Volume II

Array of Services:

The Facilities

Construction Plan

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A COMPREHENSIVE PLAN TO COMBAT MENTAL RETARDATION IN THE STATE OF MINNESOTA

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Report to the Governor

A COMPREHENSIVE PLAN TO COMBAT MENTAL RETARDATION IN THE STATE OF MINNESOTA

VOLUME II. ARRAY OF SERVICES:

THE FACILITIES CONSTRUCTION PLAN

Prepared by the Minnesota Mental Retardation Planning Council

April, 1966

Centennial Office Building

St. Paul, Minnesota 55101

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STATE OF MINNESOTA
MENTAL RETARDATION PLANNING COUNCIL
CENTENNIAL BUILDING
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March 1, 1966

Honorable Karl F. Rolvaag
Governor of Minnesota
Room 130 - State Capitol
St. Paul, Minnesota

Dear Governor Rolvaag:

It is with great pride that we present to you the report of the Mental Retardation Planning Council. The recommendations contained herein are the product of extensive investigation and deliberation. They reflect the work not only of the Planning Council, but also of the Task Forces and Regional Committees whose membership includes hundreds of professional and lay persons from all over the State.

The work of the Planning Council has been financed by Public Law 88-156, which provided for the preparation of a comprehensive State plan to combat mental retardation. Volume I of the plan consists of reports of the nine Task Forces, with many significant recommendations relating to needed improvements in Minnesota's array of services for the mentally retarded. Volume II comprises the Planning Council's recommendations concerning regional deployment of services and the facilities needed to house them. The latter volume also serves as the statewide construction plan, required under the provisions of Public Law 88-164 in order to qualify for Federal matching funds for construction of needed mental retardation facilities.

The neglect of mentally retarded children and adults in our population has moved the members of the Planning Council deeply. These are indeed "children in need". We thank you for the opportunity you have given us to serve them. We beg our fellow citizens to join with you and with us in a great campaign to serve them better.

Children must no longer lie alone on the cold terrazzo floor of an unattended ward, or sit idly in the back room of their home or of a foster home, without schooling or social opportunity or recognition or acceptance. Retardation can be prevented. It can be ameliorated. The retarded can be helped. This comprehensive plan will guide our efforts—though it is offered with full recognition of the constantly changing pattern of our knowledge, goals and attitudes, and of our abilities and our limitations.

All of us join in enthusiastic endorsement of the contents of these two volumes and look with relish on our new responsibility to implement the recommendations, to translate the dreams of the planners into real-life help and service.

The implementation process will go forward with a two-year Federally supported grant. While the Planning Council is to carry the major responsibility, we will depend heavily on your continuing leadership and will seek the support and understanding of the State legislature, the various State departments of government, the voluntary agencies, and the citizenry at large.

Respectfully submitted,

Sally Luther

(Mrs.) Sally Luther, Chairman
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I. INTRODUCTION

Definitions

Because mental retardation is not a static disease entity, but a changing symptom of a complex interaction of many factors which are not yet completely understood, it is difficult to find a thoroughly satisfactory definition. Three are in common use:

> The mentally retarded are children and adults who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society. (President's Panel, 1962)

> The mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and is relatively ineffective in applying whatever he has learned to the problems of ordinary living; he needs special training and guidance to make the most of his capacities, whatever they may be. (National Association for Retarded Children)

> Mental retardation refers to sub-average general intellectual functioning which manifests itself during the developmental period and is associated with impairment in adaptive behavior. (American Association for Mental Deficiency)

The last of these seems to best embody the limitation in functional characteristics which always attends the symptom called "mental retardation", regardless of how or when it occurs in the life of a given individual. "Sub-average" refers to performance which is greater than one standard deviation* below the population mean of the age group being assessed. Level of "general intellectual functioning" may be evaluated by performance on one or more of the individual objective tests devised for that purpose. The upper age limit of the "developmental period" may be regarded, for practical purposes, as approximately sixteen years. "Adaptive behavior" incorporates maturation, learning, and social adjustment. It is

* A statistical unit expressing difference from the mean of a range of measurements in a sample.

"impairment" in one or more of these aspects of adaptation which determines the need for special or professional services and sometimes for protective legal action.[1]

The term "mental retardation", as used in this report, incorporates all of the meanings which have been ascribed historically to such concepts as amentia, feeblemindedness, mental deficiency, mental subnormality, idiocy, imbecility, moronity, and oligophrenia. "Mental retardation" was chosen because it seems at present to be the preferred and most easily understood term among persons of all disciplines.

It cannot be overemphasized that mental retardation is not a tidy, clearly defined, unchanging entity, but is a function of the way in which society defines, perceives, reacts to, and attempts to cope with the problem.

In the words of Sarason and Gladwin[2]

> Real understanding...can only be approached by paying more than lip service to the fact that this is a social and cultural as well as a biological and psychological problem. In our society the problem looms large—statistically, financially, and emotionally; in most non-European societies it is inconsequential, confined to cases of severe pathological defect who are cared for, as long as they live, with a minimum of distress or dislocation. The difference lies in culturally determined attitudes, behaviors, and criteria of social acceptability... Even a child with a severe defect must be viewed as deficient <u>relative</u> to cultural standards of acceptability; the cause of his deficiency may be organic, but its magnitude is dependent upon social criteria.

Philosophy of Planning and Coordination

The ongoing process of assuring that every retarded individual will receive the combination of services he needs when he needs them is the essence of planning and coordination.

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1. Heber, Rick. "Definition of Mental Retardation". In <u>Mental Retardation, Readings and Resources</u>, ed. Jerome H. Rothstein. Holt, Rinehart and Winston, New York, 1961. P. 9-10.

2. Masland, Richard L., Sarason, Seymour B., and Gladwin, Thomas. <u>Mental Subnormality</u>. Basic Books, New York, 1958. P. 145.

In order to prescribe appropriate care, protection and support for a disabled individual at any given time, and for the mentally retarded in particular, an inclusive array of services must be available. Services for the retarded are usually provided by, through, or within instrumentalities which also minister to the non-retarded, i.e., the family, the professions, and the Departments of Health, Education, and Welfare, as well as other agencies which society has created. Ideally the elements in this array of services should be so intimately related to one another, and so accessible, as to be readily marshalled into a "continuum of care"[3]— a selection, blending and use in sequential relationship of medical, educational, and social services which may be required by a retarded person at any given point in his lifetime. Provision of a continuum of care permits the individual to move freely from one service to another, as his own unique and changing needs demand. A necessary condition for the provision of a continuum of care is coordination, the mustering of all necessary resources in appropriate sequence in order to accomplish a specific mission.

In the past we have all too frequently tried to develop programs on a piecemeal basis without coordinated planning of programs. Numerous agencies and professional disciplines have been actively engaged in providing services for the mentally retarded, yet there has been no organized attempt to bring all of these interests and disciplines together to design a total program for the State.

The keystone to the development of effective services for the mentally retarded is comprehensive planning which takes into account State, regional, and local requirements, as well as the professional and voluntary resources of communities and the administrative and service agencies of government.

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3. The President's Panel on Mental Retardation. A Proposed Program for National Action to Combat Mental Retardation. October, 1962. P. 73.

It is essential that local and regional programs be coordinated and consistent with State-wide programs and objectives. Communities need leadership, guidance, and consultation from the State level to assure that retarded children, wherever they live, have access to services. The State must develop standards for care and the means for enforcement; resources and facilities which transcend local capacity and responsibility; and financial subsidy for certain programs that cannot be supported from local tax avenues alone. The national government must also share in providing support and leadership. Only as responsibilities are fully shared among local, State, and national agencies can comprehensive community programs become a reality. It goes without saying that citizens and citizen organizations must contribute their full and active support. The challenge of translating these concepts of cooperative action into reality is difficult, but by no means insurmountable.

Guidelines for Program Development[4]

1. The mentally retarded are entitled to opportunities for maximum development of their potentialities.

2. A mentally retarded population is heterogeneous and presents a diversity of needs requiring special attention.

3. Not all persons once identified as mentally retarded will necessarily require specialized assistance throughout their lives.

4. The multiple needs of the retarded require the concern of numerous professional groups and agencies.

5. It is desirable that the State assume leadership in the development of a comprehensive program. There may be State, regional, and/or community responsibility for administering various aspects of such a program, with provision at all levels for maximum communication and coordination.

6. The State and the community should examine critically the total needs of the mentally retarded and develop blueprints for a comprehensive program.

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4. For a discussion of each of these statements, see "A Manual of Program Development in Mental Retardation", American Journal of Mental Deficiency, January, 1962, p. 33-48, from which they were adapted.

7. A comprehensive program designed to meet the needs of the retarded should be composed of many essential interrelated parts.

8. A comprehensive program for the mentally retarded should give emphasis to services which are available during the formative years, or as early in the life of the retardate as possible.

9. The integrity of the family unit should be preserved if at all feasible.

10. Programs and services for the mentally retarded should be integrated whenever possible into broad programs for handicapped and non-handicapped persons.

11. The success of any one aspect of an existing program may be highly dependent upon the presence and degree of success of other programs.

12. Since all the various aspects of a comprehensive program are never developed at the same time, consideration must be given to the question of priority of service and research programs which are developed.

13. Each State, region, or community must develop its own pattern of organization for the many aspects of the comprehensive program.

14. Meeting the needs of the retarded is basically a community problem.

15. Legal provisions for programs and services for the mentally retarded should be set forth in broad and flexible descriptive terminology.

16. Although the chief responsibility for providing programs for the mentally retarded should rest with public (governmental) agencies, voluntary agencies will always assume a vital role in this endeavor.

17. Provisions must be made for an adequate evaluation of the needs of the retarded, and often for a trial placement, as a prerequisite for acceptance into a given program.

18. A wisely planned and well-integrated program for the mentally retarded will give emphasis to research aimed at both primary and secondary prevention.

II. PLANNING SERVICES AND FACILITIES FOR MINNESOTA

Minnesota's comprehensive plan to combat mental retardation is arranged in two volumes. Volume I is made up of the reports and recommendations of the nine Task Forces. The present volume, Volume II, comprises a detailed description of the array of services for the retarded which is being developed for each region of the State plus the construction plan for facilities to house these services.

The Facilities Construction Plan, prepared by the Department of Public Welfare pursuant to Title I, Part C, of Public Law 88-164, is based on guidelines to be found in Planning of Facilities for the Mentally Retarded, and in A Proposed Program for National Action to Combat Mental Retardation - The President's Panel on Mental Retardation, as well as on principles evolved by the Mental Retardation Planning Council in the course of developing Minnesota's comprehensive plan.

Advisory Council on Mental Retardation Facilities Construction

In September 1965, Governor Karl F. Rolvaag appointed a State Advisory Council on Mental Retardation Facilities Construction, as required by Section 134, a,3 of Public Law 88-164. Membership includes representatives of State agencies involved in planning, operation, and utilization of facilities for the mentally retarded, and of non-government organizations or groups concerned with education, employment, rehabilitation, welfare, and health, as well as consumers of services provided by the facilities. Members and their affiliations are listed in Appendix A.

The Advisory Council has considered and approved the Facilities Construction Plan and will likewise consider and approve any modifications thereof. The Council will review applications for construction funds and, with the help of guidelines set forth in the State plan, will determine which applications should be supported. It will also review complaints of parties under the Fair Hearing Procedures as set forth in Chapter VII, entitled "Methods of Administration".

Definitions

Section 54.101 of the Regulations for Grants for Constructing Facilities for the Mentally Retarded recommends the following definitions:

1. "Act" means the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (Public Law 88-164).

2. "Region" means the geographic territory from which patients needing services for the mentally retarded come or might be expected to come to existing or proposed facilities for the mentally retarded, the delineation of which is based on such factors as population distribution, natural geographic boundaries, and transportation accessibility. Nothing in the regulations in this part shall preclude the formation of an interstate area with the mutual agreement of the states concerned.

3. "Community service" means that the services furnished by the facility will be available to the general public.

4. "Comprehensive services" means a complete range of the services specified in #54.104 (a) in sufficient quantity to meet the needs of the mentally retarded within the region.

5. "Equipment" means those items which are necessary for the functioning of the facility, and which are considered depreciable and as having an estimated life of not less than five years. Not included are items of current operating expense such as food, fuel, drugs, paper, printed forms and soap.

6. "Surgeon General" means the Surgeon General of the Public Health Service.

7. For purposes of this plan "population" means the latest figures projected by the Minnesota Board of Health, Bureau of Vital Statistics, except for the seven county metropolitan area (Region 4) where projections are based on statistics developed by the Metropolitan Planning Commission.

8. "Regulations" means regulations for grants for constructing facilities for the mentally retarded (general) as authorized in Public Law 88-164, Title I, Part C.

Adequate Services and Facilities

Section 54.104 of the Regulations describes adequate services and facilities as follows:

Adequate Services.

1. Diagnostic services. Coordinated medical, psychological and social services, supplemented where appropriate by nursing, educational or vocational services, and carried out under the supervision of personnel qualified to: (a) diagnose, appraise, and evaluate mental retardation and associated disabilities, and the strengths, skills, abilities and potentials for improvement of the individual; (b) determine the needs of the individual and his family; (c) develop recommendations for a specific plan of services to be provided with necessary counseling to carry out recommendations; and (d) where indicated, periodically reassess progress of the individual.

2. Treatment services. Services under medical direction and supervision providing specialized medical, psychiatric, neurological, or surgical treatment including dental therapy, physical therapy, occupational therapy, speech and hearing therapy or other related therapies which provide for improvement in the effective physical, psychological or social functioning of the individual.

3. Educational services. Services, under the direction and supervision of teachers qualified in special education, which provide a curriculum of instruction for preschool children, for school age children unable to participate in public schools, and for the mentally retarded beyond school age.

4. Training services. Services which provide: (a) Training in self-help and motor skills; (b) training in activities of daily living; (c) vocational training; (d) opportunities for personality development; and (e) experiences conducive to

social development, and which are carried out under the supervision of personnel qualified to direct these services.

5. Custodial services. Services which provide personal care including, where needed, health services supervised by qualified medical or nursing personnel.

6. Sheltered workshop services. Services in a facility which provides or will provide comprehensive services involving a program of paid work which provides: (a) Work evaluation; (b) work adjustment training; (c) occupational training; and (d) transitional or extended employment; and carried out under the supervision of personnel qualified to direct these activities.

Adequate Facilities.

1. The State plan shall provide for adequate facilities for furnishing community service for the mentally retarded for persons residing in the State and for furnishing needed services for persons unable to pay therefor, taking into account the caseload necessary for maintenance and operation of efficient facilities.

2. Facilities for the provision of diagnostic services (see paragraph (a) of this section) shall be planned to serve an annual caseload of not less than 150 or more than 300 retardates: Provided, that modification of this caseload requirement may be approved by the Surgeon General at the request of the State agency if he finds that such modification conforms with acceptable standards of program adequacy.

3. Facilities for treatment services, educational services, training services, custodial services (see paragraph (a) of this section) shall be planned to serve a daily caseload of not less than 40 or more than 200 retardates in facilities providing less than 24-hour a day service, and to serve not less than 40 or more than 500 retardates in facilities providing 24-hour a day service; provided that modification of these caseload requirements may be approved by the Surgeon General at the request of the State agency if he finds that such modifications conform with acceptable standards of program adequacy.

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4. Facilities shall be planned by each State so that all persons in the State shall have access to facilities providing adequate services.

Duration of Plan

The State Plan will be revised at least annually and will be published not later than July of each year. The statistical data included will comprise information for the calendar year previous to the publication of the Plan.

The data reported in this first edition of the State Plan cover the period from January 1, 1965 to December 31, 1965.

