296-3763

SUBJECT: State Nursing Homes

Several of you have requested case mix information on the state operated nursing homes. Enclosed are two items for your review:

- a June 1988 census breakdown by case mix category
- a brief decision chart and synopsis of the case mix categories A through K

If you have any additional questions, please direct them to staff.

Thank you.

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT HUMAN SERVICES

DATE June 27, 1988

TO Beverly Heydinger

FROM Fran Bly

PHONE 297-3647

SUBJECT: Case Mix in State Nursing Homes

Below is the current case mix in the state nursing homes:

Ah-Gwah-Ching

A	41
B	79
C	3
D	8
E	61
F	1
G	8
H	13
I	4
J	23
K	3
	244 census

1.93 case mix average

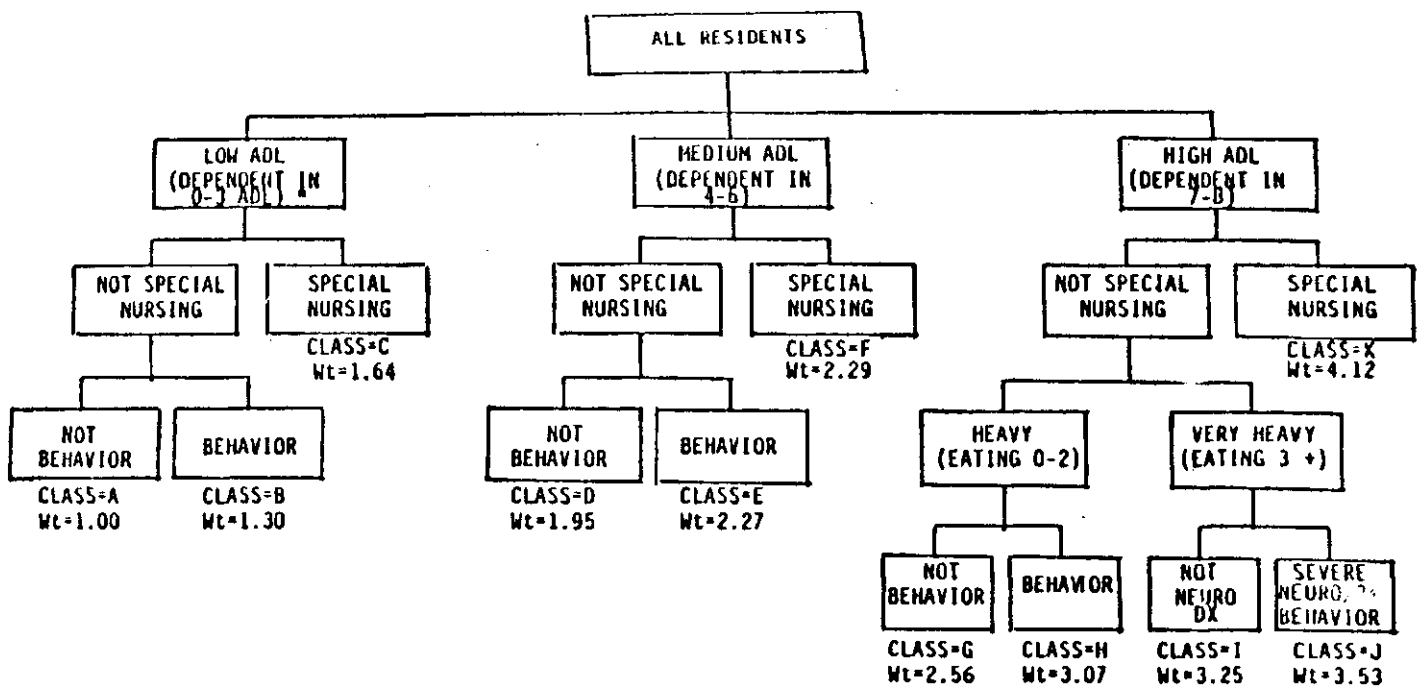
Oak Terrace

A	32
B	50
C	2
D	9
E	51
F	None
G	4
H	12
I	56
J	31
K	13
	260 Census

2.41 case mix average

	AGC	OTNH
Low ADL dependency	50%	32%
Medium ADL dependency	29%	23%
High ADL dependency	21%	45%

cc: Dwight Maxa
Maria Gomez
Brian McInerney



Key Activities of Daily Living (ADL's)

	Not Dependent	Dependent
Dressing	0-1	2-4
Grooming	0-1	2-3
Bathing	0-3	4-5
Eating	0-1	2-4
Bed Mobility	0-1	2-3
Transferring	0-1	2-4
Walking	0-1	2-4
Toileting	0	1-6

Classification	Weight (Relative Resource Use)
A Low ADL	1.00
B Low ADL Behavior	1.30
C Low ADL Special Nursing	1.64
D Medium ADL	1.95
E Medium ADL Behavior	2.27
F Medium ADL Special Nursing	2.29
G High ADL	2.56
H High ADL Behavior	3.07
I Very High ADL (Eating 3-4)	3.25
J High ADL Severe Neurological Impairment/3+Behavior	3.53
K High ADL Special Nursing	4.12

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

INTEROFFICE MEMORANDUM

TO: RTC Negotiating Committee DATE: September 1, 1988

FROM: DHS Staff TELEPHONE: 296-3763

SUBJECT: Source of Admissions, State Nursing Homes

Several of the members of the committee have requested information regarding the source of referrals to Ah-Gwah-Ching and Oak Terrace Nursing Homes.

Enclosed is a summary report of admissions to both facilities during the FYE 1988. If you need additional information, please let us know.

Thank you.