Planning Regions

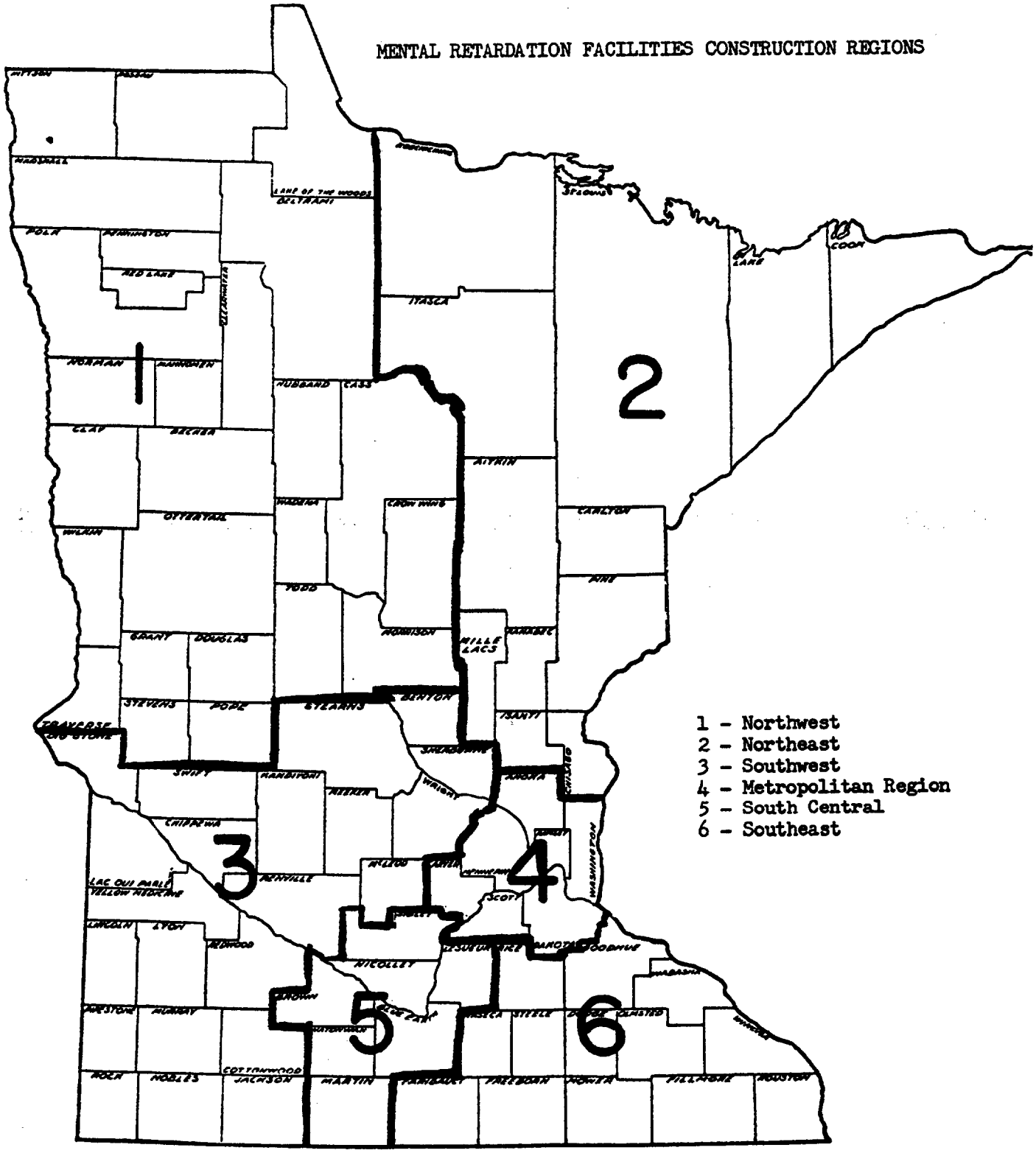
The regulations covering the administration of funds for Public Law 88-164 (Title 42, Part 54, Subpart B) specify that the State be divided into planning regions. Map 1 indicates the six regions which have been designated for purposes of this construction plan. Locations of services and facilities for each region are shown in detail on the six regional maps. Selection of regions was based on a number of factors:

The seven-county Metropolitan Region is so defined because of special characteristics such as rapid population growth, proliferation of services, complexity of governmental structures, and the existence of many planning organizations. In addition, the Metropolitan Planning Commission, a governmental agency created by the 1957 legislature, has compiled an abundance of data concerning this region as a whole.

The other regions were drawn around present population centers, taking into account the existence in each region of colleges, general hospitals, community mental health centers, area vocational schools, State residential facilities for the mentally retarded and mentally ill, and community services for the retarded. Many of the operating State departments which maintain field offices use the same population centers as bases of operation. Recommendations for services to the mentally retarded have been designed to achieve maximum utilization of these

MAP 1

MENTAL RETARDATION FACILITIES CONSTRUCTION REGIONS



existing services and facilities. Mental Health Coordinating Committees, which have been expanded to include responsibility for the mentally retarded, exist in each region. Boundaries created by geographical factors and by patterns of transportation and utilization of general services were also considered.

With the exception of the Metropolitan Region, the mental retardation regions coincide with the mental health regions set forth in the Mental Health Construction Plan. This congruence is advantageous since the Department of Public Welfare administers both mental health and mental retardation construction programs. Mental retardation regions are also very similar to those used by the Department of Health in its hospital planning and construction program. The latter represent well established service areas but do not adhere to county lines.

Data Gathering

Descriptive data pertaining to the regions are drawn from a number of sources. Population figures are based on the 1960 U.S. Census. Other demographic information has been culled from reports of the Metropolitan Planning Commission, the Upper Midwest Economic Study, the Bureau of Vital Statistics of the Minnesota Board of Health, and the Hennepin County Health and Welfare Council, as well as from the State Plan for Hospital Construction and the State Plan for Mental Health Construction. Demographic information has been far more readily available for the Metropolitan Region than for other parts of the State.

Required inventory data has been gathered by county so that it can easily be grouped in any manner that may be helpful to planning agencies. However, it is not intended that regions or counties should constitute rigid boundaries which would prevent individuals from other regions from obtaining available services.

Federal guidelines suggest that the required inventories of existing services and facilities list only those which devote at least fifty percent of their

efforts to serving the retarded. We have also included facilities which serve the retarded as identified in (1) the Public Welfare Directory of Services for the Retarded, 1965; (2) Hennepin and Ramsey County directories, which include some facilities not identified by the State publication; and (3) facilities licensed since these publications have been distributed. The inventories are tabulated by region and are appended to each regional discussion. Most important in these tables is the number of retarded persons being served, not what agency may be rendering a particular service. However, it should be pointed out that inadequacies of present reporting systems make accurate determination of the number of retarded persons in Minnesota, whether receiving service or not, virtually impossible.

Since Federal regulations governing administration of funds for community facilities for the mentally retarded have been interpreted as excluding development of special education classrooms administered by public school systems, we have not incorporated projections of need for special classes. However, Map 7, which shows total numbers of special classes and special class students in the State, has been included in order to present a more comprehensive picture of existing services.

Additional Considerations

Many other factors must be kept in mind in planning services and facilities, particularly when attempting to determine priorities and to weigh individual applications: (1) The possibility of establishment of a comprehensive facility for training and research. Grants for such facilities are made to institutions of higher learning under a separate program (Public Law 88-164, Title I, Parts A and B). (2) The proposed pattern of general hospital development, described in detail in the Annual Revision of the Minnesota State Plan for Hospitals, Public Health Centers, and Related Medical Facilities. (3) The Mental Health Center Construction Plan (Title II, Public Law 88-164), as well as the existence of twenty-

three State-supported Community Mental Health Centers. (4) The pending availability of funds under Public Law 88-101 for construction and staffing of sheltered workshops. This program would be administered by the Division of Vocational Rehabilitation, Department of Education. (5) The long-range effect of various Federal programs such as Medicare, Child Health Care, Economic Opportunity Program, Public Law 89-10, etc. (6) The actions of the biennial legislative session.

An over-riding consideration in planning for all services is feasibility. A given service may be badly needed in a given region, but unless there is at least a nucleus of staff and other resources present in the region it may be impracticable and even impossible to embark on setting up the service.

III. DESCRIPTION OF SERVICES

Diagnosis and Evaluation

Diagnosis is usually thought of as a medical term which implies evaluation of an individual's symptoms by a physician to determine causes and, if possible, to devise a plan for treatment. Although diagnosis of mental retardation follows a similar pattern, there are important differences. If a child shows behavioral symptoms which indicate possible retardation, a thorough physical examination is but one step in the diagnostic process. An adequate social history—personal, familial, and environmental—is indispensable. A complete psychological evaluation is often essential. Observation of the child's development over a period of weeks or months, together with parent counseling sessions, may be necessary in order to assess capabilities and limitations. Diagnosis becomes a continuing process of total evaluation and observation over a considerable period of time, generally requiring a team approach by members of various professional disciplines. Only through the interrelationship of these professional judgments does a complete and balanced picture emerge.

We know enough about causes of retardation to know that they are not always irreversible. We know that an individual is perceived as retarded in relation to the particular milieu in which he lives. We also know that suitable care and training can frequently enable retarded persons to become self-sufficient, productive adults who are able to make a contribution to the life of the community. Continuing evaluation, movement within and among programs, and the gaining of constructive life experiences are as necessary to the development of retarded persons as they are to "normal" development.

Comprehensive diagnostic services include the basic elements of total evaluation, as described more fully in the report of the task force on Prevention, Diagnosis and Treatment. (Volume I) The most desirable method of providing for

comprehensive diagnostic services is embodied in the concept of the Child Development Center, also outlined in the task force report. Such a Center ideally embraces a "core" team of pediatrician, public health nurse, social worker, and psychologist, with provision for consultant services, as needed, from psychiatrists, speech and physical therapists, orthopedists, ophthalmologists, dentists, and others. Extensive laboratory facilities should also be available.

While we do not know how many persons might be referred to a diagnostic service in any given community, rules of thumb are available to help place services in proper perspective. The U. S. Department of Health, Education, and Welfare suggests that a number of new referrals per year might be 200-300 per million population.[5] This estimate does not include those clients who are not diagnosed as mentally retarded nor does it include re-evaluations. Addition of these two patient categories might easily double total intake. Experience at the demonstration project Child Development Center at Fergus Falls over a three year period indicates that the core team described above can evaluate approximately 150 new referrals per year.

Statements of County Welfare Department executives in response to a recent survey conducted by the project staff revealed that in most counties methods of diagnosing mental retardation are inadequate, as are the majority of definitions of mental retardation cited in the same survey. (See Vol. I). The current status of diagnostic services in Minnesota is illustrated on Map 2. At present the only comprehensive diagnostic facilities in the State (outside of the Metropolitan Region) exist at the Mayo Clinic in Rochester and at the Child Development Centers at Fergus Falls and at Owatonna. The latter is not yet fully staffed.

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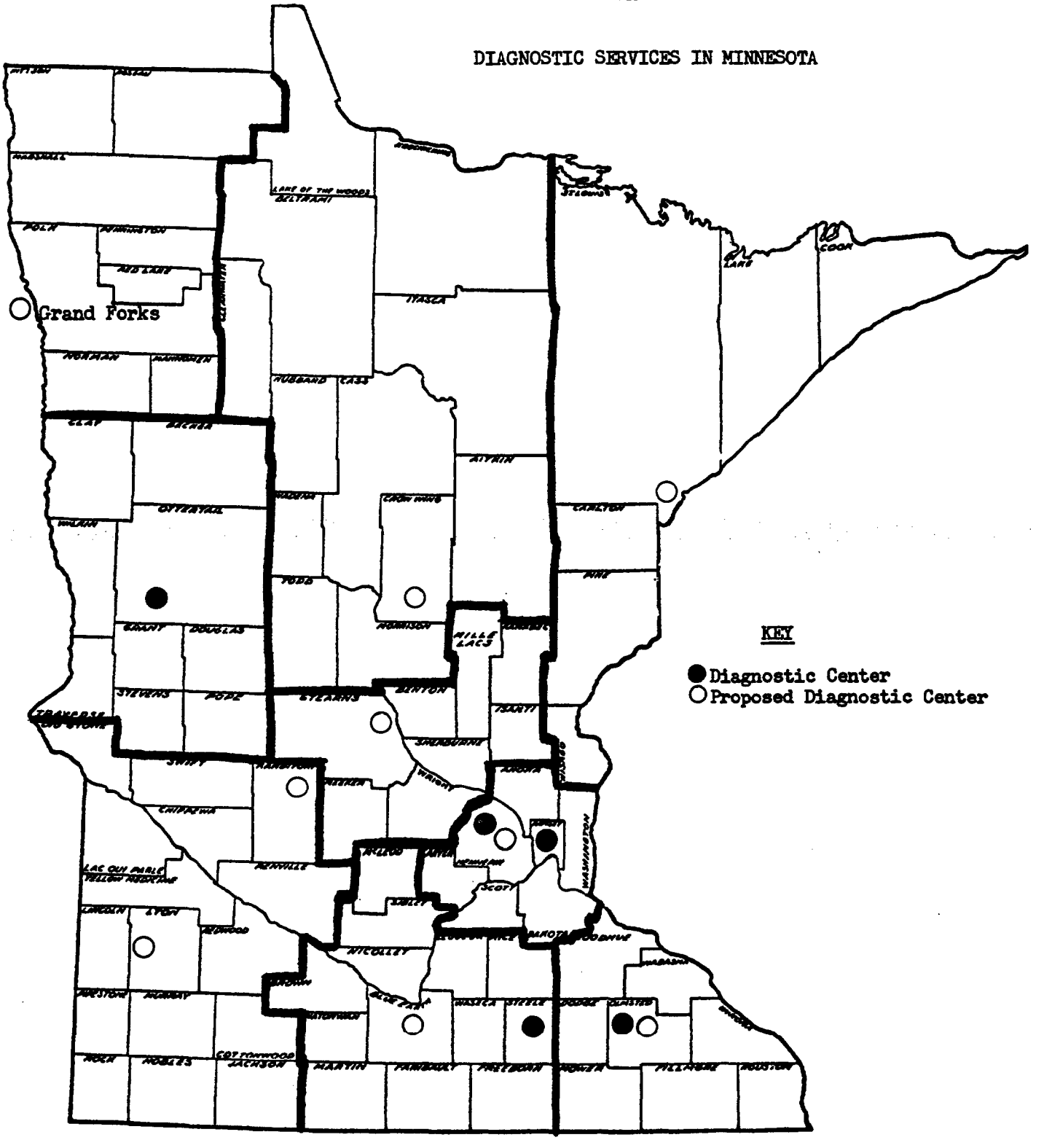
5. U.S. Dept. of Health, Education, and Welfare. Planning of Facilities for the Mentally Retarded. Report of the Public Health Service Committee on Planning Facilities for the Mentally Retarded. November, 1964.

MAP 2

DIAGNOSTIC SERVICES IN MINNESOTA



Other existing diagnostic services are too fragmented to be shown on the map. Comprehensive diagnostic services are proposed as follows:

1. Rochester. Rochester State Hospital, Mayo Clinic, and the Olmsted Medical Group to serve Southeastern Minnesota: Goodhue, Wabasha, Dodge, Olmsted, Winona, Mower, Fillmore, and Houston counties.

2. Existing Child Development Centers at Fergus Falls and Owatonna should be expanded to serve the following counties:

   a. Fergus Falls. To serve Clay, Becker, Wilkin, Ottertail, Grant, Douglas, Traverse, Stevens, and Pope counties.

   b. Owatonna. To serve McLeod, Sibley, Nicollet, Brown, LeSueur, Rive, Watonwan, Blue Earth, Waseca, Steele, Martin, Faribault, and Freeborn counties.

3. Grand Forks, North Dakota. To serve the Northwest: Kittson, Roseau, Marshall, Pennington, Red Lake, Polk, Norman, and Mahnomen counties. North Dakota is currently applying for a Federal grant to set up in Grand Forks a project similar to the Four County projects. The additional Minnesota population would supply a large enough population base to warrant such a center. Crookston, which has a Community Mental Health Center as well as a satisfactory medical complex, is only 25 miles away.

4. Brainerd. Brainerd State School and Hospital to serve Lake-of-the-Woods, Beltrami, Clearwater, Koochiching, Itasca, Hubbard, Wadena, Cass, Crow Wing, Aitkin, Todd, and Morrison counties. Brainerd would function as the "back stop" for this region. Traveling clinics would probably have to go out from Brainerd because distances in this area are great. Little Falls Mental Health Center would provide psychiatric consultation services. It is suggested that the Brainerd State School and Hospital initiate a two-year pilot project to test the feasibility of providing comprehensive diagnostic services. Funding might come jointly from Federal and State sources.

5. Duluth-Superior. To serve the Northeast: St. Louis, Lake, Cook, Carlton, and Pine counties. Duluth is a population center, with many resources including a Community Mental Health Center, three colleges, two daytime activity centers, a children's home, several hospitals, and a new rehabilitation center.

6. St. Cloud. To serve Stearns, Benton, Mille Lacs, Kanabec, Meeker, Wright, Sherburne, Chisago, and Isanti counties. St. Cloud has an excellent medical complex, a Community Mental Health Center, a State College, and two nearby private colleges. A group of physicians, educators, and others are considering establishment of a Child Development Center at St. Cloud.

7. Southwest. The West Central Mental Health Center is proposing a Child Development Center at Willmar, which would utilize the services of the Community Mental Health Center staff, as well as medical and hospital services available in the area.

Long range planning should include the possibility of a small comprehensive State institution for the retarded in Marshall, which is also the site of the new Southwest State College and the Western Mental Health Center. Such an institution might provide diagnostic services as well. Until the community is built up to the point where it can attract the necessary professional personnel, it probably would be unwise to build this facility. In the meantime these counties should organize their medical communities for the purpose of developing diagnostic services, and should look toward Willmar, Mankato, Rochester, and Sioux Falls, South Dakota for necessary services.

8. Metropolitan Region. University Hospitals in Minneapolis provide the only comprehensive diagnostic service. However there are many partial services. St. Paul-Ramsey Hospital has received a Federal grant for a diagnostic facility which should be able to accommodate about 300 new cases a year. An evaluation center for physically handicapped children is proposed at Fairview Hospital in Minneapolis. Other locations mentioned are North

Memorial Hospital and Childrens Hospital in Minneapolis. It is not feasible to recommend establishing Child Development Centers where there is neither the professional community to offer services nor the population to support them. However, the use of such Centers for diagnosis of all handicaps could broaden the base of support in the following ways: provide a larger patient population; facilitate case-finding, since mental retardation often appears in conjunction with other handicaps; attract a larger and more diversified group of qualified professional personnel by virtue of the variety of presenting cases and the excellent opportunities for research which could be afforded by the clinic; increase eligibility for financial support, research grants, and training stipends from a wide spectrum of services.

Daytime Activity Services

Daytime activity services are performed on a less than twenty-four hour basis and include daytime activity centers, religious education, and recreational activities.

Daytime Activity Centers. Daytime activity centers provide training services for retarded persons on a less than twenty-four hour basis. The task force on Community Based Services has spelled out in detail the ingredients necessary for a daytime activity center. Centers may offer activities for school-age retarded children who are not eligible for educable or trainable classes in the public schools; for retarded children who are too young to attend school; and for adults who are unable to engage independently in community activities. Centers should also provide family counseling services.

In Minnesota many daytime activity centers function in churches, public libraries, private homes, or remodeled buildings; there are no buildings in the State which have been specifically designed for this purpose.

The skeleton for a good Statewide daytime activity center program was created by the 1963 and 1965 legislatures, which appropriated funds to be made

available to local communities for the support of centers on a fifty percent matching basis. The program is administered by the Department of Public Welfare, with advice from the Daytime Activity Center Advisory Committee. County Boards are empowered to appropriate money for matching purposes. Minimum standards for organization and programs must be met by applicant centers in order to receive State moneys. As greater experience is acquired, standards are being amended and improved.

Existing centers vary in numbers and ages of clients served, and in hours of operation per day or week. Programs should be expanded to include a greater degree of care and training for the severely retarded, many of whom at present spend twenty-four hours per day in their own homes. Regional questionnaires indicate the need for more adult programs. Full use should be made of the help which the center staff can offer in diagnosis and ongoing evaluation.

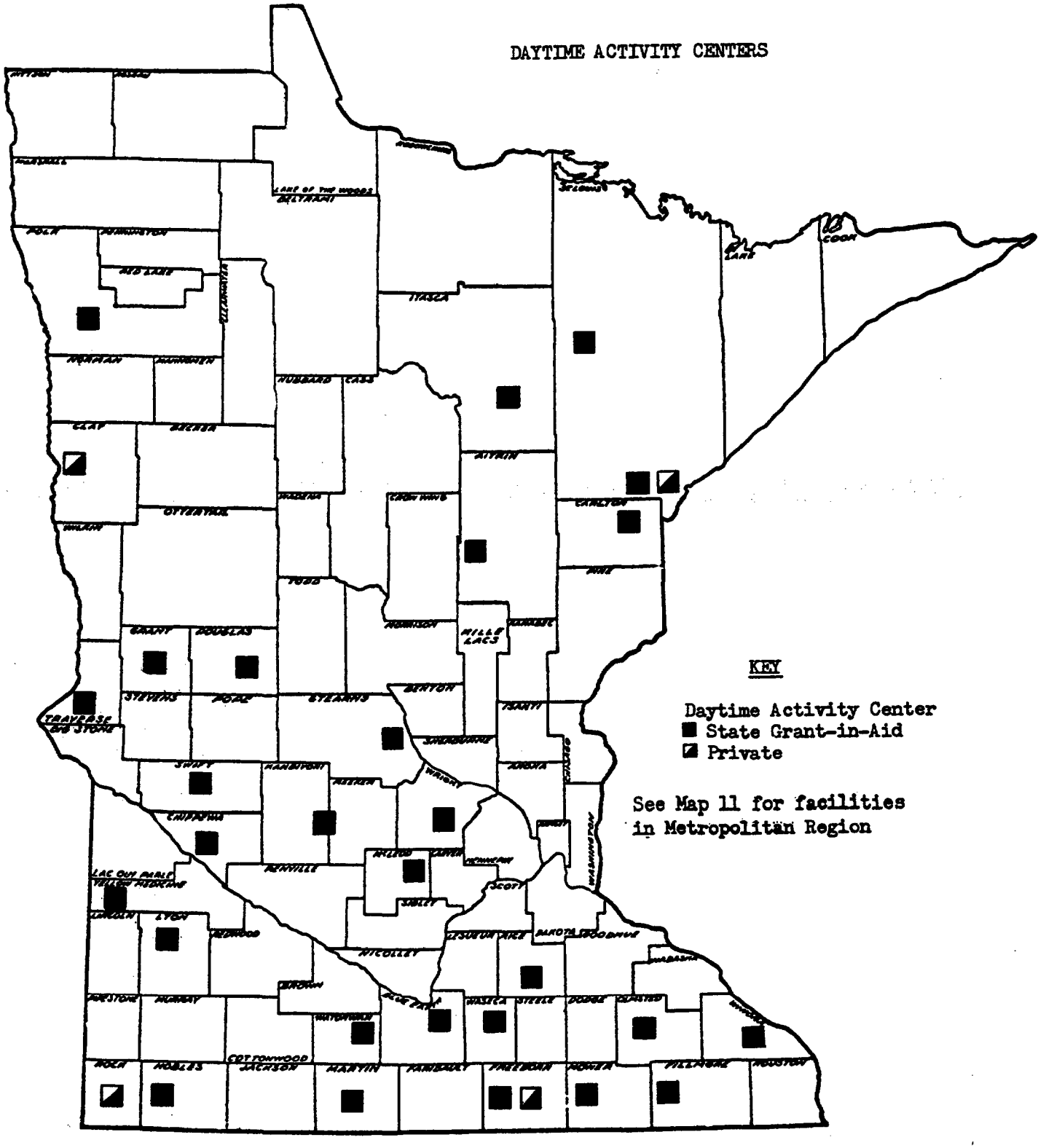
It is difficult to present a comprehensive plan at this time for the additional daytime activity centers needed in Minnesota. Much depends on local initiative, and available financial support both local and State. There could reasonably be at least one center in every county on a population basis alone. Map 3 shows only those Daytime Activity Centers which have already been established or proposed by local sponsoring groups.

Religious Education. The Department of Public Welfare directory, Resources for the Mentally Retarded, 1965, lists forty-five religious education classes located in sixteen counties. Surveys conducted by the regional committees of the Mental Retardation Planning Council revealed strong demand for religious education opportunities for the retarded.

Recreational Activities. Public and private recreation facilities, social clubs, 4-H groups, Boy Scouts, YMCA, and other activities usually available to the general public are infrequently organized to serve the retarded. Camping opportunities are very limited.

MAP 3

DAYTIME ACTIVITY CENTERS



Organization of recreational activities depends largely upon the leadership and participation of volunteers and citizens' groups, such as the Associations for Retarded Children, Jaycees, service clubs, and church groups.

Residential Care

Residential care becomes necessary when a retarded person, for any of a variety of reasons, cannot remain in his own home. Residential care facilities should be located as close to home as possible. They are but one part of the array of services which retarded persons may need at some time in their lives. Although there are those retarded persons who will need lifelong care, the National Association for Retarded Children estimates that 85 percent of the retarded population can become self-supporting members of the community. Thus residential care should be therapeutic in nature, aimed at returning the individual to his home community. Dramatic results in recent years are awakening the public to the fact that many retarded persons can make this transition successfully. The notion that residential care for the retarded means segregating them from the rest of society through placement in a large, custodial State institution has long been moribund and deserves its fate. Yet Minnesota is lagging behind.

The problems involved in planning a cohesive residential care program for Minnesota are exceedingly complicated. Real progress cannot be made until we, as a State, adopt an entirely new philosophy of care, and remove the legislative and administrative barriers which presently stand in our way. An enlightened legislature coupled with aggressive leadership on the part of public officials, citizens, and administrators can open the door to a satisfactory system.

Philosophy and goals, together with numerous recommendations, are presented in detail in the task force report on Residential Care upon which the plan outlined below is based.

Tables 1 and 2 show the number of retarded persons residing in both public and licensed private facilities in the State as of June, 1965. Note that a total of 524 persons were residing in licensed residential care facilities, excluding the three major State institutions at Brainerd, Cambridge, and Faribault. Included among these are approximately 300 to 400 whose names are on the "waiting list" for admission to one of the State institutions. The total number of names on this "waiting list" exceeds 700, and it is assumed that those not in licensed residential care facilities are living in their own homes or in foster or boarding homes. (As of February, 1965 there were 430 boarding homes licensed to care for "other than normal children"; trend analysis predicts an increase to over three times this number by 1975.)

Exact information regarding numbers and location of persons in residential facilities at any given time is at present unavailable. The Department of Public Welfare does not have sufficient staff time to keep this mass of statistics up to date, particularly in view of the constant movement of patients back and forth between home (or foster home) and institution.

With two or three exceptions the private facilities listed in Table 1 accept residents from anywhere in the State. However, as a result of the present system of payment for residential care, these private facilities are generally viewed by County Welfare Boards as emergency placements pending admission to State institutions. The law specifies that the county must pay ten dollars per month for each retarded patient cared for in State institutions, which sum may or may not be recovered from parents or other sources. On the other hand, if a retarded person receives residential care in a boarding home, nursing home, or other private or non-profit facility, the county is responsible for the <u>total</u> cost of care. Not infrequently, this factor, rather than the needs of the patient and his family, determines choice of placement. The pressure is for placement in State institutions, and private facilities serve mainly as temporary placements pending institutionalization.

TABLE 1

LICENSED GROUP FACILITIES

	Jan., 1965 Enrollment	Licensed Capacity
Private Group Care		
Welcome Home	11	30
Rolling Acres Home and Camp	14	13
Champion Children's Home	39	39
Lake Park-Wild Rice Children's Home	25	25
Pettit Children's Home	20	20
Vasa Lutheran Home for Children	52	55
Lakeview Home	8	8
Richard Paul Foundation	12	12
Roseau Children's Home	45	45
The Angels	35	35
Julie Billiart	30	30
Dorothe Lane	10	11
Sub-Total	301	324
Group Living Facilities for Adult Retarded		
Greenbriar Home, Inc.	112	112
Ottertail Group Living Project	7	9
Sub-Total	119	121
Private Residential Schools		
Hammer School, Inc.	50	42
Laura Baker	54	55
Sub-Total	104	97
State Institutions		
Shakopee Home for Children	30	30
Owatonna State School	201	211
Lake Owasso Children's Home	130	130
Sub-Total	361	371
Total	885	913

TABLE 2

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

COUNTY	PATIENTS IN COUNTY			PROGRAM NUMBERS 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Aitkin	49	24	25	1	0	3	1	0	1	1	4	6	11	13	8
Anoka	78	46	32	4	5	14	5	0	5	4	2	13	5	11	10
Becker	49	30	19	3	0	0	1	0	0	1	4	5	5	21	9
Beltrami	66	33	33	4	1	2	1	1	0	1	5	11	15	14	11
Benton	57	30	27	4	0	2	0	1	0	2	7	9	11	12	9
Big Stone	23	11	12	0	0	2	2	0	0	0	1	6	6	3	3
Blue Earth	88	51	37	4	2	5	0	2	3	4	5	18	15	18	12
Brown	61	20	41	1	3	1	1	2	5	3	6	5	18	8	8
Carlton	44	23	21	3	1	4	0	1	1	1	4	7	8	7	7
Carver	38	22	16	0	0	1	0	3	0	3	3	10	9	5	4
Cass	65	41	24	4	1	6	1	0	1	2	4	12	1	17	16
Chippewa	38	19	19	0	2	2	0	1	1	1	2	6	12	9	2
Chisago	28	10	18	2	3	1	0	0	2	1	1	4	3	2	9
Clay	53	28	25	3	3	4	3	0	0	4	3	5	6	12	10
Clearwater	13	8	5	0	0	0	0	0	0	1	1	5	3	2	1
Cook	8	6	2	0	1	0	0	0	0	0	0	2	2	0	3
Cottonwood	34	17	17	2	1	2	0	2	2	4	4	2	4	5	6
Crow Wing	85	41	44	0	2	5	1	0	1	6	5	9	12	21	23
Dakota	107	56	51	4	6	10	4	4	5	0	8	19	16	19	12
Dodge	36	16	20	3	3	2	0	0	1	0	3	4	7	7	6
Douglas	38	22	16	0	0	3	0	1	1	4	1	7	7	7	7
Faribault	45	24	21	1	1	0	0	3	0	3	2	10	13	7	5
Fillmore	32	23	9	1	0	1	0	1	0	4	1	10	5	6	3
Freeborn	57	31	26	3	0	2	1	3	2	2	3	12	13	9	7
Goodhue	72	38	34	2	2	3	0	3	4	2	6	14	14	14	8
Grant	20	8	12	0	0	0	0	0	2	1	1	5	5	2	4
Hennepin	1209	647	562	40	45	75	32	77	38	57	66	209	227	189	154

(Cont'd. on next page)

* For description of Programs, see page 30-32.

TABLE 2 (Cont'd.)

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

COUNTY	PATIENTS IN COUNTY			PROGRAM NUMBERS											
				1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Houston	20	14	6	0	1	3	0	0	1	2	2	4	1	5	1
Hubbard	31	12	19	1	2	0	0	0	0	0	3	6	7	5	7
Isanti	25	13	12	0	0	2	1	1	0	0	4	3	2	7	5
Itasca	61	29	32	5	1	4	1	1	2	2	2	8	13	9	13
Jackson	23	12	11	0	0	1	0	2	0	2	0	4	7	3	4
Kanabec	20	16	4	0	0	1	0	2	0	1	0	5	2	7	2
Kandiyohi	46	29	17	2	0	0	1	0	1	3	5	9	5	15	5
Kittson	28	16	12	3	1	2	0	0	0	0	2	6	5	5	4
Koochiching	49	25	24	1	3	2	0	1	0	2	2	8	3	11	16
Lac qui Parle	20	7	13	0	0	0	0	0	0	0	3	5	6	2	4
Lake	16	8	8	0	0	1	1	1	0	1	1	3	3	2	3
Lake of the Woods	7	2	5	0	0	1	0	0	0	0	0	0	3	1	2
Le Sueur	32	13	19	0	1	0	1	1	3	2	3	5	6	5	5
Lincoln	23	9	14	0	2	1	0	1	0	3	2	2	6	2	4
Lyon	30	16	14	0	0	1	0	0	0	1	2	7	9	7	3
Mc Leod	45	27	18	0	2	3	0	1	0	4	2	7	13	12	1
Mahnoman	23	11	12	1	0	1	1	0	1	0	1	0	3	9	6
Marshall	28	13	15	0	1	1	1	0	0	3	1	6	6	3	6
Martin	40	22	18	4	1	1	0	1	2	1	4	3	6	12	5
Meeker	28	17	11	1	1	2	0	0	0	2	2	8	6	4	2
Mille Lacs	24	12	12	0	3	0	0	0	0	1	0	4	6	7	3
Morrison	77	41	36	4	0	2	3	3	1	2	3	11	15	19	14
Mower	75	51	24	3	1	5	0	7	3	9	3	11	10	16	7
Murray	23	12	11	1	0	0	1	0	0	4	2	1	2	6	6
Nicollet	22	14	8	3	0	0	0	1	1	0	1	3	4	7	2
Nobles	39	22	17	0	2	0	0	1	1	2	1	9	7	10	6

(Cont'd. on next page)

* For description of Programs, see page 30-32.

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

TABLE 2 (Cont'd.)

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

COUNTY	PATIENTS IN COUNTY			PROGRAM NUMBERS 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Norman	31	13	18	0	1	2	2	0	1	1	0	4	6	6	8
Olmsted	96	48	48	6	2	4	2	4	2	5	5	13	21	16	16
Ottertail	91	50	41	2	4	4	2	2	3	4	2	14	21	24	9
Pennington	19	10	9	0	0	1	0	0	1	1	1	4	1	4	6
Pine	45	24	21	1	2	1	0	1	0	0	3	10	12	11	4
Pipestone	26	15	11	0	0	1	0	0	0	0	1	7	6	7	4
Polk	69	40	29	1	0	6	3	1	2	5	4	13	11	14	9
Pope	26	15	11	0	1	3	0	3	1	0	0	6	7	3	2
Ramsey	734	385	349	39	36	75	36	11	10	56	47	114	133	90	87
Red Lake	24	13	11	1	0	1	0	0	0	1	1	3	7	7	3
Redwood	42	22	20	0	2	1	0	0	0	1	3	11	8	9	7
Renville	60	30	30	1	1	1	0	5	1	2	2	8	18	13	8
Rice	85	51	34	4	4	2	1	8	2	3	5	9	8	25	14
Rock	19	12	7	0	0	1	0	1	0	1	1	4	1	5	5
Roseau	34	20	14	2	1	4	0	1	0	0	2	9	7	4	4
St. Louis	396	195	201	13	13	30	7	4	10	19	23	59	71	70	77
Scott	39	25	14	3	1	4	0	2	0	2	0	7	12	7	1
Sherburne	27	16	11	2	2	1	1	2	0	1	0	2	5	8	3
Sibley	22	10	12	1	1	1	0	0	1	3	0	3	6	2	4
Stearns	158	86	72	9	4	7	6	0	1	8	9	36	26	26	26
Steele	32	14	18	0	0	0	0	2	2	4	3	6	9	2	4
Stevens	15	7	8	1	0	0	0	0	0	1	1	3	4	2	3
Swift	34	17	17	1	2	3	0	0	1	1	3	8	4	4	7
Todd	57	29	28	2	0	6	0	0	0	2	4	9	15	10	9
Traverse	21	11	10	0	0	0	1	1	1	2	1	7	6	1	1

(Cont'd. on next page)

* For description of Programs, see page 30-32.