Admissions, FYE 6/30/88
Ah-Gwah-Ching, Oak Terrace

Admitted from:

	#	%
Regional Treatment Center	15	25
Other state nursing home	4	7
Community nursing home	16	27
Veterans administration	14	24
Acute care hospitals	6	10
Home	1	2
Community CD Facilities	3	5
TOTAL	59	100%

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : Oak Terrace Nursing Home

DATE : August 15, 1988

TO : Terry Anderson - DHS

FROM : Faye Christensen
Assistant Administrator

PHONE : 934-4100 ext. 219

SUBJECT : M.R. and County

The following are the responsible counties for the Oak Terrace Nursing Home residents with M.R. diagnosis:

Hennepin = 16
Ramsey = 4
Yellow Medicine = 1
Steele = 1
Dakota = 2
Waseca = 1
Fillmore = 2
Aitkin = 1
St. Louis = 1
Scott = 1
Washington = 2
Renville = 1
Nofles = 1
Stevens = 1
Morver = 2
Cottonwood = 1
Benton = 1
Morrison = 1
Carlton = 1
-21

Also, attached is a list of diagnoses that you requested. The list is updated annually and the July 1988 has not yet been completed, so I'm enclosing 1987's. I don't anticipate that the percentages would change significantly from last year's data, so this is fairly accurate.

Hope this is helpful to you, Terry.

FC/ss

Enclosure

RESIDENT DIAGNOSIS JULY 1987
294 RESIDENTS

MALIGNANT NEOPLASM OF BREAST		
174.9 MALIGNANT NEOPLASM OF BREAST (FEMALE)	*2*	*6%*
BENIGN NEOPLASMS		
214.8 LIMPOMA (OTHER SPECIFIED SITES)	*1*	*3%*
NEOPLASM OF UNCERTAIN BEHAVIOR		
237.0 NEOPLASM OF PITUITARY GLANDS	*1*	*3%*
DISEASE OF OTHER ENDOCRINE GLANDS		
250.7 DIABETICS, PERIPHERAL CIRCULATORY DISORDER	*4*	*1%*
NUTRITIONAL DEFICIENCIES		
266.9 UNSPECIFIED VITAMIN B DEFICIENCY	*1*	*3%*
ORGANIC PHYCHOTIC CONDITIONS		
290.0 SENILE DEMENTIA, UNCOMPLICATED	*13*	
290.1 SENILE DEMENTIA (ALZHEIMER'S)	*2*	
290.2 SENILE DEMENTIA WITH DEPRESSIVE FEATURES	*2*	
290.3 SENILE DIMENTIA, DELIRIUM	*1*	
290.4 ARTERIOUSCLEROTIC DEMENTIA	*4*	
291.2 OTHER ALCOHOLIC DEMENTIA	*3*	
291.9 ALCOHOLIC PSYCHOSIS, UNSPECIFIED	*1*	
294.0 AMNESTIC SYNDROME	*3*	
294.8 OTHER SPECIFIED ORGANIC BRAIN SYNDROME	*5*	
294.9 UNSPECIFIED ORGANIC BRAIN SYNDROME	*3*	
TOTAL	*34*	*11%*
OTHER PSYCHOSES		
295.0 SIMPLE TYPE	*3*	
295.1 HEBEPHRENIC	*5*	
295.2 CATATONIC	*3*	
295.3 PARANOID	*34*	
295.6 CHRONIC, UNDIFFERENTIATED	*4*	
295.7 SCHIZO AFFECTIVE TYPE	*2*	
295.8 ACCUTE	*12*	
296.8 MANIC DEPRESSIVE PSYCHOSIS	*1*	
TOTAL	*64*	*21%*
NEUROTIC DISORDER, PERSONALITY DISORDER AND OTHER NONPSYCHOTIC MENTAL DISORDER		
300.4 NEUROTIC DEPRESSION	*1*	
301.2 SCHIZOID PERSONALITY DISORDER	*1*	
310.0 FRONTAL LOBE SYNDROME	*1*	
310.1 ORGANIC PERSONALITY SYNDROME	*68*	
310.2 POSTCONCUSSION SYNDROME	*1*	
310.8 OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE	*1*	
310.9 UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN SYNDROME	*5*	
TOTAL	*78*	*26%*

-1-

MENTAL RETARDATION		
317.0 MILD MENTAL RETARDATION	*3*	
318.0 MODERATE MENTAL RETARDATION	*9*	
318.1 SEVERE MENTAL RETARDATION	*12*	
319.0 UNSPECIFIED MENTAL RETARDATION	*1*	
TOTAL	*25*	*8%*
INFLAMMATORY DISEASES OF THE CENTERAL NERVOUS SYSTEM		
323.8 OTHER CAUSES OF ENCEPHALITIS	*1*	*3%*
HEREDITARY AND DEGENERATIVE DISEASES OF THE CENTRAL NERVOUS SYSTEM		
331.0 ALZHEMEIRS DISEASE	*5*	
331.9 CEREBRAL DEGENERATION	*1*	
332.0 PARKINSONS DISEAES	*1*	
333.4 HUNTINGTONS CHOREA	*7*	
334.3 OTHER CEREBELLAR ATAXIA	*1*	
TOTAL	*15*	*5%*
OTHER DISORDERS OF THE CENTRAL NERVOUS SYSTEM		
342.9 HEMIPLEGIA, UNSPECIFIED	*1*	
343.0 DIPLEGIC	*4*	
343.1 HEMIPLEGIA, CONGENITAL	*1*	
343.9 INFANTILE CEREBRAL PALSY, UNSPECIFIED	*3*	
TOTAL	*9*	*3%*
DISORDERS OF THE EYE AND ADNEXA		
365.0 BORDERLINE GLAUCOMA	*1*	
369.0 PROFOUND VISION IMPAIRMENT, BOTH EYES	*1*	
TOTAL	*2*	*6%*
DISEASES OF THE EAR AND MASTOID PROCESS		
389.1 SENSORINEURAL HEARING LOSS	*1*	*3%*
HYPERTENSIVE DISEASES		
401.9 ESSENTIAL HYPERTENSION, UNSPECIFIED	*2*	
402.9 HYPERTENSIVE HEART DISEASE, UNSPECIFIED	*1*	
TOTAL	*3*	*1%*
ISCHEMIC HEART DISEASE		
414.0 CORONARY ATHEROSCLEROSIS	*3*	*1%*
OTHER FORMS OF HEART DISEASE		
428.0 CONGESTIVE HEART FAILURE	*2*	
429.2 HEART DISEASE, UNSPECIFIED	*3*	
TOTAL	*5*	*1%*
CEREBROVASCULAR DISEASE		
434.0 CEREBRAL THROMBOSIS	*6*	
438.0 LATE EFFECTS OF CEREBROVASCULAR DISEASE	*2*	
TOTAL	*8*	*2%*
DISEASES OF VEINS AND LYMPHATICS, AND OTHER DISEASES OF THE CIRCULATORY SYSTEM		
453.8 VENOUS EMBOLISM AND THRONBOSIS OF OTHER SPECIFIED VEINS	*1*	
454.0 VARICOSE VEINS OF LOWER EXTREMES, ULCER	*1*	
TOTAL	*2*	*6%*

CHRONIC OBSTRUCTIVE PULMONARY DISEASES AND ALLIED CONDITIONS		
493.9 ASTHMA, UNSPECIFIED	*1*	
496.0 CHRONIC AIRWAY OBSTRUCTION	*3*	
TOTAL	*4*	*1%*
HERNIA OF ABDOMINAL CAVITY		
551.3 DIAPHROGMATIC HERNIA, GANGRENE	*1*	*3%*
OTHER DISEASES OF DIGESTIVE SYSTEM		
579.3 OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION	*1*	*3%*
OTHER DISORDERS OF FEMALE GENITAL TRACT		
625.6 STRESS INCONTIENCE, FEMALE	*1*	*3%*
DISEASE OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE		
715.0 OSTEOARTHROSIS AND ALLIED DISORDER	*1*	
715.9 OSTEOARTHROSIS, UNSPECIFIED	*2*	
733.0 OSTEOARTHROSIS	*1*	
737.1 KYPHOSIS	*1*	
TOTAL	*5*	*1%*
CONGENITAL ANOMALIES		
741.9 SPINA BIFIDA WITHOUT MENTION OF HYDROCEPHALUS	*1*	
742.1 MICROCEPHALUS	*1*	
759.5 TUBEROUS SCLEROSIS	*2*	
TOTAL	*4*	*1*
SYMPTOMS		
780.3 CONVULSIONS	*11*	
781.7 TETANY, CARPOPEDAL SPASM	*1*	
788.3 INCONTIENCE OF URINE	*1*	
TOTAL	*13*	*4%*
FRACTURE OF LOWER LIMB		
824.9 FRACTURE OF ANKLE, OPEN, UNSPECIFIED	*1*	*3*
MISC. LESS THAN ONE PERCENT		
1.4 STATUS POST TWO STEROTOXIC THALATOMIES	*1*	
6.4 STATUS POST THYROIDECTOMY, MALIGNANCY OF THYROID GLANDS	*1*	
13.1 INTRA. CARTARACT EXTRACTIONS AND PERIPH. IRIDECTOMY	*1*	
46.2 UNSPECIFIED INTESTINAL OBSTRUCTION	*1*	

SUMMARY OF REGIONAL SERVICES
SURVEY QUESTIONNAIRE

SOURCES OF DATA

A total of 264 questionnaires were sent to Region 10[1] and Region 11[2] in the following areas:

- 120 Licensed residential facilities (LRF)
- 52 Developmental achievement centers (DAC)
- 47 County social service agency staff
- 22 Semi-independent living skill facilities (SILS)
- 12 County nurses
- 12 Associations of Retarded Citzens (ARC)

Ninety-six or 36% of the survey questionnaires were returned. ARCs had the highest return rate at 50% (6 of 12), followed by LRFs with 42%, county social service agency staff (38%), SILSs (32%), DACs (27%) and lastly county nurses (9%). Region 10's return rate of 42% was higher than that of Region 11 with a 31% return rate. Table 1 can be consulted for additional information on numbers of survey questionnaires sent and returned.

RESULTS

As Table 1 is viewed and the responses to the need for services analyzed, of greatest significance to regional services is the number of responses (484 or 13% of the total responses) which indicate that services are needed by clients served within the respondent's caseload, program or facility and that they are interested in FRC providing the needed services. This could be translated into 484 current requests for services from FRC. Here a word of caution is needed in the interpretation of the survey results. The LRFs, SILSs and DACs responded to the needs of clients in a specific program or facility while county social service agency staff and ARCs responded to their preceived needs of the larger mentally retarded population within their county which would include the LRFs, SILSs and DACs. Thus, some overlapping may be present in the 484 responses indicating services needed and interested in FRC providing the services.

By breaking down the 484 "#4" responses (services needed and interested in FRC providing service), the data shows that 297 (61%) of those responses

[1]Includes Dodge, Freeborn, Fillmore, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona Counties.

[2]Includes Hennepin and Dakota Counties.