TABLE 2 (Cont'd.)

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

COUNTY	PATIENTS IN COUNTY			PROGRAM NUMBERS 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Wabasha	33	14	19	0	0	1	2	1	2	0	2	9	8	3	5
Wadena	21	15	6	1	0	2	0	1	0	3	0	4	5	4	1
Waseca	31	15	16	0	0	0	0	0	1	4	4	5	6	6	5
Washington	73	42	31	5	2	12	4	1	1	2	2	12	12	10	10
Watonwan	33	18	15	1	0	2	1	1	0	2	2	4	6	8	6
Wilkin	26	12	14	0	2	2	1	0	0	1	1	4	3	5	7
Winona	64	32	32	1	0	1	0	0	2	5	3	9	9	16	18
Wright	44	24	20	1	2	3	1	0	2	0	1	7	6	13	8
Yellow Medicine	38	19	19	0	0	2	0	3	1	1	1	8	8	5	9
SUB-TOTALS				216	187	368	134	184	139	300	340	994	1097	1071	883
TOTALS	5913	3133	2780	403		502		323		640		2091		1954	

* For description of Programs, see page 30-32.

CHARACTERISTICS OF PATIENTS IN EACH OF SIX PROGRAMS BEING ESTABLISHED IN STATE INSTITUTIONS FOR THE MENTALLY RETARDED

1. Child Activation Program. This program is for children from birth to puberty who are bedfast or non-ambulatory. These children have usually suffered major central nervous system damage; their physical helplessness is caused by their having severely damaged or under-developed brains. They do not, however, have such severe physical problems that they require complicated nursing care and special nursing equipment such as is found on a ward for seriously ill children. If these children are given large amounts of affectionate attention and are encouraged to see, hear, and move, a significant number may learn to sit in wheel chairs, crawl, walk with help, and to evidence in manner and appearance the development of the capacity to feel happiness and enthusiasm.

2. Child Development Program. This program is for children who can walk. Their ages may range from three to four up to eleven or twelve. Children within this group vary greatly: some may be constantly over-active, others quiet and withdrawn; some may be physically disfigured but fairly bright; others may be doll-like in appearance but not respond noticeably to people or to playthings. Epileptic seizures are fairly common. These children greatly need warm and affectionate mothering, appropriate disciplining, and special kinds of education and training programs. This program is called "Child Development" because all of these children are in a most important period of physical and personality growth. What happens to them at this time will have much to do with how capable and stable they will be when they become adults.

3. Teenage Program. This program is for ambulatory children who have passed the age of puberty, but are not yet old enough to participate in vocational training or other more adult activities. Some of the mildly retarded children in this

group frequently have been sent to an institution because their hostile, destructive behavior has excluded them from special education programs in their home communities. Others with mild degrees of retardation have been admitted to the institution because they have developed serious degrees of mental illness. This group also includes some mildly and moderately retarded children who cannot remain at home because their home communities do not provide classes for "educable" and "trainable" children. The more severely retarded children have come to this program from the Child Development Program and demonstrate behavior usually believed to be related to bodily and emotional changes which take place at puberty. Because of the cost of the services, such as psychiatry, psychology, occupational therapy, and special activities, which are required to program adequately for the complex needs of children in the Teenage Program, it is likely that this group will remain in residential care in State facilities.

4. Adult Activation Program. This program is for bedfast and non-ambulatory patients who are too old to be included in the Child Activation Program. These patients need close attention and constant watchfulness for indications for potential progress. Many of them, after years of bed care, have developed serious but correctable losses of use of arms or legs, or have become twisted and stiffened so that they cannot use wheel chairs or walk. The mental capacity of these patients may be very low, or it may merely appear to be low because they have suffered damage to those parts of the brain necessary for speech. This is essentially a hospital program for persons who require a great amount of care by physicians specializing in orthopedics, neurology, and neuropsychiatry, nurses and technicians specially trained to provide physiotherapy and other rehabilitative services.

5. Adult Motivation Program. This program is for ambulatory older adolescents and adults of all ages who have very limited intelligence and who frequently suffer from severe emotional disorganization. They may show very odd behavior and often seem to have little meaningful or understandable contact with people and things around them. Some of these persons wander around actively but aimlessly, while others sit on the floor rocking or making strange noises. Some make great efforts to communicate with friends or strangers, others appear to be withdrawn and frightened. These patients, however, often show a surprising capacity for taking part in occupational therapy and recreational activities. It may be possible to discover many secrets of how the mind and emotions function through neurological and psychiatric research with these patients.

6. Adult Social Achievement Program. This program is for those late adolescent and adult patients who have no serious intellectual handicaps, no serious physical problems, and no major degrees of mental illness. These patients find it difficult to adapt to the demands of society, generally because they have not had adequate vocational education and training and have spent so much time in institutions that they have never learned how to get along with non-retarded persons or how to use the work and recreation opportunities available in communities. Some persons in this program become panic-stricken at the thought of being independent, others have personality characteristics which cause others to dislike them. This program is called the Adult Social Achievement Program because it is designed to provide the educational, social, and psychological experiences which will enable these people to function successfully in the community-at-large.

The Mental Retardation Planning Council has recommended that the State assume the full cost of care regardless of whether placement is in a State or private facility. The county would still be responsible for ten dollars per month. This change would remove the cost element as a major consideration. It would also encourage private and non-profit groups to enter the field of residential care for the retarded. As for the additional burden to the State, it has been demonstrated that daily cost of care for some retarded persons in private facilities would be even less than the present cost of caring for the same patient in a State institution. Further the growth of numbers of small private non-profit residential care facilities will partially relieve the State from additional construction costs.

Unless and until this distribution of costs can be radically altered, there is little hope of any real improvement in our present system of residential care. That the State itself could build and staff the many smaller facilities which are needed does not appear feasible because of the accumulated backlog of needs for services and for replacement of adequate existing facilities.

Another factor which will influence recommended construction of residential care facilities is the project currently underway in the Department of Public Welfare to spell out adequate programs for various patient groups and to ensure the provision of these by both State institutions and by private facilities. (See p. 30-32.) Table 2 enumerates six broad categories of patients by type of treatment, sex, and county of residence.

The Department of Welfare has agreed that Groups 1 and 6 could be cared for in community facilities if the latter were available. Placement in group and boarding homes of Group 6 would substantially reduce current population in the three institutions, two of which are severely overcrowded. Guidelines for the kinds of programs which should be provided in group and boarding homes are outlined in the task force report on Residential Care; in numerous publications

of the Federal government, the National Association for Retarded Children, and the American Association for Mental Deficiency; and in programs and licensing standards being developed by the task force and Planning Council, the State Department of Public Welfare, and various national agencies.

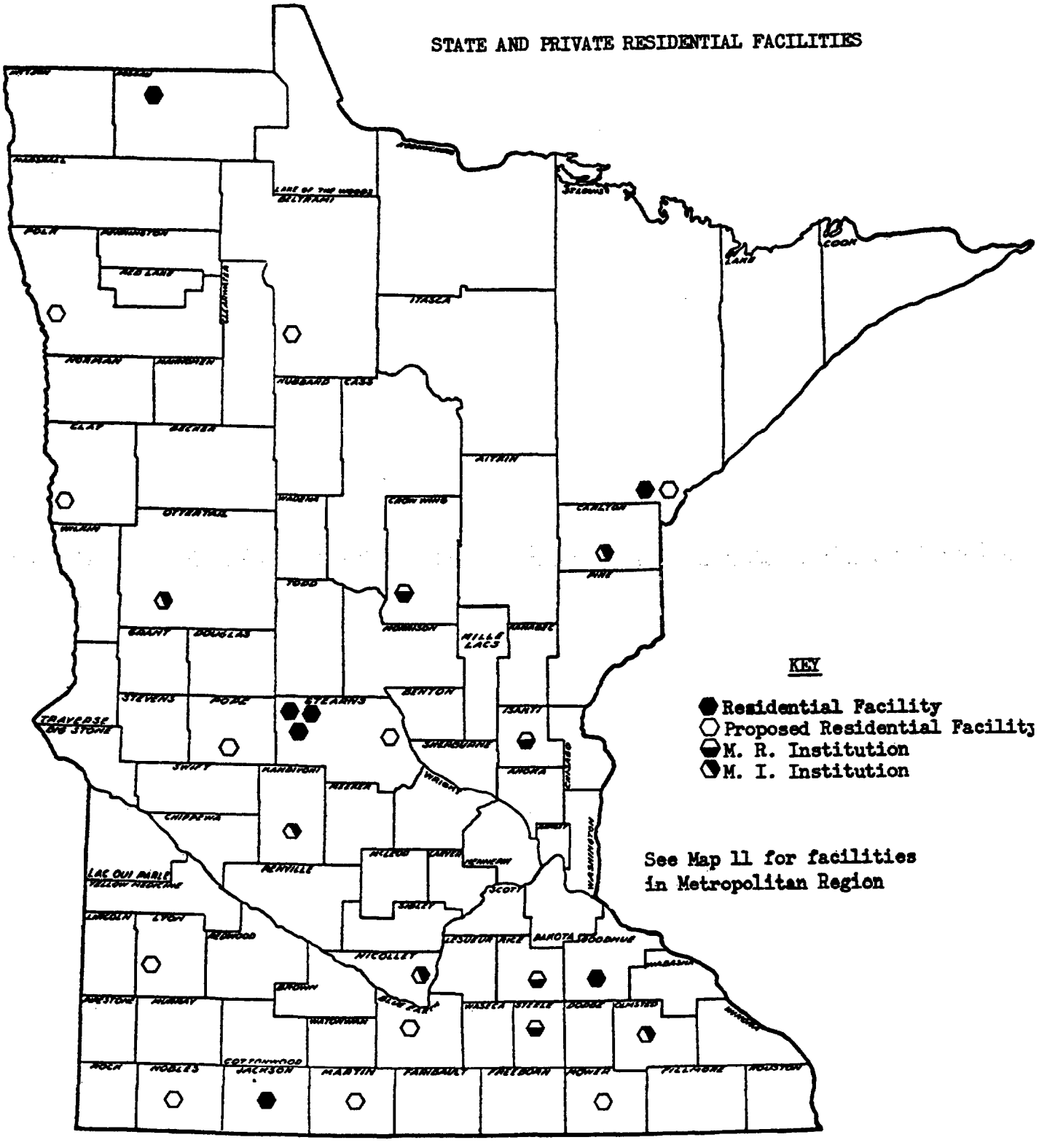
Building plans at the State institutions at Brainerd, Cambridge, and Faribault should be geared to meet the program needs of Groups 2, 3, 4, and 5. If the majority of patients in Groups 1 and 6 are moved to smaller private facilities, buildings which do not meet health and fire standards can be razed. Other buildings can be remodeled as necessary to make them suitable for the remaining groups. Replacement beds should not be limited to the standard 100-bed dormitories but should be planned to include houses for independent or supervised living. Cottages of eight to ten patients with house parent supervision is one such possibility. It has often been stated that many small institutions programed for diverse groups of patients can be maintained on the same grounds, but this theory has never really been put into practice.

It is not necessary that services at the three institutions be identical. What is important is that imaginative programing to meet recognized needs should dictate the future use of State facilities. For example, it has been suggested that a high caliber, fully accredited medical facility be created at Faribault for patients in the Metropolitan Region who need medical services; substantial research and training ties could be developed between this facility and the University of Minnesota, Mayo Clinic, and Mankato State College. At Cambridge a program for hyperactive adults might be developed.

Brainerd State School and Hospital, being new, large, and well equipped, and located in the center of an enormous geographic area possessing a minimum of other services, should serve as a focal point for regional services to the retarded. Unfortunately, Brainerd, Minnesota's newest large custodial institution, has not been planned in accordance with precepts of modern residential care: it is over-

MAP 4

STATE AND PRIVATE RESIDENTIAL FACILITIES



sized and located far from the homes of its residents and from other medical and educational facilities.

Brainerd probably has enough beds now to serve its present thirty-six county receiving district, which includes all of Region 1, most of Region 2, and a portion of Region 3, if we adhere to the proposed pattern of placement of Groups 1 and 6 in smaller residential facilities.

Brainerd State School and Hospital might also become a multi-purpose facility serving all handicapped persons, including the mentally ill and mentally retarded, from the counties in the north central section of the State. Complete diagnostic services could be provided. Special education programs similar to those at Lake Park-Wild Rice Home, Christ Child School for Exceptional Children, or the State School at Owatonna, as well as sheltered work stations for all handicaps, might also be incorporated into the Brainerd program. These services are not likely to be developed by private organizations, since many counties in this region are classified as "economically distressed".

If integration of mentally retarded patients into hospitals for the mentally ill proves successful, the converse may well be true. Brainerd is flanked by Moose Lake State Hospital on the East and Fergus Falls State Hospital on the West. An exchange of patients living in the service regions would not greatly change the population at any of the three facilities and would serve to bring patients closer to their home communities.

Recommendations for the Northeast and Northwest Regions are based on the foregoing recommendations for multiple use of the Brainerd institution.

The Department of Public Welfare is exploring the idea of utilizing portions of Hastings State Hospital to house retarded patients. This proposal opens the door to a number of programming possibilities at Hastings; comprehensive diagnostic services might be provided; complex cases requiring specialized medical and paramedical services available only in the Metropolitan Region might be housed;

extensive research and training facilities could be developed.

Additional suggestions are offered as follows:

1. State institutions should afford sheltered employment and pre-vocational training for persons residing outside the institution as well as for residents; off-campus living quarters should be provided.

2. A residential facility should be part of every sheltered workshop. During non-working hours workers should receive personal and financial supervision, as well as encouragement to participate in organized recreational and social activities.

3. Boarding homes and other residential facilities should be considered permanent placements only so long as they meet the current needs of the patient. Retarded persons require different kinds of care at different stages of life movement. In any community a continuum of care should be provided by a variety of facilities, as opposed to a single facility whose admissions are generally restricted by age or degree of disability.

4. Half-way houses are needed throughout the State to help patients who are able to leave the institution to find their places in the community.

5. Facilities should be available for temporary care or "baby-sitting"— during the evening, or to permit parents to take a short vacation, or for a period of months when family problems become overwhelming.

Sheltered Workshops

This section is based on the combined thinking of the task forces on Employment and Education and Habilitation. The plan is contingent upon workshops throughout the State banding together in a broad cooperative venture as recommended in these task force reports.

Sheltered employment is that type of employment which enables partial self-support for the handicapped worker under conditions which cannot be reproduced in the usual work setting. These conditions allow for: (1) low production rate occasioned by the client's handicap, (2) need for special work supervision,

(3) inability to handle full range of job duties, and (4) need for special job engineering or adaptive equipment. Sheltered employment is usually provided in a sheltered workshop, or a rehabilitation facility authorized by the government to pay less than the accepted minimum wage. Sheltered employment may be provided by a private employer if the handicapped worker holds an individual subminimum wage certificate. Sheltered employment is indefinite in duration and may be permanent. Often, however, a client improves his employability to the extent that he can be placed in competitive work.

It is impossible to predict how many mentally retarded adults in Minnesota might eventually benefit from long-term sheltered employment. However, an estimate can be made of the number of long-term work stations needed for all types of handicapped persons in Minnesota, based on the Division of Vocational Rehabilitation statement that one percent of the population can benefit from vocational rehabilitation services. Thus in a city with a population of 10,000 there would be about 100 persons who could benefit from Vocational Rehabilitation Services. Further, it has been found that about ten percent of all persons referred to Vocational Rehabilitation need some kind of long-term sheltered employment. This means that ten percent of one percent, or one out of a thousand persons of any given population, need long-term sheltered employment. According to these figures, Minnesota would have approximately 3,000 to 4,000 persons who could benefit from long-term sheltered employment (based on a State population of approximately 3,413,864 people *).

Map 5 shows the estimated needs for long-term sheltered employment together with available facilities. Figures cover all handicaps, including mental retardation.