Table 1

Selected Survey Results

REGION 10	# Surveys Sent	# Surveys Returned	% Returned	Response #1 n/%	Response #2 n/%	Response #3 n/%	Response #4 n/%	Total Pos/Act/%
Group Homes	44	23	52%	113/12%	608/66%	54/6%	145/16%	966/920/95%
SILS Supervised Independent Living Services	14	5	36%	34/19%	130/72%	0/0	17/9%	210/181/86%
DAC Day Activity Center	20	9	45%	106/32%	140/42%	24/7%	64/19%	378/334/88%
County Nursing	11	1	9%	0/0	41/100%	0/0	0/0	42/41/98%
ARC Assoc. Retarded Citizens	10	5	50%	79/64%	34/27%	9/7%	2/2%	210/124/59%
County S.W (Social Workers)	26	10	38%	63/15%	259/62%	27/7%	67/16%	420/416/99%
TOTAL:	125	53	42%	395/19%	1212/60%	114/6%	295/15%	2226/2016/91%
REGION 11								
Group Homes	76	27	36%	314/28%	725/65%	21/2%	61/5%	1134/1121/99%
SILS	8	2	25%	10/12%	70/88%	0/0	0/0	84/80/95%
DAC	32	5	17%	37/18%	156/74%	6/3%	10/5%	210/209/99%
County Nursing	1	0	-	-	-	-	-	-
ARC	2	1	50%	0/0	42/100%	0/0	0/0	42/42/100%
County S.W.	21	8	38%	5/1%	171/58%	2/1%	118/40%	336/296/88%
TOTAL:	139	43	31%	366/21%	1164/66%	29/2%	189/11%	1806/1748/97%
REGIONS 10 & 11								
Group Homes	120	50	42%	427/21%	1333/65%	75/4%	206/10%	2100/2041/97%
SILS	22	7	32%	44/17%	200/76%	0/0	17/7%	294/261/89%
DAC	52	14	27%	143/26%	296/54%	30/6%	74/14%	588/543/92%
County Nursing	12	1	8%	0/0	41/100%	0/0	0/0	42/41/98%
ARC	12	6	50%	79/48%	76/46%	9/5%	2/1%	252/166/66%
County S.W.	47	18	38%	68/10%	430/60%	29/4%	185/26%	756/712/94%
TOTAL:	265	96	36%	761/20%	2376/63%	143/4%	484/13%	4032/3764/93%

Response #1 Service is not needed
Response #2 Service is needed & available in the community/area
Response #3 Service is needed & not available in community/area
Response #4 Service is needed & interested in FRC providing service

were made by LRF, SILS and DAC personnel and 187 (39%) were made by county social service agency staff or ARC personnel. This still leaves a minimum 297 direct requests for services from FRC.

Region 10 and 11 LRFs accounted for 206 or 69% of the "#4" responses with Region 10 and 11 DACs providing 74 or 25% of the "#4" responses when one analyzes the origin of these 297 requests for service.

It is interesting to note that LRFs (5%), ARCs (0%), SILSs (0%) and DACs (5%) in Region 11 responded with little interest in FRC providing services to their clients. Either the services listed were not needed by their clients or if they were needed, they were available in the area. However, 40% of the responses from Region 11 county social service agency staff indicated that services were needed and were interested in FRC providing the services. One possible reason for the difference in responses is that county social service agency staff responded for a broader population then the populations represented by the LRF, SILS and DAC responses. This is an area that will need follow-up between the responding social service agency personnel and the FRC Regional Services Coordinator.

Region 10 LRFs (16%), SILSs (9%) and DACs (19%) and county social service agency staff (16%) were more uniform in their indication of needs and interest in FRC providing services to their clients.

Comparing the rural (Region 10) vs urban/suburban (Region 11) data some significant differences do exist. The Region 10 LRFs, SILSs and DACs indicated a greater need for FRC providing their clients services (a total of 226 "#4" responses) than did the Region 11 LRFs, SILSs and DACs (71 "#4" responses). Thus, Region 10's LRFs, SILSs and DACs indicated 3 times the need for FRC providing them services than those needed by the same facilities and programs in Region 11. In reverse, the Region 11 county social service staff were more interested in FRC providing their client services than were the Region 10 county social service staff.

The survey questionnaires were also reviewed to ascertain the number of "4" responses in each service area listed on the questionnaire. It is interesting to note that every service area listed on the questionnaire received at least one "#4" response. Also note that with 96 questionnaires being returned, the number of "#4" responses indicated is a close approximation of the percentage of respondents interested in having FRC provide that service. As an example, 59 responses indicated that staff development services were needed - this is approximately 59% of the returned survey questionnaires.

Following is a rank ordering of the services listed and the number of "#4" responses for that service:

1.	Staff development services - direct service	31
2.	Staff development services - consultation	28
3.	Psychological services - consultation	25
4.	Occupational therapy services - direct service	24
5.	Residential program services - direct service	21
6.	Day program services - consultation	20
	Psychological services - direct services	20
7.	Library services - direct services	19
8.	Library services - consultation	16
9.	Residential program services - consultation	15
10.	Music therapy services - consultation	14
	Medical services - consultation	14
	Purchase of medications at FRC cost	14
	Vocational services - consultation	14
	Occupational therapy services - consultation	14
11.	Industrial education services - direct	12
	Volunteer services - consultation	12
	Speech and hearing services - consultation	12
12.	Executive/management services - consultation	11
13.	Recreation therapy services - consultation	10
	Industrial education services - consultation	10
	Physical therapy services - consultation	10
	Home economics - direct	10
	Administrative services - consultation	10
14.	Horticulture services - consultation	9
	Physical therapy - monitoring	9
	Pharmacy services - information on medication	9
15.	Dietary services - FRC as vendor for supplements	8
	Physical therapy - assessment	8
	Home economics - consultation	8
	Administrative services - direct	8
16.	Music therapy - direct	7
	Recreation therapy services - direct	7
	Nursing services - training	7
17.	Nursing services - consultation	6
18.	Pharmacy services - consultation	5
19.	Dental services - training	4
20.	Medical services - direct	2
	Dental services - direct	2
21.	Medical laboratory services - direct	1

One hundred and thirty-four surveys were sent to County Social Service Agencies, residential facilities, Regional Services Specialists, day program and special education directors, Department of Jobs and Training Offices in region 10 and 11. Of the 134 surveys sent there was a potential of 126 responses. In all, sixty-four (42%) of the surveys were returned. Sixty-one (94%) of the responses indicated interest in some of the services listed in the survey.

The following is a rank ordering of services checked by the respondents.

66% (42) - Staff Development-monthly listing of courses, workshops, conferences, etc.
56% (36) - Behavior Management consultation
47% (30) - Direct staff training
41% (26) - Consultation in staff training
39% (25) - Assessment of maladaptive behavior
- Evaluation and assessment of MR Sex offender
- Occupational Therapy-Adaptive equipment/learning devices
34% (22) - Program consultation for MR Sex offenders
- Access to professional resource material and literature, inter-library loan system
30% (19) - Behavior management - medication evaluation and adjustment
28% (18) - Assessment of dual diagnosis (MR/MI) clients
- Speech and language evaluation
- Program consultation for dual diagnosis clients
27% (17) - Behavior management-direct service
- Recreation therapy - game and equipment adaptation
- Occupational therapy assessment
- Speech and Hearing - program consultation and development
25% (16) - Group therapy for MR sex offenders
- Consultation for day program development for special needs clients
- Consultation for community integration training
- Consultation for development of community supported employment
23% (15) - Physical therapy - Program development
- Psychological testing and evaluation
22% (14) - Audiological evaluation
- Physical therapy - Clinical assessment
- Occupational therapy program design
- Consultation for Volunteer Services
- Respite care - general
20% (13) - Physical therapy - Wheelchair adaptation
- Consultation for Music Therapy
- Consultation for Recreation Therapy
- Respite care - adult
17% (11) - Speech and Hearing - direct service
16% (10) - Dual diagnosis clients - direct service
- Library services consultation re: client appropriate materials
- Consultation re: State and Federal regulations related to development of day program services
- Community supported employment - direct service

14% (09) - Recreation therapy-fitness programs
- Recreation therapy assessment
- Medical respite care
- Medical respite care - adult
- Day program, habilitation, and work training services - Vocational assessment

13% (08) - Music therapy - direct service
- Physical therapy - direct service
- Medication purchase at FRC cost
- Family counseling
- Nursing consultation

11% (07) - Respite care - children
- Community integration training - direct service
- Dental services - Direct service
- Dental services - Consultation
- Medical services - Consultation
- Day program, habilitation, and work training services - Marketing strategies
- Medical respite - child
- Nutritional assessment
- Pharmacy - consultation

09% (06) - Dental services - oral hygiene training
- Day program, habilitation, and work training services -
- Direct Service
- Nursing assessments

08% (05) - Development, organization and licensure of work environment and program-consultation
- Work activity training

06% (04) - Residential program services- consultation
- Therapeutic diets

05% (03) - Menu planning
- Religious education-consultation
- Medical Lab services
- Resale/vendor for hard to obtain nutritional supplies or dietary products
- Recreation therapy - direct service
- Nursing - direct service
- Case management
- Industrial education - consultation

03% (02) - Typing/word processing
- Home economics services-skill development in nutrition, shopping, cooking, self care and family living, adaptive aids

02% (01) - Laundry services

County Social Service Agencies received surveys with four additional, open-ended questions. Of the thirteen counties sent applications ten have responded. Those responses appear to indicate:

1. Interest in a small unit for MR-CD clients
2. Interest in a unit for an MR/MI unit in region 10
3. Interest in availability of crisis intervention team
4. Interest in regional library/training services

NAME:_____TITLE:_____

AGENCY:_____TELEPHONE:_____

ADDRESS:_____

The following is a list of services which are or might be available, through Faribault Regional Center, to community based clients and/or service providers. Please check those that you would be interested in using if they were available to your facility or clients.

1. Staff Development Services

_____Consultation
_____Monthly listing of courses, workshops, conferences, seminars, etc. of which we are aware
_____Direct Training (If you are interested in knowing what is currently available through FRC you may contact the Staff Development Department; (507)332-3344.

2. Behavior Management

_____Consultation
_____Direct Service
_____Medication Evaluation/Adjustment

3. Psychological Testing and Evaluation

Assessment of:
_____Intellectual Functioning
_____Maladaptive Behavior
_____
_____

4. Occupational Therapy

_____Program Design
_____Adaptive Equipment/Learning Devices
_____Client Assessment

5. Speech and Hearing

_____Audiological Evaluation
_____Speech and Language Evaluation
_____Program Development and Consultation
_____Direct Service

6. Physical Therapy

_____Client Assessment
_____Program Development
_____Wheelchair Adaptation
_____Direct Service

7. Dietary Services

_____Menu Planning
_____Therapeutic Diets
_____Nutritional Assessments
_____Resale/Vendor for hard to obtain nutritional supplements or dietary products
_____Baked Goods

8. Recreation Therapy

_____Client Assessment
_____Program Consultation
_____Equipment and Game Adaptation
_____Fitness Programs
_____Direct Service

9. Nursing Services

_____Consultation
_____Client Assessment
_____Direct Service

10. Pharmacy Services

_____Consultation
_____Medication Purchase at FRC cost

11. Dental Services

_____Direct Service
_____Consultation
_____Oral Hygiene Training

12. Medical Services

_____Consultation
_____Direct Service-physical examination, diagnosis, clinical and lab follow-up in epilepsy, C.P., etc.