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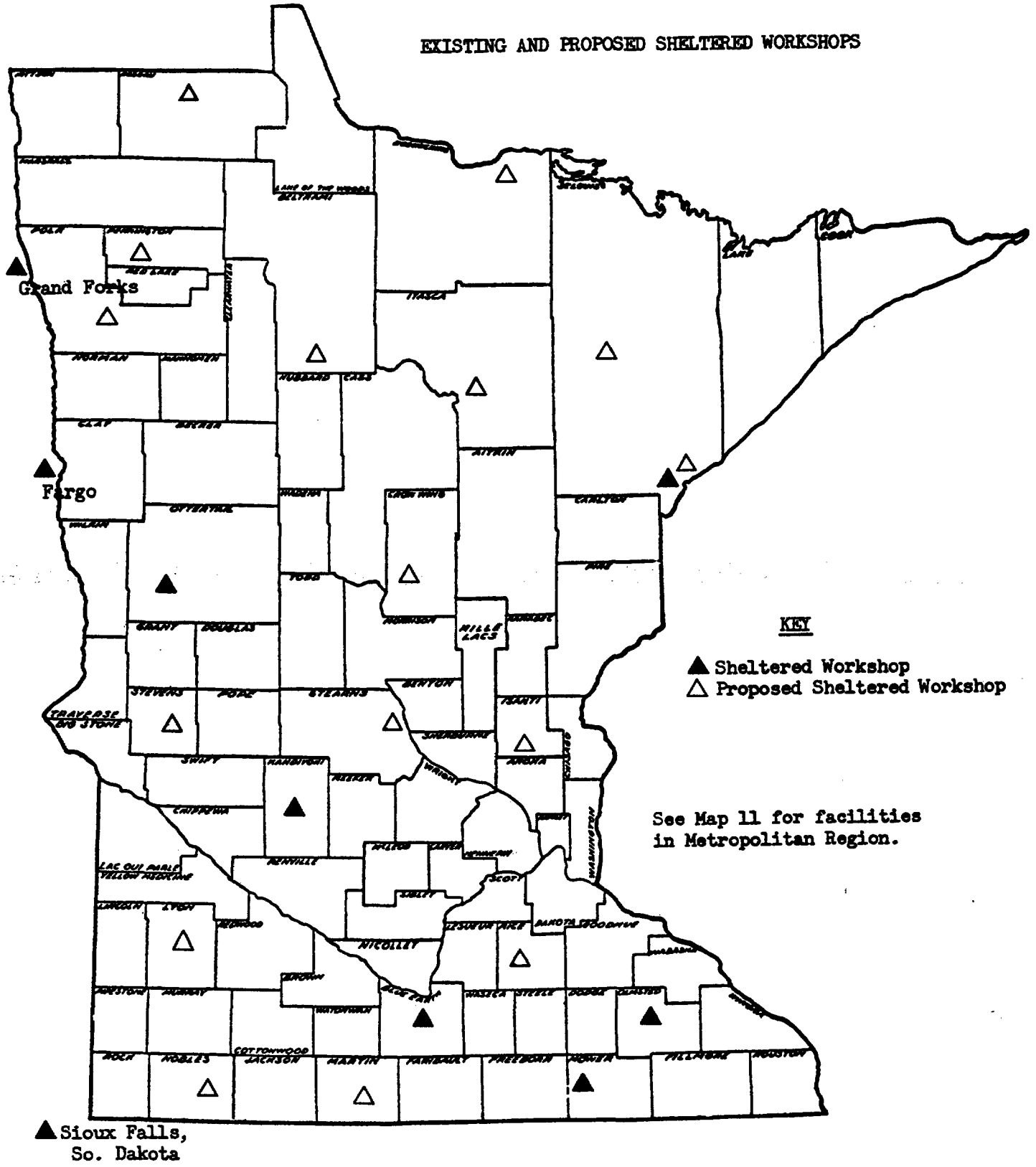
* 1960 Census

MAP 5

EXISTING AND PROPOSED SHELTERED WORKSHOPS



One way to meet sheltered employment needs in Minnesota would be to establish a "base workshop" in each of the four regions with satellite workshops in other parts of the region. The base-satellite workshop approach would offer the following advantages:

1. Provide an evaluation and training program for the region. It would be difficult and impractical, in terms of cost and recruitment of staff, for all of the workshops in a given area to offer evaluation and training services.
2. Provide a center for training workshop supervisors and other personnel who might later move to a satellite workshop in the region.
3. Provide supportive services to the satellite workshop until the latter became established in the community.

In Region 1 the base workshop could be located at Fergus Falls, where for four years a workshop for the retarded has existed. Map 5 also shows a portion of Region 1 which is presently being served by the Grand Forks and Fargo-Moorhead workshops. It is possible that Grand Forks might furnish the stimulus for a satellite in either Roseau, Crookston, or Thief River Falls, while Fergus Falls might help establish satellites in Bemidji and Brainerd. The need in Region 1 has been estimated at 400 work stations. If Fergus Falls, Brainerd and Bemidji each serves 100 clients and another fifty are served at either Thief River Falls, Crookston, or Roseau, this should provide for the needs of Region 1, since some clients are being served by the Grand Forks and Fargo-Moorhead workshops.

In Region 2 the logical location for the base workshop would be Duluth. Satellites could be established at International Falls, Grand Rapids, and the Hibbing-Virginia-Eveleth area. The need in Region 2 has been estimated at 390 work stations. The Duluth area would need to provide at least 150 work stations, and 100 would be needed in the Hibbing-Virginia-Eveleth area. If 100 stations were provided at International Falls then approximately 50 stations should adequately serve the Grand Rapids area.

The base workshop in Region 3 could be located in the Twin Cities area or in St. Cloud or Willmar with satellites in Marshall and Morris. The need in Region 3, excluding the Twin Cities area, is for approximately 450 work stations. The St. Cloud area would need to provide 150 work stations, the Willmar area 100, the Marshall area 100, and the Morris area 100.

In Region 4 there are three agencies which now offer programs--Rochester, Mankato, and Austin. A possible location for a satellite from one of these three bases could be Worthington. There is additionally, a workshop in Sioux Falls, South Dakota which should be considered when planning for the needs of the southwest corner of Minnesota.

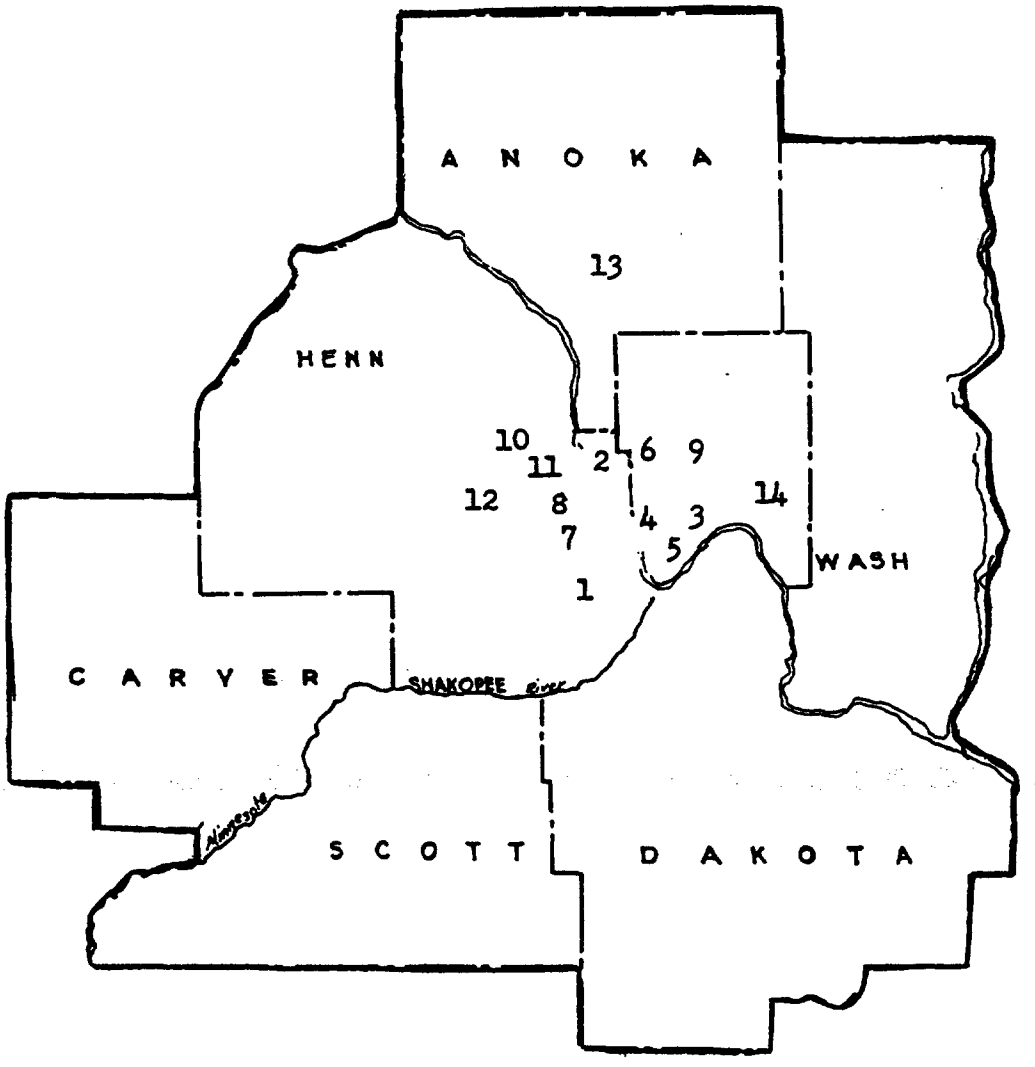
According to the 1960 census the population of the Metropolitan Region (7 counties) is over 1.5 million. The need in the Twin Cities area is for 1,500 work stations. See Map 6 for possible locations of these work stations. In the Metropolitan Region the workshops could continue to specialize, as they have been doing, in serving different types of handicaps. The concentration of population warrants specialization of long-term sheltered workshop, i.e., United Cerebral Palsy Workshop for the cerebral palsied, Opportunity Workshop for the mentally retarded, Minneapolis Society for the Blind, etc. If the first ten agencies listed on Map 6 grow according to their expectations, and three new sheltered workshops for the mentally retarded are started at Hammer School, in Fridley, and in East St. Paul, a good start will be made in providing adequate sheltered employment in the Metropolitan Region.

The following criteria should be considered in choosing the location for workshops:

1. Population (100,000 or more desirable)
2. Industrial Center
3. Existing agencies which offer evaluation and training
4. Division of Vocational Rehabilitation Office

MAP 6

EXISTING AND PROPOSED SHELTERED WORKSHOPS IN SEVEN COUNTY METROPOLITAN AREA



		WORK STATIONS NOW AVAILABLE FOR RETARDED	WORK STATIONS TO BE AVAILABLE IN 3-4 YEARS
1.	Opportunity Workshop, Inc.	50	100
2.	UCP of Minneapolis	45	60
3.	St. Paul Goodwill	25	75
4.	Christ Child School for Retarded	18	50
5.	St. Paul Rehab Center-Community Wk.	15	50
6.	North Star Workshop	9	50
7.	Outreach International	5	60
8.	Minneapolis Goodwill	10	15
9.	UCP of Greater St. Paul	6	15
10.	Jewish Vocational Workshop	7	10
11.	Minn. Academy of Seizure Rehab.	10	50
12.	Wayzata Area	0	100
13.	Fridley Area	0	100
14.	East St. Paul Area	0	100
	TOTALS	200	835

5. County seat

6. Mental Health Center

7. Higher education facility

An important consideration for the location of a base workshop should be the higher education facilities available in the area. These are a valuable source of personnel to be trained in supervision and evaluation for workshops, as well as of consultative personnel. The workshop might also offer a practicum for graduate students, which should help to attract qualified people into the sheltered workshop field.

Both the base workshops and the satellites should make use of supervised boarding homes for those clients who cannot commute. Since County Welfare Departments and the Division of Vocational Rehabilitation will be involved in this phase of the program, workshops should be located in proximity to County Welfare and Division of Vocational Rehabilitation offices.

Educational Services

Although the facilities construction program under Public Law 88-164 excludes public education facilities, educational services are included here in order to round out the picture of existing services and unmet needs.

The task force on Education and Habilitation has recommended that local school districts individually or through cooperative arrangement provide a complement of educational services consisting of: special classes from elementary through secondary levels for both educable and trainable retardates; work training programs; job placement and post-school follow up. In many instances, special classes are not coordinated to ensure this type of continuing program. The task force has also recommended strengthening the State Department of Education with additional consultants, who would help school districts to develop greater consistency in special education programs. Because of inadequate school district organization and consolidation, many districts cannot support the full range of services.

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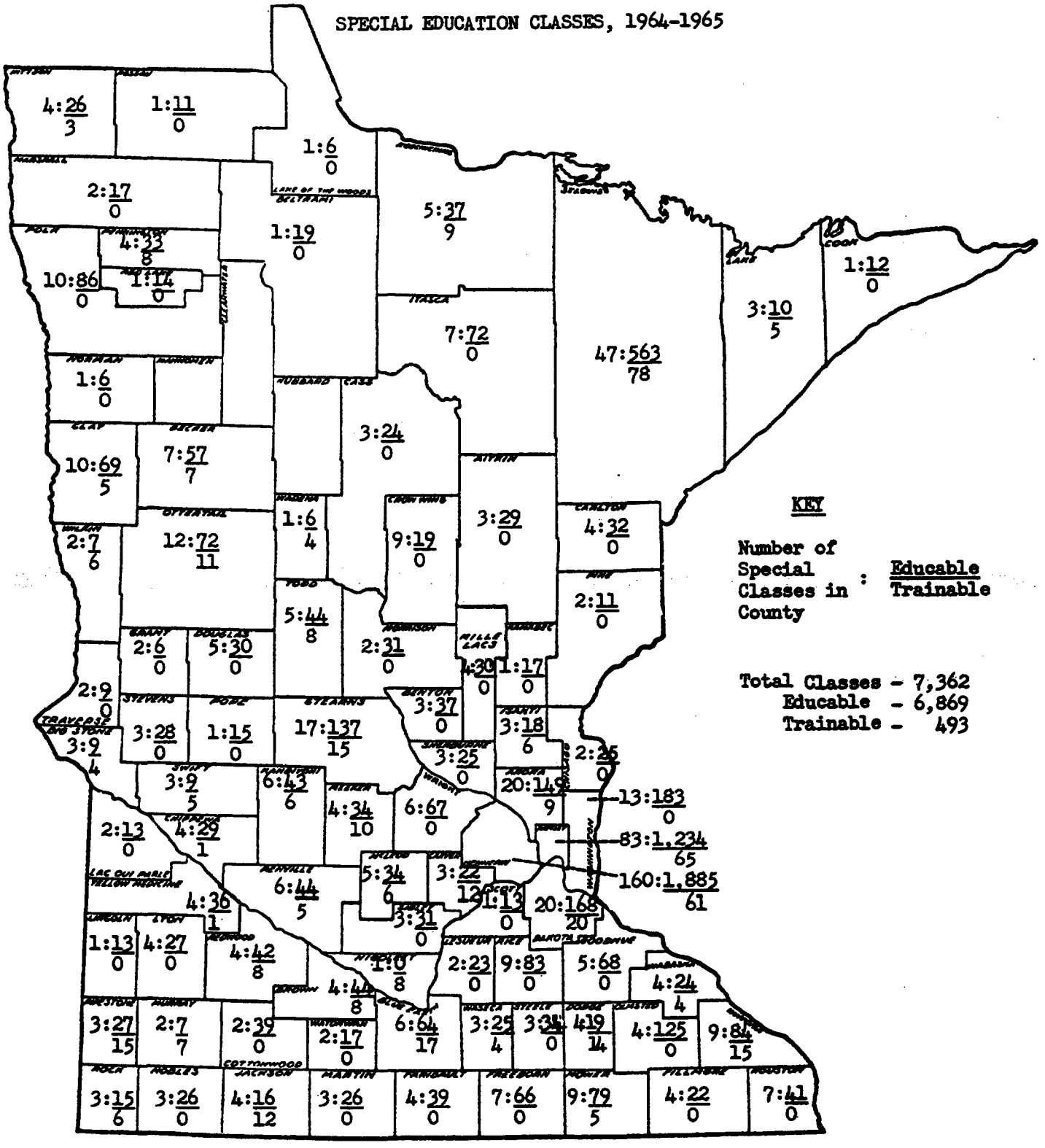
Cooperative arrangements with central coordination are needed to accomplish this end. Regional consolidation and reorganization of districts to form units large enough to support these services is essential.

Map 7 shows the pattern of special classes available as of the 1964-65 school year. Although the number of these classes has increased markedly in the last eight years, there are still many parts of the State not adequately served. Despite enabling legislation, school boards and superintendents as well as the general public still need to be educated to the desirability of special classes. Current estimates developed by the Minnesota Association for Retarded Children indicate that over 50 percent of those children who could gain from special classes are now enrolled.

Vocational training during and following school is perhaps the most neglected area in education services. Area vocational schools and State institutions have not been sufficiently utilized for this purpose. These resources could provide training in a wide range of skills and could arrange sheltered living for participants during the training period.