13. _____Medical Lab Services-urinalysis, blood chemistry, EKG's, X-rays, microbiological tests, antiepileptic drug serum levels, etc.

14. _____Family Counseling

15. MR Sex Offender Services

_____Evaluation and Assessment
_____Program Consultation
_____Group Therapy

16. _____Case Management for Non-FRC Clients

17. Music Therapy

_____Consultation
_____Direct Service

18. _____Volunteer Services-Consultation

19. Day Program, Habilitation, and Work Training Services

_____Consultation
_____Development of Day Program Services State and Federal Rules and Regulations
_____Program development for special needs clients
_____Home Economics Services-skills in nutrition, shopping, cooking, self-care and family living, adaptive aids
_____Horticulture Services-program development
_____Industrial Education Services
_____Marketing Strategies
_____Development, organization and licensure of work environments and programs
_____Development of community supported employment programs
_____Direct Service
_____Day Program Services
_____Work Activity Training
_____Community Supported Employment
_____Vocational Assessment

20. Residential Program Services

_____Consultation
_____Direct Service-respite care
_____Adult
_____Child
_____Medical Respite
_____Adult
_____Child
_____Dual Diagnosis Clients
_____Assessment
_____Program Consultation
_____Direct Service

21. Library Services
_____Consultation-client appropriate materials
_____Direct Service-access to professional resource materials and literature, interlibrary loan system

22. Community Integration Training

_____Consultation
_____Direct Services

23. _____Religious Education Consultation

24. _____Typing/Word Processing

25. _____Laundry Services

Are there services for which you see a need that are not listed above?

_____Community Integration Training
_____Consultation
_____Direct Services

_____Religious Education Consultation

_____Typing/Word Processing

Are there services for which you see a need that are not listed above?

Faribault, Post No. 43

American Legion

DEPARTMENT OF MINNESOTA

512 North Central Avenue
FARIBAULT, MINNESOTA 55021

The Faribault Regional Center is a viable community service for Minnesotans who have developmental disabilities. It has served this population for over 100 years. Often times as a national leader in the diagonosis, treatment, and habilitation of the residents. At this time proposals to close the facility have been made by the Minnesota Association of Retarded Citizens and the Department of Human Services. and many other organizations see the Faribault Regional Center as a viable community resource for the State of Minnesota.

WHEREAS: The Minnesota Legislature has authorized and funded $60,000.00 to have the community do forward planning as it relates to the Faribault Regional Center, and

WHEREAS: The community of Faribault has established a Planning Task Force to explore expanded uses of the Faribault Regional Center as well as continued use for the developmentally disabled, and

WHEREAS: The Department of Human Services has called for the total phase out of the developmentally disabled by 1995 and has encouraged the exploration of other uses for the Faribault Regional Center, and

WHEREAS: The Planning Task Force has identified substantial service for Veterans in this region and has identified the need for a Veterans Nursing Home in this area of Minnesota which is less than 40 minutes from the Veterans Administration Center in Minneapolis, and has also identified a large group of developmentally disabled persons who can and should remain at the Faribault Regional Center, and

WHEREAS: The Minnesota Veterans Homes governing board headed by retired Major General James G. Sieben has identified the need for at least three outstate Veterans Home facilities, and

WHEREAS: The Minnesota Department of the American Legion st their mid July 1988 convention and the National American Legion at their September convention passed a resolution calling for the United States ti provide added medical facilities without cutting other Veterans programs, and

WHEREAS: The Minnesota Department of Human Services announced in September 1988 that the proposal phase out of the developmentally disabled population will cost in excess of $34 million per year, not to mention the loss of investment the state has in the current facilities at the Faribault Regional Center.

Faribault, Post No. 43

American Legion

DEPARTMENT OF MINNESOTA

512 North Central Avenue
FARIBAULT, MINNESOTA 55021

THEREFORE BE IT RESOLVED: That the
endorses and supports the creation of three additional Veterans Homes in the State of Minnesota, and

BE IT FURTHER RESOVLED: That the
further recommends that the underutilized space at the Faribault Regional Center be used to establish one of these three Veterans Nursing Homes, and

BE IT FURTHER RESOLVED: That the
supports the continued use of the Faribault Regional Center for the developmentally disabled, especially for that group of individuals for whom habilitation and medical care can be provided more consistently and reasonably at the Faribault Regional Center, thus saving the state projected tax expenditures proposed in September by the Department of Human Services, and

BE IT FURTHER RESOLVED: That the
encourage other groups of Veterans, other interested parties, and other interested groups to support this resolution so that a wide base of affirmative support is developed on behalf of a Veterans Nursing Home at the Faribault Regional Center and continued programs for the developmentally disabled at the Faribault Regional Center,

RESOLVED, that the be directed to send a copy of this resolution to the following parties;

Governor Rudy Perpich
General James Sieben
Senator Clarence Purfferest
Representative Peter Rodosovich

MINNESOTA

VETERAN POPULATION BY SEX, COUNTY AND PERIOD OF SERVICE AS OF MARCH 31, 1987 PAGE: 178

COUNTY	TOTAL VETERANS	WARTIME VETERANS						PEACETIME VETERANS			
		TOTAL	VIETNAM ERA	KOREAN CONFLICT				TOTAL	POST-VIETNAM ERA	SERVICE BETWEEN KOREAN CONFLICT AND VIETNAM ERA ONLY	OTHER PEACETIME VETERANS
			NO SERVICE IN KOREAN CONFLICT	TOTAL	NO SERVICE IN WORLD WAR II	WORLD WAR II	WORLD WAR I				
SEX: BOTH SEXES											
TOTAL	498,100	390,900	156,300	152,200	87,100	76,800	158,300	3,600	107,200	42,300	60,300	4,600
AITKIN	1,640	1,330	430	420	260	220	660	30	310	120	170	20
ANOKA	27,160	20,310	10,230	10,020	4,780	4,330	5,940	10	6,850	2,730	3,950	170
BECKER	3,150	2,470	900	870	560	490	1,070	40	690	280	370	40
BELTRAMI	3,830	3,000	1,170	1,140	650	570	1,260	30	830	390	410	30
BENTON	2,760	2,080	940	920	410	360	770	30	680	330	320	20
BIG STONE	700	550	160	150	140	120	270	10	150	50	90	10
BLUE EARTH	5,350	4,020	1,580	1,540	840	730	1,700	40	1,330	700	590	50
BROWN	2,750	2,160	820	800	510	450	890	30	580	220	340	20
CARLTON	3,640	2,890	1,040	1,000	700	620	1,230	40	750	310	410	30
CARVER	4,420	3,360	1,660	1,630	720	650	1,060	20	1,060	430	600	30
CASS	2,760	2,230	730	700	480	410	1,090	30	530	210	300	30
CHIPPEWA	1,360	1,090	400	390	270	230	450	10	270	100	160	10
CHISAGO	3,260	2,510	1,100	1,070	540	480	930	30	750	280	440	30
CLAY	5,030	3,780	1,540	1,500	920	820	1,420	30	1,250	620	590	40
CLEARWATER	1,020	780	310	300	170	150	320	20	230	100	130	10
COOK	610	510	150	140	110	100	260	10	100	30	60	10
COTTONWOOD	1,180	920	370	360	210	190	360	20	250	90	150	10
CROW WING	5,310	4,210	1,310	1,270	930	800	2,080	60	1,100	440	590	70
DAKOTA	28,550	21,910	10,870	10,650	6,840	6,360	6,850	50	6,630	2,330	4,110	190
DODGE	1,480	1,090	520	510	240	220	350	10	390	170	210	10
DOUGLAS	3,110	2,370	990	970	480	420	950	30	740	340	380	30
FARIBAULT	1,770	1,410	480	460	340	300	630	10	360	130	200	20
FILLMORE	2,020	1,620	590	570	370	320	690	30	400	140	240	20
FREEBORN	3,890	3,040	1,070	1,040	710	630	1,310	60	850	330	480	40

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MINNESOTA

VETERAN POPULATION BY SEX, COUNTY AND PERIOD OF SERVICE AS OF MARCH 31, 1987 PAGE: 179

COUNTY	TOTAL VETERANS	...WARTIME VETERANS							PEACETIME VETERANS			
		TOTAL	VIETNAM ERA		KOREAN CONFLICT							
			TOTAL	NO SERVICE IN KOREAN CONFLICT	TOTAL	NO SERVICE IN WORLD WAR II	WORLD WAR II	WORLD WAR I	TOTAL	POST-VIETNAM ERA	SERVICE BETWEEN KOREAN AND VIETNAM ERA	OTHER PEACETIME VETERANS
SEX: BOTH SEXES (CONTINUED)												
GOODHUE	4,080	3,110	1,270	1,240	650	570	1,250	50	970	370	560	40
GRANT	690	560	200	190	100	90	270	20	130	40	80	10
HENNEPIN	134,360	107,830	41,810	40,680	23,530	20,510	45,670	970	26,530	9,750	15,480	1,300
HOUSTON	1,940	1,570	580	570	330	290	670	40	370	130	220	20
HUBBARD	1,820	1,440	470	460	330	290	670	30	380	150	210	20
ISANTI	2,670	2,020	950	930	420	380	690	10	650	240	380	20
ITASCA	5,230	4,170	1,530	1,480	940	810	1,840	30	1,060	460	560	40
JACKSON	1,350	1,050	360	350	260	230	450	20	300	130	150	20
KANABEC	1,320	1,020	380	370	230	210	430	10	310	120	170	20
KANDIYOHI	3,680	2,890	1,180	1,150	640	560	1,120	60	790	330	430	30
KITTSON	630	510	180	180	110	90	230	10	130	40	80	*
KOOCHICHING	2,010	1,620	520	500	380	330	770	20	390	160	210	20
LAC QUI PARLE	940	760	250	250	170	150	350	20	180	60	110	10
LAKE	1,730	1,380	450	440	340	300	630	10	360	160	180	20
LAKE OF THE WOODS	520	390	160	150	70	60	170	10	130	40	90	*
LE SUEUR	2,350	1,820	740	720	410	360	730	10	530	210	290	30
LINCOLN	720	570	210	210	120	100	250	10	150	60	80	10
LYON	2,350	1,770	720	700	390	340	710	20	580	260	300	20
MC LEOD	2,950	2,250	1,070	1,050	460	400	770	20	710	260	420	30
MAHNOMEN	500	380	140	130	90	80	160	*	120	50	70	*
MARSHALL	1,150	910	360	350	170	140	410	10	240	100	130	10
MARTIN	2,800	2,230	780	750	510	440	1,010	30	570	230	300	30
MEEKER	2,100	1,630	570	550	360	320	740	30	460	170	280	20
MILLE LACS	2,030	1,580	570	560	360	310	680	30	450	170	260	20