MAP 7

SPECIAL EDUCATION CLASSES, 1964-1965



KEY

Number of Special Classes in County : Educable / Trainable

Total Classes - 7,362
Educable - 6,869
Trainable - 493

IV. REGIONAL PLANNING

Profile of the State

Minnesota is the twelfth largest of the fifty states, encompassing 84,068 square miles and 53,803,520 acres. Although the French Voyageurs settled the State in about 1680, the present native population is of preponderantly Scandinavian and German origin.

Minnesota's most outstanding topographical feature is its lakes, which are variously numbered from ten to 22 thousand. These lakes provide the center for the rapidly growing industry of tourism, particularly in the North. Minnesota also is placed as second or third in the nation with regard to number of acres of fertile farm land, which has provided an agricultural backbone to the State's economy since her history began. However, the northeastern portion of the State is distinguished by its rocky, barren character, such that lumbering and iron mining have flourished in this region in the past, to be supplanted more recently by paper pulp plants and the processing of low grade iron ore (taconite).

While agriculture still ranks high in Minnesota's economy, most of the 3,413,864 residents* now live and work in cities, rather than on farms. Nearly one half of the population, or 1,513,023 people*, live and work in the metropolitan region. Cities of 2,500 or more, not in the immediate Twin Cities. Cities of 2,500 or more, not in the immediate Twin City region, account for some 609,543 residents.

The total State population is expected to increase 17.3% from the 1960 census figure of 3,414,000 to 4,005,000 by 1973. It should be noted that, of the 591,000 projected increase, 83% is expected to be accounted for by Anoka, Clay, Dakota, Hennepin, Olmsted, Ramsey, St. Louis, Stearns, and Washington

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* 1960 Census

counties. These same counties contained 56% of the State's population in 1960, and are expected to have 60% by 1973. Of the remaining 78 counties in the State, 28 or 36% are expected to have an actual population decrease.

There are distinct differences in the distribution of county population by age groups. The larger, rapidly growing counties have a very high proportion of their population under 20 years of age, and a small proportion in the older age groups. The smaller, slow-growing counties on the other hand have more than double the proportion of their population in the older age groups. These counties also have a relatively high proportion of their population under 20 years of age.

Although the rural population is still considerable—1,291,298—a declining number actually farm the land. However, many of these people live in municipalities of less than 2,500 population, where one of the principal functions is that of servicing the interests and needs of farm families.

Changing times and their effect on the occupation of Minnesota's wage earners are shown by employment figures. Approximately 958,400 Minnesotans are employed in nonagricultural pursuits, with 228,400 in manufacturing, 53,400 in construction, 28,900 in mining and quarrying, 25,000 in public utilities, 53,900 in transportation, 238,000 in trade, 49,500 in finance and real estate, 142,300 in services and 152,700 in government. Those regularly occupied in farming number some 155,600. Recent trends indicate a fairly rapid increase in those engaged in trades, service and manufacturing and a continuing decrease in farm laborers.

The 1960 median income in the State was $4,674. Very few (12) counties had more than the State median income. Half of these counties are in or adjacent to the Twin Cities Metropolitan area. The higher median incomes seem to be in the larger, fast-growing counties, and conversely the smaller, declining counties have the lowest median incomes.

Minnesota ranks fifth among the fifty in the value of agricultural products and is at or near the top in the production of honey, cheese, flax, milk, corn, soybeans, oats and peas. Minnesota ranks first in the nation in the production of butter, dry milk, Christmas trees and oats; second in honey production, turkeys raised and sweet corn processing; third in milk and egg production and in green pea processing; and fourth in cheese.

In addition to processed foods, manufacturing plants operate extensively in the production of machinery of various types, particularly of agricultural application, and in scientific instruments, printing and publishing, beer, electrical machinery, and plastics. The Twin City area was first known for the lumber which came from the saw mills, then for flour, and now ranks fourth in the nation in the field of electronics.

An emerging pattern can be detected with respect to the economic trends of the State: the number of farms is steadily decreasing, but farms are becoming larger, more valuable, and more productive; the size of cities is increasing; service trades and professions are proliferating; the processing of goods for the markets of the nation is becoming a major industrial focus. The ability of Minnesota's labor and management to compete in the production and marketing of highly finished and complicated equipment has only recently been discovered, but massive progress is being recorded in this arena as well.

Regional Needs

In March, 1965, Regional committees working under the guidance of the Mental Retardation Planning Council developed broad appraisals of each region's need for mental retardation services. (See Appendix B for Regional Committee Membership.)

The similarity between these appraisals is striking, good diagnostic services, a variety of living arrangements close to home, special education classes, work training and sheltered work programs, daytime activity centers, and recreational activities are desired by all regions.

An over-arching deficiency which hampers activities in every region is the inadequacy of basic data relating to numbers of retarded persons known to agencies in Minnesota, their places of residence, ages, and degree of retardation. This information is indispensable when one is planning programs, deciding where to locate facilities, or constructing population projections which give some insight into the future. The need to include this data in the regular statistical reporting process of any agency, where it will be readily available to other agencies, should command the serious attention of caseworkers and administrators. As more Federal funds become available, statistical data will also be needed in order to develop project proposals, to secure construction funds, and to receive moneys for staffing and for direct service programs. Accurate quantitative information concerning retarded persons is also vital to planning programs in which the State Departments of Health, Education, Welfare, Corrections, and Employment Security are involved.

Another urgent need of all regions is the provision of consultant service in the area of mental retardation by the State Departments of Welfare, Education and Health.

When each region reports that it needs every conceivable service, it becomes very difficult to program specific services for specific communities. The recommendations which follow are only starting points for State and community action.

REGION 1 - NORTHWEST

This large geographic area is rather sparsely populated. Within the region most counties are witnessing a decline in population. Clay and Polk counties, which include the two metropolitan areas of Fargo-Moorhead and Grand Forks-East Grand Forks are major exceptions and reflect the trend of persons moving from country to city. Projections indicate that population in the region as a whole is increasing slightly.

The eight counties in the extreme Northwest are over 200 miles from the Twin Cities. They have more in common with neighboring North Dakota communities in terms of service centers and shopping areas than they do with the rest of Minnesota. This area contains a rich wheat belt which also unites the two states. Services on the North Dakota side of the border are included in our inventory; future services should be developed on an inter-state basis.

The southern portion of the region is primarily rural and agricultural, consisting of small farm service communities.

The eastern portion of the region is largely lakes and trees. Although there is some lumbering industry, summer tourism is the major economic resource. Communities are geared to this trade. Several large Indian reservations are located here, namely, Red Lake, White Earth, and Leech. Many of these counties are designated as "distressed counties" by special law, a designation derived from county and township relief and welfare expenditures relative to statewide averages. Facilities construction in these areas would probably require State sponsorship and support because of limited local resources.

North Dakota State, Moorhead State and Concordia Colleges at Fargo and Moorhead, and the University of Minnesota, Morris Branch, are valuable resources. Moorhead has a special education program. North Dakota University at Grand Forks has an excellent two year medical school. As programs develop Fergus Falls State Hospital for the mentally ill may also become an important resource.

MAP 8

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 1 - NORTHWEST

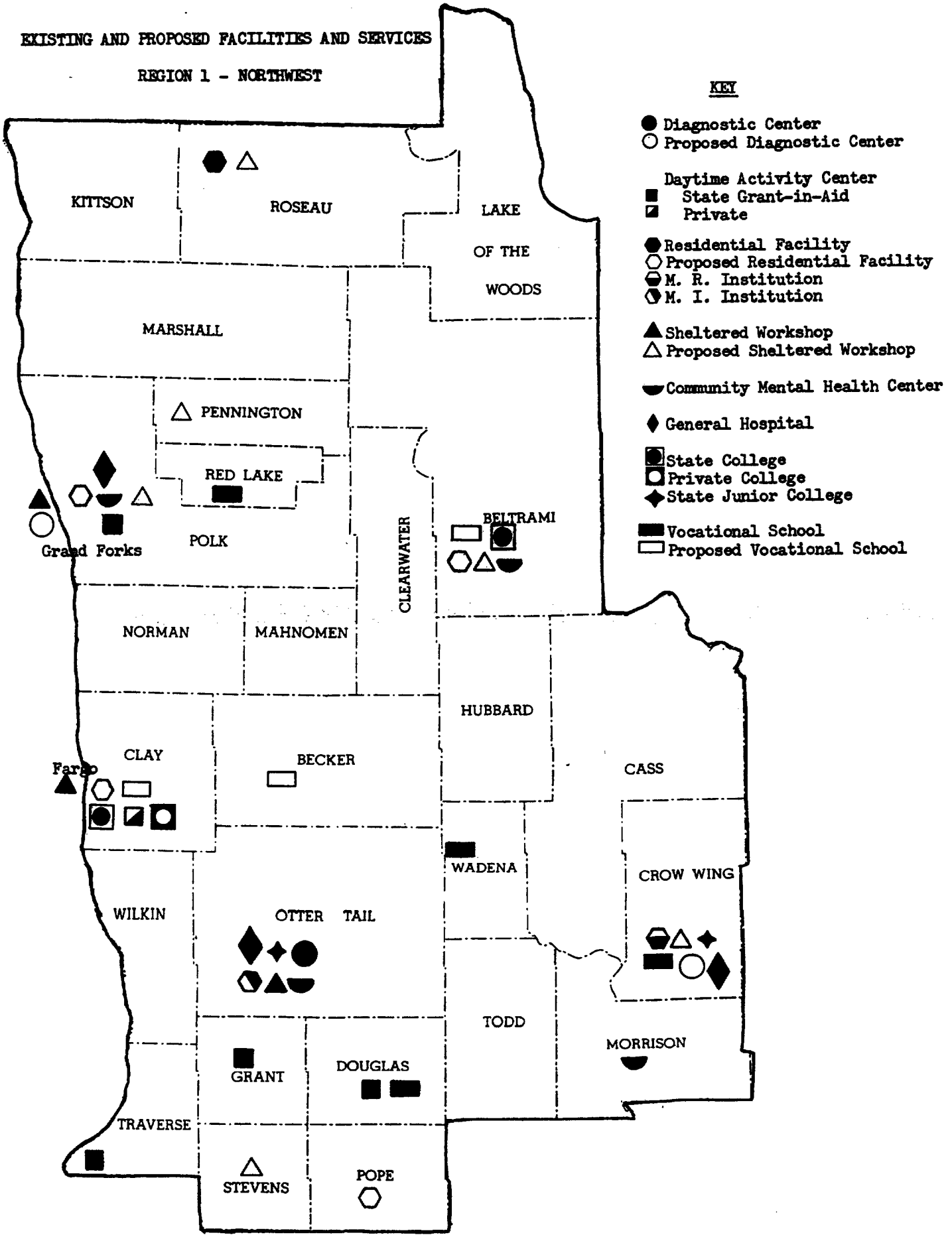

TABLE 3

REGION 1 -- NORTHWEST

1960 POPULATION WITH PROJECTIONS FOR 1965, 1970, AND 1973

COUNTY	Population (1960 Census)	Estimated Population 1965*	Estimated Population 1970*	Estimated Population 1973*
Becker	23,959	22,959	23,500	23,842
Beltrami	23,425	23,050	23,000	23,000
Cass	16,720	15,220	14,300	13,748
Clay	39,080	42,580	48,000	51,261
Clearwater	8,864	8,239	7,800	7,536
Crow Wing	32,134	32,634	33,500	34,019
Douglas	21,313	21,463	21,800	22,000
Grant	8,870	8,495	8,370	8,145
Hubbard	9,962	9,362	8,700	8,304
Kittson	8,343	7,893	7,550	7,340
Lake-of-the-Woods	4,304	4,054	3,900	3,810
Mahnoman	6,341	5,966	5,750	5,615
Marshall	14,262	13,937	13,700	13,559
Morrison	26,641	27,016	27,600	27,951
Norman	11,253	10,548	9,950	9,590
Ottertail	48,960	48,335	47,850	47,550
Pennington	12,468	12,343	12,250	12,190
Polk	36,182	36,382	36,700	36,892
Pope	11,914	11,664	11,550	11,481
Red Lake	5,830	5,455	5,200	5,047
Roseau	12,154	11,854	11,650	11,530
Stevens	11,262	11,637	12,250	12,625
Todd	23,119	22,694	22,400	22,223
Traverse	7,503	7,253	7,100	7,010
Wadena	12,199	12,274	12,400	12,475
Wilkin	10,650	11,000	11,450	11,720
TOTALS	447,712	444,307	448,220	450,463

* Estimates prepared by Department of Health, Bureau of Vital Statistics November, 1961.

Region 1: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

Greater provision of diagnostic services by physicians, psychologists, and public health nurses.

Adequate counseling of parents in an ongoing effort to plan for the needs of the retarded child.

A State residential facility closer to home.

More daytime activity centers.

A facility for non-ambulatory infants.

More boarding homes, some of which would serve severely retarded.

More sheltered living for adults.

More group homes. Short-term residential care, where community adjustment skills could be learned.

More special classes, especially secondary.

Work-training programs.

More sheltered workshops.

More extensive vocational rehabilitation services in conjunction with residential institutions.

A work coordinator to train retarded persons for jobs in the community, to build understanding of abilities and limitations of the retarded, and to ensure follow-up.

A well-organized volunteer program, manned by a full-time coordinator.

Extensive education of the public and professionals concerning mental retardation.

Meeting recreational needs of retarded persons, including adequate summer and religious programs.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES
FOR REGION 1

I. Diagnostic Services

A. Short Range. Expand the services of the Child Development Center at Fergus Falls to include Grant, Douglas, Stevens, Pope and Traverse counties as well as Clay, Becker, Wilkin and Ottertail.

Develop, in cooperation with North Dakota, diagnostic services at Grand Forks, East Grand Forks, and Crookston similar to the Fergus Falls Child Development Center. These services would include Kittson, Roseau, Marshall, Pennington, Red Lake, Polk, Mahnomen and Norman counties.

B. Two Years. Develop a comprehensive combination of services at Brainerd State School and Hospital to serve Lake-of-the-Woods, Beltrami, Clearwater, Hubbard, Wadena, Cass, Crow Wing, Todd, and Morrison counties. The State School and Hospital could be programmed for all handicapped patients needing residential care, diagnostic services, day care, or sheltered work. These patients might be mentally retarded, mentally ill, physically handicapped, etc. Professional persons employed by Community Mental Health Centers at Grand Rapids, Bemidji, and Little Falls could provide consultative services.

II. Residential Care (Current State institution population from this region is shown in Table 4)

A. Short Range. Group homes and boarding homes of all kinds are needed. Existing and proposed nursing homes should be encouraged to serve retarded persons of all ages. Placement should be made only in homes with suitable bed space as defined by the Department of Health.

If used on a regional basis rather than statewide, Roseau Children's Home (45 beds) could accommodate all of the profoundly retarded children

TABLE 4

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 1 - NORTHWEST

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Becker	49	30	19	3	0	0	1	0	0	1	4	5	5	21	9
Beltrami	66	33	33	4	1	2	1	1	0	1	5	11	15	14	11
Cass	65	41	24	4	1	6	1	0	1	2	4	12	1	17	16
Clay	53	28	25	3	3	4	3	0	0	4	3	5	6	12	10
Clearwater	13	8	5	0	0	0	0	0	0	1	1	5	3	2	1
Crow Wing	85	41	44	0	2	5	1	0	1	6	5	9	12	21	23
Douglas	38	22	16	0	0	3	0	1	1	4	1	7	7	7	7
Grant	20	8	12	0	0	0	0	0	2	1	1	5	5	2	4
Hubbard	31	12	19	1	2	0	0	0	0	0	3	6	7	5	7
Kittson	28	16	12	3	1	2	0	0	0	0	2	6	5	5	4
Lake of the Woods	7	2	5	0	0	1	0	0	0	0	0	0	3	1	2
Mahnoman	23	11	12	1	0	1	1	0	1	0	1	0	3	9	6
Marshall	28	13	15	0	1	1	1	0	0	3	1	6	6	3	6
Morrison	77	41	36	4	0	2	3	3	1	2	3	11	15	19	14
Norman	31	13	18	0	1	2	2	0	1	1	0	4	6	6	8
Ottertail	91	50	41	2	4	4	2	2	3	4	2	14	21	24	9
Pennington	19	10	9	0	0	1	0	0	1	1	1	4	1	4	6
Polk	69	40	29	1	0	6	3	1	2	5	4	13	11	14	9
Pope	26	15	11	0	1	3	0	3	1	0	0	6	7	3	2
Red Lake	24	13	11	1	0	1	0	0	0	1	1	3	7	7	3
Roseau	34	20	14	2	1	4	0	1	0	0	2	9	7	4	4
Stevens	15	7	8	1	0	0	0	0	0	1	1	3	4	2	3
Todd	57	29	28	2	0	6	0	0	0	2	4	9	15	10	9
Traverse	21	11	10	0	0	0	1	1	1	2	1	7	6	1	1
Wadena	21	15	6	1	0	2	0	1	0	3	0	4	5	4	1
Wilkin	26	12	14	0	2	2	1	0	0	1	1	4	3	5	7
SUB-TOTALS				33	20	58	21	14	16	46	51	168	186	222	182
TOTALS	1,017	541	476	53		79		30		97		354		404	
1970 PROJECTION	1,016														
1973 PROJECTION	1,024														

* For description of Programs, see pages 30-32.

A. (Continued) (described as Group 1, page 30) who are known to reside in the region. An alternative would be to expand the Roseau program so that it might serve other types of retarded persons; for example, the home could provide sheltered living for adult retarded persons employed there.

Development of supervised sheltered living facilities in proximity to the sheltered workshops at Fergus Falls, Grand Forks, and Fargo-Moorhead, as well as in conjunction with any new workshops, should be encouraged.

B. Two Years. Possible conversion of the Sunnyrest Tuberculosis Sanitarium at Crookston into an adult sheltered living facility should be explored by the Departments of Welfare and Health. With fifty-seven beds, an ample campus, and availability of services at Crookston and Grand Forks, Sunnyrest possesses the ingredients of a good small facility.

C. Long Range. Integration into Fergus Falls State Hospital of selected mentally retarded residents of the region is a possibility which is being explored by the Department of Public Welfare and should be considered in long range planning.

Brainerd State School and Hospital should be equipped so that it can effectively handle the balance of the residential care load. The development of private and special purpose facilities should also be encouraged.

III. <u>Daytime Activity Services</u>

A. Short Range. Daytime Activity Centers should be developed as rapidly as they can be organized and financed. Interested citizen groups must take the initiative in locating individuals who need services and in programming for them.

B. Two Years. Brainerd State School and Hospital should embrace daytime activity services. The Association for Retarded Children and other citizen groups must stimulate recreational activities, religious education and other community services.

C. Long Range. Fargo-Moorhead and possibly Grand Forks and East Grand Forks may eventually have large enough population bases to consider construction of daytime activity centers. This possibility should be kept in mind as other services develop.

Religious education, camping, and recreational programs should be expanded as rapidly as community interest permits. Existing facilities should be utilized.

IV. Sheltered Workshops

A. The statewide plan for the development of sheltered workshops should be studied by interested groups. The Division of Vocational Rehabilitation, State Department of Education,will provide assistance in organizing and constructing workshops, as well as in obtaining Federal funding.

B. Satellite workshops related to the base workshop at Grand Forks are proposed at Roseau, Crookston, or Thief River Falls.

C. A satellite of the Fergus Falls workshop could be located at Bemidji.

D. Brainerd State School and Hospital should institute sheltered work services as part of its comprehensive program.

E. Provision of work training and sheltered employment opportunities at Fergus Falls State Hospital should be explored by the institution, the Department of Public Welfare, and community groups.

V. Requests by the State Department of Health, Education and Welfare for additional consultant and advisory staff to aid in development of programs should be strongly supported. These experts would provide guidance in their various fields and would coordinate statewide programming of all kinds. Their assistance would also permit State departments to carry out more effectively their responsibility for administering current broad Federal programs.

PHS-4774-1
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct., 1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
NW 1	Alexandria	Douglas	Douglas County Day-time Activity Center	-	x	-	02	01	C	-	-	1	-	-	8	1	4	3	-	-	-	-
"	Bemidji	Beltrami	Upper Mississippi Mental Health Center	-	-	-	22	01	B	-	-	-	-	-	Testing only. No special services for the retarded.							
"	Brainerd	Crow Wing	Brainerd State School and Hospital	-	-	x	13	13	A	17	-	-	17	-	1158 (1017 - Region I)	16	321	669	152	9	306	843
"	Crookston	Polk	Northwestern Mental Health Center, Inc.	x	-	-	01	12 13	B	-	-	1	-	-	110 (Services discontinued, 1965)	70	30	6	4	62 (Total load)	412	328
"	Crookston	Polk	Polk County Day Activity Center	-	x	-	12	04	C	-	-	1	-	-	6	1	3	1	1	-	6	-
"	Fergus Falls	Ottertail	Child Development Center	x	-	-	23	13	B	-	-	1	-	-	127	39	29	9	5	25	102	-
																(Non-retarded - 45)						
"	Fergus Falls	Ottertail	Fred Struck Dorm. (boys)	-	-	x	21	04	A	-	-	1	-	-	-13	13	-	-	-	-	2	5
"	Fergus Falls	Ottertail	Reuben Hanson Dorm. (girls)	-	-	x	21	04	A	-	-	1	-	-								
"	Fergus Falls	Ottertail	Lakeland Mental Health Center, Inc.	x	-	-	23	04	B	Inappropriate					1325	Not broken down in I.Q.				52	664	609
"	Fergus Falls	Ottertail	Lake Park-Wild Rice Children's Home	-	x	-	02	02	B	-	1	-	-	-	36	31	5	-	-	-	36	-

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
NW 1	Fergus Falls	Ottertail	Lake Region Sheltered Workshop, Inc.	-	x	-	01	01	B	-	1	-	-	-	22	22	-	-	-	-	4	18
"	Little Falls	Morrison	Northern Pines Mental Health Center	Not applicable. Retarded persons seen only occasionally.																		
"	Roseau	Roseau	Roseau Children's Home	-	-	x	21	21	A	1	-	-	1	-	27	-	-	27	-	19	8	-
"	Wheaton	Traverse	Wheaton Day Activity Center	-	x	-	02	12 14	B	-	-	1	-	-	5	1	2	2	-	-	4	1
"	Fargo, No. Dakota	Cass	Vocational Training Center	-	x	-	01	01	C	-	1	-	-	-	36	36	-	-	-	-	28	8
"	Grand Forks No.Dakota	Grand Forks	Opportunity Training Center	-	x	-	01	01	A	-	1	-	-	-	26	26	-	-	-	-	6	20

PHS-4774-2
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R678

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
NW 1	Alexandria	Douglas	Douglas County Day-time Activity Center	–	8	–	–	8	–	–	–	–	–	–	–	–
"	Bemidji	Beltrami	Upper Mississippi Mental Health Center	Testing only. No special services for the retarded.												
"	Brainerd	Crow Wing	Brainerd State School and Hospital	–	4	–	–	–	4	–	1158 (1017 - Region I)	1158	42	190	900	–
"	Crookston	Polk	Northwestern Mental Health Center, Inc.	802 (Total load)	–	–	–	–	–	–	–	–	–	–	–	–
"	Crookston	Polk	Polk County Day Activity Center	–	6	–	1	6	–	–	–	–	–	–	–	–
"	Fergus Falls	Ottertail	Child Development Center	127	–	–	–	–	–	–	–	–	–	–	–	–
"	Fergus Falls	Ottertail	Fred Struck Dorm. (boys)	–	–	–	–	–	–	–	-7	–	–	7	–	–
"	Fergus Falls	Ottertail	Reuben Hanson Dorm. (girls)	–	–	–	–	–	–	–						
"	Fergus Falls	Ottertail	Lakeland Mental Health Center, Inc.	1325	Inappropriate						Inappropriate					
"	Fergus Falls	Ottertail	Lake Park-Wild Rice Children's Home	–	–	–	–	–	–	–	36	–	36	–	–	–
"	Fergus Falls	Ottertail	Lake Region Sheltered Workshop, Inc.	–	10	–	–	10	–	6	–	–	–	–	–	–

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1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R675

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
NW 1	Little Falls	Morrison	Northern Pines Mental Health Center	Mentally retarded persons seen only on occasion. Very seldom receive referrals.												
"	Roseau	Roseau	Roseau Children's Home	-	-	-	-	-	-	-	27	-	-	27	27	-
"	Wheaton	Traverse	Wheaton Day Activity Center	-	5	-	1	4	-	-	-	-	-	-	-	-
"	Grand Forks, No. Dakota	Grand Forks	Opportunity Training Center, Inc.	-	26	-	26	26	-	3	-	-	-	-	-	-
"	Fargo, No. Dakota	Cass	Vocational Training Center	-	13	-	-	13	-	13	-	-	-	-	-	-

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1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Dec., 1965	Minnesota

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
NW 1	Douglas	Alexandria	E	1	-	x	-	-	-	-	x	-	-	x	x	x	-	-	-	-	8
"	Beltrami	Bemidji	E	1	x	-	-	Testing only. No special services for the retarded.													
"	Beltrami	Bemidji	P	2	-	x	x	-	-	-	x	-	x	x	x	x	x	x	x	x	40
"	Crow Wing	Brainerd	E	1	-	-	x	-	-	-	-	x	-	x	x	x	x	x	x	x	1,017
"	Crow Wing	Brainerd	P	1	x	x	-	x	x	x	x	-	x	x	x	x	x	x	x	x	300
"	Polk	Crookston	E	2	x	x	-	x	-	x	x	-	-	x	x	x	x	x	x	x	110
"	Polk	Grand Forks-East Grand Forks/Crookston	P	1	x	-	-	x	x	-	-	-	-	x	x	x	x	x	x	x	300
"	Polk	Crookston	P	1	-	-	x	-	-	-	x	-	x	x	x	x	-	-	-	x	50
"	Ottertail	Fergus Falls	E	6	x	x	x	x	-	-	x	-	x	x	x	x	x	x	x	x	198
"	Morrison	Little Falls	E	1	Not applicable. Retarded persons seen only occasionally.																
"	Roseau	Roseau	E	1	-	-	x	-	-	-	x	x	-	-	-	x	-	x	x	-	27
"	Traverse	Wheaton	E	1	-	x	-	-	-	-	x	-	-	x	x	x	-	-	x	x	5

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1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Dec., 1965	Minnesota

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
NW 1	Grand Forks	Grand Forks, North Dakota	E	1	-	x	-	x	-	x	x	-	x	x	-	-	-	-	x	x	26
"	Cass	Fargo, North Dakota	E	1	-	x	-	x	-	-	x	-	x	x	-	-	-	-	x	x	36
"	Clay	Fargo-Moorhead	P	1	-	x	x	-	-	x	x	-	x	x	x	x	x	x	x	x	60
"	Pope	Glenwood	P	1	-	-	x	-	-	-	x	x	-	-	-	x	x	x	x	-	50
"	Unassigned		P	Undet.	-	x	x	-	-	x	x	x	x	-	x	x	x	x	x	x	11,220

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STATE OF MINNESOTA

REGION 2 - NORTHEAST

In this large region are found many of Minnesota's great forests, such as the Superior National Forest, which are a major tourist attraction as well as the source of lumber production. The region is bounded on the north by areas of wilderness accessible only by canoe and airplane.

The long crescent from Crosby-Ironton, through Grand Rapids, Hibbing and Virginia to Ely is known as the Iron Range, a major supplier of iron ore for the nation's steel industry. Many communities here are going through a period of transition. For approximately eighty years, from 1880 to 1960, rich ore was shipped via Duluth and the Great Lakes to ports in the East.

In the late 1950's, various factors led to a decline in shipments, with resulting serious unemployment and economic distress. More recently the development of new processes for converting low grade ore into pellets of high iron content (taconite) has led to construction of vast new processing plants. Strong efforts have also been made to diversify industrial development and the economic outlook for the range is greatly improved.

The area embracing Duluth and Superior, Wisconsin, is the second largest metropolitan area in Minnesota. The full potential of the Great Lakes-St. Lawrence Seaway has not yet been realized, but many harbor improvements have been made and boats flying flags of many nations are a common sight. However, seasonal unemployment occurs in the shipping industry when Lake Superior freezes over.

Good roads are available from Duluth to the Twin Cities, to the North Shore resort area, and to the Iron Range. The counties in the southern portion of the region are rural in nature. While they are included in the Northeast Region for purposes of this construction plan, they are actually in a position to utilize services in either Duluth or the Metropolitan Region.

The University of Minnesota-Duluth Branch, Superior State College in Superior, Wisconsin, and Saint Scholastica College in Duluth are potential resources. The University is investigating the possibility of initiating a special education teacher training program.

MAP 9

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 2 - NORTHEAST

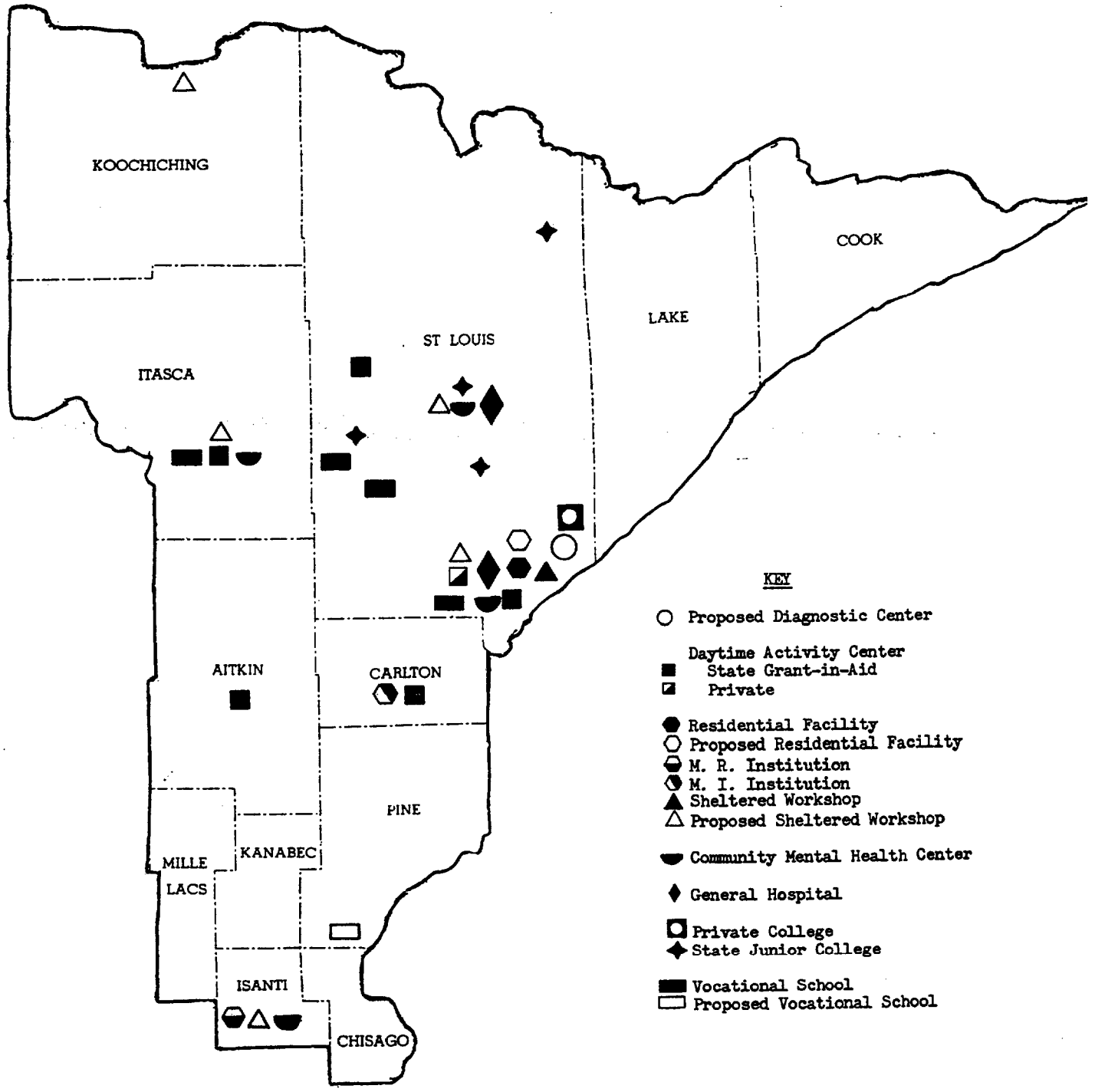

TABLE 5

REGION 2 — NORTHEAST

1960 POPULATION WITH PROJECTIONS FOR 1965, 1970, AND 1973

COUNTY	Population (1960 Census)	Estimated Population 1965*	Estimated Population 1970*	Estimated Population 1973*
Aitkin	12,162	11,537	11,000	10,673
Carlton	27,932	29,682	32,000	33,392
Chisago	13,419	13,525	14,000	14,300
Cook	3,377	3,577	3,850	4,015
Isanti	13,530	13,905	14,700	15,180
Itasca	38,006	40,506	43,500	45,300
Kanabec	9,007	8,957	8,900	8,870
Koochiching	18,190	18,690	19,500	19,986
Lake	13,702	15,702	18,000	19,380
Mille Lacs	14,560	14,210	13,900	13,720
Pine	17,004	16,379	16,000	15,775
St. Louis	231,588	238,588	250,000	256,846
TOTALS	412,477	425,258	445,350	457,437

* Estimates prepared by Department of Health, Bureau of Vital Statistics November, 1961.

Region 2: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

Adequate diagnostic facilities.

Adequate genetic counseling to "high-risk" parents.

More boarding homes.

A group home.

More daytime activity centers for pre-school, adolescent, and adults.

A residential facility in north St. Louis County.

Integrated learning opportunities for the mildly retarded.

More special classes, particularly for secondary and junior high level educable retarded and for trainable children.