MINNESOTA

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COUNTY	TOTAL VETERANS	WARTIME VETERANS: TOTAL	VIETNAM ERA: TOTAL	VIETNAM ERA: NO SERVICE IN KOREAN CONFLICT	KOREAN CONFLICT: TOTAL	KOREAN CONFLICT: NO SERVICE IN WORLD WAR II	WORLD WAR II	WORLD WAR I	TOTAL	PEACETIME VETERANS: POST-VIETNAM ERA	SERVICE BETWEEN KOREAN AND VIETNAM ERA ONLY	OTHER PEACETIME VETERANS
SEX: BOTH SEXES (CONTINUED)												
MORRISON	2,830	2,190	820	790	530	470	900	30	640	290	320	30
MOWER	4,640	3,720	1,140	1,100	920	800	1,790	40	920	350	510	60
MURRAY	1,050	830	310	300	200	170	340	20	220	90	120	10
NICOLLET	2,750	2,080	890	870	480	430	760	20	670	300	350	20
NOBLES	2,100	1,610	620	610	390	350	630	30	490	210	260	20
NORMAN	790	640	210	200	140	130	310	10	150	50	90	10
OLMSTED	11,530	8,780	3,930	3,840	2,060	1,860	3,010	70	2,740	1,050	1,590	100
OTTER TAIL	4,810	3,840	1,270	1,230	880	770	1,750	90	980	360	560	60
PENNINGTON	1,390	1,070	470	460	240	220	390	10	320	130	180	10
PINE	2,380	1,850	630	610	440	380	820	40	530	230	280	20
PIPESTONE	1,000	790	260	250	200	180	360	10	210	100	100	10
POLK	3,310	2,600	1,010	980	570	500	1,080	40	710	270	410	30
POPE	1,160	930	320	310	200	170	430	10	230	100	110	10
RAMSEY	59,480	47,520	17,180	16,670	10,540	9,170	21,260	420	11,960	4,710	6,620	630
RED LAKE	510	400	170	160	90	80	150	10	110	40	60	*
REDWOOD	1,850	1,480	500	480	330	280	690	30	370	130	230	20
RENVILLE	1,870	1,500	530	520	340	300	650	40	380	150	210	20
RICE	4,550	3,510	1,550	1,520	770	690	1,240	60	1,040	410	580	40
ROCK	890	690	230	220	190	170	280	20	200	70	120	10
ROSEAU	1,220	970	400	390	180	160	410	10	260	100	150	10
ST. LOUIS	26,070	20,780	7,370	7,150	4,650	4,040	9,460	130	5,290	2,330	2,730	240
SCOTT	5,160	3,910	1,940	1,900	880	790	1,190	30	1,250	420	780	40
SHERBURNE	3,660	2,720	1,400	1,370	560	500	830	10	940	410	500	30
SIBLEY	1,400	1,100	400	390	270	240	450	30	300	100	180	20

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VETERAN POPULATION BY SEX, COUNTY AND PERIOD OF SERVICE AS OF MARCH 31, 1987 PAGE: 181

COUNTY	TOTAL VETERANS	WARTIME VETERANS: TOTAL	WARTIME: VIETNAM ERA: TOTAL	WARTIME: VIETNAM ERA: KOREAN CONFLICT	WARTIME: KOREAN CONFLICT: TOTAL	WARTIME: KOREAN CONFLICT: NO SERVICE IN WORLD WAR II	WARTIME: WORLD WAR II	WARTIME: WORLD WAR I	PEACETIME VETERANS: TOTAL	PEACETIME: POST-VIETNAM ERA	PEACETIME: SERVICE BETWEEN KOREAN AND VIETNAM ERA ONLY	PEACETIME: OTHER PEACETIME VETERANS
SEX: BOTH SEXES (CONTINUED)												
STEARNS	11,750	8,960	3,810	3,720	1,940	1,710	3,450	80	2,790	1,400	1,300	90
STEELE	3,010	2,360	980	960	530	470	910	30	650	270	360	30
STEVENS	850	680	220	210	160	140	320	10	180	70	100	10
SWIFT	1,080	860	270	260	200	180	410	20	220	100	100	10
TODD	2,370	1,830	710	690	430	380	710	50	540	210	300	30
TRAVERSE	500	410	110	110	110	100	190	10	90	30	60	10
WABASHA	1,910	1,500	570	560	320	280	640	20	410	180	220	20
WADENA	1,440	1,140	400	390	260	230	490	30	310	120	170	20
WASECA	1,830	1,430	630	620	280	240	560	10	400	170	210	20
WASHINGTON	15,770	11,940	5,530	5,400	2,920	2,640	3,830	70	3,830	1,330	2,360	130
WATONWAN	1,290	1,030	340	330	240	210	470	30	260	100	150	10
WILKIN	700	530	180	180	140	130	220	*	170	70	90	10
WINONA	4,820	3,740	1,450	1,410	750	650	1,620	60	1,090	530	500	50
WRIGHT	6,360	4,860	2,340	2,300	980	870	1,650	40	1,500	590	860	50
YELLOW MEDICINE	1,290	1,000	330	320	240	210	460	20	290	110	160	10
SEX: MALE												
TOTAL	480,000	379,800	151,900	147,900	85,800	75,500	152,700	3,700	100,200	37,700	59,200	3,300
AITKIN	1,610	1,310	420	410	250	210	660	30	300	110	170	10
ANOKA	26,290	19,860	9,970	9,760	4,710	4,280	5,810	10	6,430	2,410	3,890	140
BECKER	3,030	2,380	880	850	540	480	1,020	30	650	260	360	20
BELTRAMI	3,770	2,970	1,150	1,120	650	560	1,250	30	800	370	400	30
BENTON	2,670	2,030	910	900	410	360	740	30	640	310	310	20
BIG STONE	690	550	160	150	130	120	260	10	140	50	90	10
BLUE EARTH	5,070	3,890	1,510	1,470	830	720	1,660	40	1,190	580	580	30
BROWN	2,640	2,080	790	760	500	450	850	30	550	200	330	20
CARLTON	3,540	2,830	990	960	700	610	1,220	40	710	280	400	30