Vocational classes for ages 16-20.

Work training programs. Schools should provide employment follow-up after individual leaves school.

A sheltered workshop which coordinates activities for all handicapped.

An additional Vocational Rehabilitation worker for job referral and follow-up.

Greater utilization of volunteer services, particularly with pre-school and older retardates. The public must be educated to the value of volunteers working with retarded.

Community programs in recreational and religious activities for retarded.

A local Association for Retarded Children.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES FOR REGION 2

I. Diagnostic Services

A. Short Range. Local groups, particularly County Welfare Departments, should organize existing professional personnel, hospitals, Community Mental Health Centers, and other resources so that comprehensive total evaluations can be obtained when needed.

B. Two Years. Complete diagnostic and evaluation services should be provided by the State at Brainerd State School and Hospital in conjunction with the Community Mental Health Centers at Grand Rapids, Little Falls, and Bemidji, to serve Koochiching, Itasca, Aitkin, Mille Lacs counties as well as Lake-of-the-Woods, Beltrami, Clearwater, Hubbard, Wadena, Cass, Todd, Morrison, and Crow Wing counties in Region 1.

The balance of the region (Cook, Lake, St. Louis, Carlton, Pine, Kanabec, Isanti, and Chisago) could be served by the organization of a facility in the Duluth-Superior region. Any movement in this direction should be encouraged. Depending on other developments, it may be more convenient for some of the more southerly counties to make use of facilities in the Metropolitan Region or at St. Cloud.

C. Long Range. The Community Mental Health Center at Braham could be moved onto the campus of Cambridge State School and Hospital. These facilities together with the medical complex at St. Cloud could provide comprehensive service to in-patients and on an out-patient basis, to residents of Pine, Kanabec, Isanti, and Chisago counties.

II. Residential Care (Current State institution population from this region is shown in Table 6)

TABLE 6

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 2 - NORTHEAST

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Aitkin	49	24	25	1	0	3	1	0	1	1	4	6	11	13	8
Carlton	44	23	21	3	1	4	0	1	1	1	4	7	8	7	7
Chisago	28	10	18	2	3	1	0	0	2	1	1	4	3	2	9
Cook	8	2	6	0	1	0	0	0	0	0	0	2	2	0	3
Isanti	25	13	12	0	0	2	1	1	0	0	4	3	2	7	5
Itasca	61	29	32	5	1	4	1	1	2	2	2	8	13	9	13
Kanabec	20	16	4	0	0	1	0	2	0	1	0	5	2	7	2
Koochiching	49	25	24	1	3	2	0	1	0	2	2	8	3	11	16
Lake	16	8	8	0	0	1	1	1	0	1	1	3	3	2	3
Mille Lacs	24	12	12	0	3	0	0	0	0	1	0	4	6	7	3
Pine	45	24	21	1	2	1	0	1	0	0	3	10	12	11	4
St. Louis	396	195	201	13	13	30	7	4	10	19	23	59	71	70	77
SUB-TOTALS				26	27	49	11	12	16	29	44	119	136	146	150
TOTALS	765	381	384	53		60		28		73		255		296	
1970 PROJECTION	839														
1973 PROJECTION	877														

* For description of Programs, see pages 30-32.

A. Short Range. The only residential facility other than Cambridge State School and Hospital is the Champion Home at Duluth, which houses thirty children; these children are all on a waiting list for one of the State institutions. If Champion were used as a regional residential facility, probably no similar facility for children under 12 would be needed.

Boarding homes are needed throughout the region. Nursing homes should be encouraged to serve appropriate retarded of all ages. Placement should be made only in those homes classified as suitable by the Board of Health.

B. Two Years. Adult and adolescent group living facilities and sheltered work shops should be developed in the International Falls, Duluth, and Iron Range regions.

C. Long Range. The effect of the present experimental integration by the Department of Public Welfare of selected mentally retarded patients with the mentally ill at Moose Lake State Hospital should be thoroughly evaluated. Consideration should be given to similar integration at Brainerd State School and Hospital. If population grows as expected, construction of a State sponsored comprehensive residential care facility at Duluth would be warranted.

III. Daytime Activity Services

A. Short Range. Daytime Activity Centers should be developed as rapidly as they can be organized and financed. Interested citizen groups must take the initiative in locating individuals who need services and in programming for them.

A well-rounded program of religious education, recreation, social activities, character building, and rehabilitation services should be developed in the Duluth-Superior and Iron Range areas. The Association for Retarded Children and other citizen groups must take initiative in organizing these services.

B. Two Years. The Duluth-Superior metropolitan area should consider construction or remodeling of a facility for daytime activity services.

C. Long Range. The Duluth-Superior and Hibbing-Virginia areas should create regional planning groups for all services and should strengthen those which exist.

IV. Sheltered Workshops

A. The statewide plan for the development of sheltered workshops should be studied by interested groups. Help in organizing and constructing workshops as well as in obtaining Federal funds is available from the Division of Vocational Rehabilitation, State Department of Education.

B. Adult and adolescent group living facilities and sheltered workshops should be developed in the International Falls, Duluth, and Iron Range areas.

C. Each of the State institutions should be surveyed for sheltered employment and work training opportunities for non-residents as well as residents.

V. Requests by the State Department of Health, Education and Welfare for additional consultant and advisory staff to aid in development of programs should be strongly supported. These experts would provide guidance in their various fields and would coordinate statewide programming of all kinds. Their assistance would also permit State departments to carry out more effectively their responsibility for administering current broad Federal programs.

PHS-4774-1
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R876

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
NE 2	Aitkin	Aitkin	Aitkin Day Activity Center	–	x	–	12	12 13	C	–	–	1	–	–	7	–	–	6	1	–	4	3
"	Cambridge	Isanti	Cambridge State School and Hospital	–	–	x	13	13	A	16	–	–	6	10	1828 (765 – Region II)	216 ("No I.Q." – 90)	481	1041	------	16	292	1520
"	Cloquet	Carlton	Carlton County Daytime Activity Center	–	x	–	02	01	B	–	–	1	–	–	8	4	4	–	–	–	3	5
"	Chisholm	St. Louis	Range Day Care Center	–	x	–	01	01	C	–	–	1	–	–	10	4	3	–	3	2	5	3
"	Duluth	St. Louis	Champion Childrens Home	–	–	x	21	21	A	–	1	–	–	–	39	4	8	22	5	9	30	–
"	Duluth	St. Louis	Day Activity Center of Duluth	–	x	–	02	01	A	–	–	1	–	–	15	8	7	–	–	–	6	9
"	Duluth	St. Louis	Duluth Mental Hygiene Clinic, Inc.	x	–	–	01	01 12 13	A	–	–	2	–	–	68	64	4	–	–	4	62	2
"	Grand Rapids	Itasca	Itasca County Day Activity Center	–	x	–	01	01	C	–	–	1	–	–	9	–	–	–	–	3	6	–
"	Grand Rapids	Itasca	Northland Mental Health Center	x	–	–	01	12 13	B	–	–	1	–	–	5	5	–	–	–	–	4	1

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R576

DATE	STATE
Oct., 1965	Minnesota

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INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
NE 2	Aitkin	Aitkin	Aitkin Daytime Activity Center	-	7	-	-	7	-	-	-	-	-	-	-	-
"	Cambridge	Isanti	Cambridge State School and Hospital	-	-	-	-	-	-	-	1828 (765 - Region II)	50	157	516	1105	-
"	Cloquet	Carlton	Carlton County Daytime Activity Center	-	8	-	-	8	-	-	-	-	-	-	-	-
"	Chisholm	St. Louis	Range Day Care Center	-	10	-	-	10	-	-	-	-	-	-	-	-
"	Duluth	St. Louis	Champion Children's Home	-	-	-	-	-	-	-	39	-	7	23	9	-
"	Duluth	St. Louis	Day Activity Center of Duluth	-	15	-	-	15	-	-	-	-	-	-	-	-
"	Duluth	St. Louis	Duluth Mental Hygiene Clinic, Inc.	68	-	-	-	-	-	-	-	-	-	-	-	-
"	Grand Rapids	Itasca	Itasca County Day Activity Center	-	9	-	-	9	-	-	-	-	-	-	-	-
"	Grand Rapids	Itasca	Northland Mental Health Center, Inc.	5 28 Consultations	-	-	-	-	-	-	-	-	-	-	-	-

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Dec., 1965	Minnesota

Page 1 of 1 pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
NE 2	Aitkin	Aitkin	E	1	-	x	-	-	-	-	x	-	-	-	-	x	x	-	x	x	7
"	Isanti	Cambridge	E	1	-	-	x	-	x	x	x	x	-	x	x	x	x	x	x	x	765
"	Carlton	Cloquet	E	1	-	x	-	-	-	-	x	-	-	x	x	-	-	-	x	x	8
"	St. Louis	Chisholm	E	1	-	x	-	-	-	-	x	-	-	-	-	-	-	-	-	-	10
"	St. Louis	Duluth	E	3	x	x	x	x	-	x	x	x	-	x	x	x	x	x	x	x	122
"	St. Louis	Duluth	P	2	x	-	-	x	x	-	-	-	-	x	x	x	x	x	x	x	150
"	St. Louis	Duluth	P	or	-	x	x	x	x	x	x	x	x	x	x	x	x	-	x	x	240
"	St. Louis	Duluth	P	3	-	x	-	-	x	x	x	-	-	-	x	x	x	x	x	x	40
"	St. Louis	Iron Range	P	Undet.	-	x	x	-	x	x	x	x	x	x	x	x	x	x	x	x	40
"	Itasca	Grand Rapids	E	2	x	x	-	x	-	-	x	-	-	x	-	-	-	x	x	x	14
"	Unassigned		P	Undet.	-	x	x	-	-	x	x	x	x	x	x	x	x	x	x	x	11,964

REGION 3 - SOUTHWEST

This is a relatively homogeneous geographic area made up primarily of farm lands and villages containing some small industry. There is no major center of population. St. Cloud is the only urban area (according to 1960 census definition). This city of about 34,000 people is located in the north portion of the region and includes parts of several regions in its normal service area. The health and medical agencies in St. Cloud provide partial diagnostic services for retarded persons and are planning to expand these services in the near future. St. Cloud State College has a special education teacher training program. Other colleges in the region are St. Benedict's, St. John's, and St. Joseph's.

Services for the retarded in the rest of the region are limited and scattered.

The new State College at Marshall, scheduled to open in September, 1967, should be a resource which will stimulate the growth of other services during the next several years. Marshall appears to be the logical base for a complex of services. It is easily accessible by good roads in all directions. The triad of Willmar-St. Cloud, Marshall, and Mankato would provide good coverage for diagnostic services and residential care facilities.

Other assets which should be utilized in planning are the State Hospital at Willmar and the Morris Branch of the University of Minnesota.

MAP 10

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 3 - SOUTHWEST

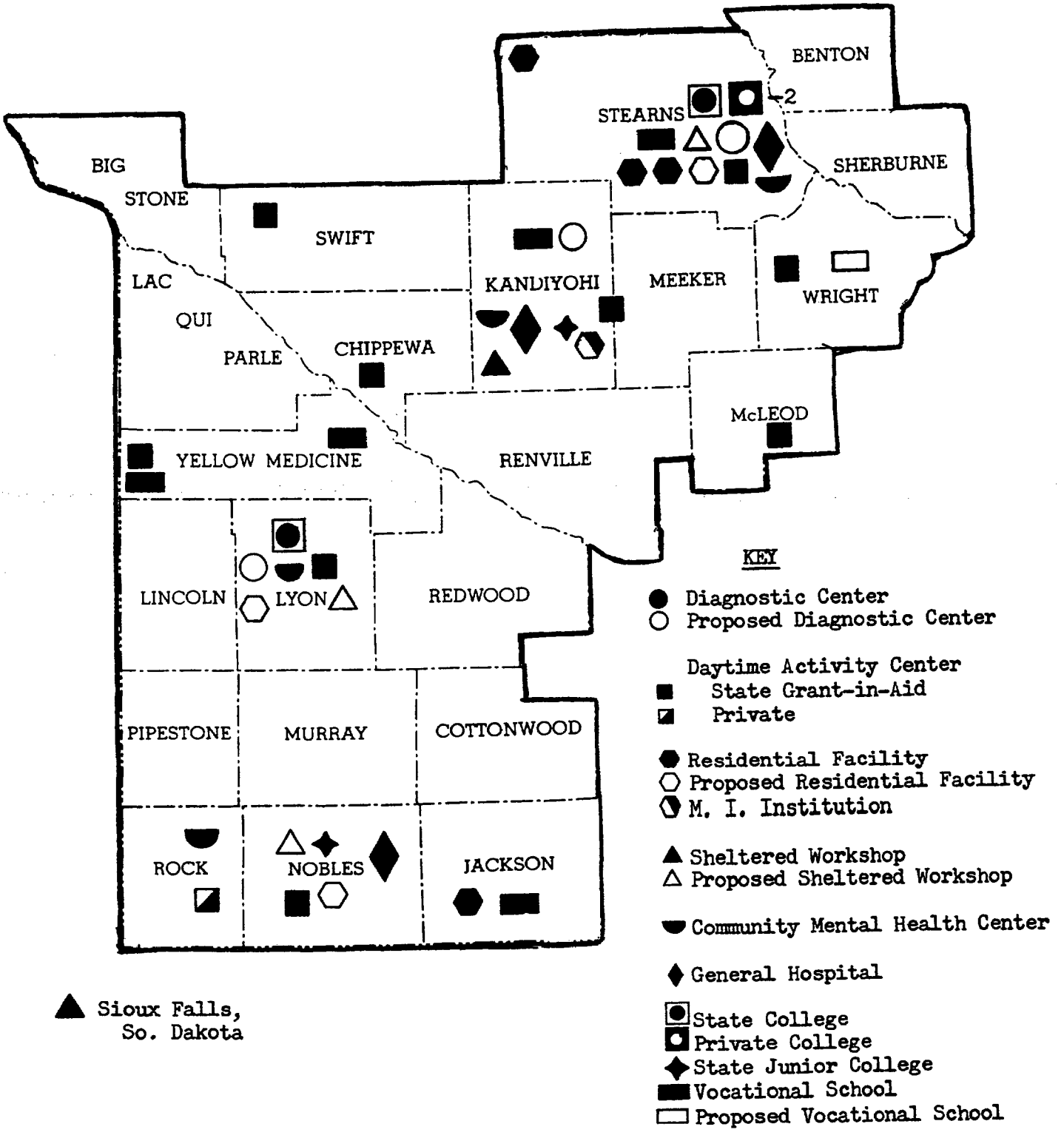

TABLE 7

REGION 3 -- SOUTHWEST

1960 POPULATION WITH PROJECTIONS FOR 1965, 1970, AND 1973

COUNTY	Population (1960 Census)	Estimated Population 1965*	Estimated Population 1970*	Estimated Population 1973*
Benton	17,287	17,787	18,500	18,926
Big Stone	8,954	8,704	8,650	8,617
Chippewa	16,320	16,470	17,000	17,318
Cottonwood	16,166	16,366	16,700	16,900
Jackson	15,501	15,176	15,000	14,895
Kandiyohi	29,987	30,612	31,500	32,034
Lac qui Parle	13,330	12,830	12,500	12,302
Lincoln	9,651	9,276	9,050	8,915
Lyon	22,655	22,905	23,350	23,617
McLeod	24,401	24,901	25,600	26,020
Meeker	18,887	18,987	19,150	19,249
Murray	14,743	14,803	14,950	15,040
Nobles	23,365	24,240	25,350	26,016
Pipestone	13,605	13,680	13,850	13,952
Redwood	21,718	22,068	22,500	22,758
Renville	23,249	23,099	23,000	22,940
Rock	11,864	12,264	12,850	13,201
Sherburne	12,861	13,736	14,800	15,439
Stearns	80,345	84,970	90,000	93,000
Swift	14,936	15,036	15,200	15,299
Wright	29,935	31,310	32,950	33,934
Yellow Medicine	15,523	15,623	15,750	15,825
TOTALS	445,183	464,843	478,200	486,197

* Estimates prepared by Department of Health, Bureau of Vital Statistics November, 1961.

Region 3: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

Adequate diagnostic and treatment facilities.

Additional public health nurses.

More boarding homes, including some for adults and for severely retarded children.

A home for infant non-ambulatory cases.

Half-way houses, where retardates could receive training in social adjustment to enable them to take their places in the community.

Group homes for children and adults.

Community living facilities for post-school age retarded.

Daytime activity center. Adult activity center.

More special classes, especially for trainable and secondary educable.

More sheltered employment.

More extensive pre-vocational training programs; a vocational coordinator to find employment for the retarded.

Constructive recreational activities, such as Sunday School and craft groups.

Increased use of volunteer groups. A volunteer coordinator and active promotion of volunteer activities.

Community education to encourage the seeking of services which are available.

Education of professionals concerning mental retardation.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES FOR REGION 3

I. Diagnostic Services

A. Demonstrated interest at St. Cloud and Willmar will probably create centers capable of serving Benton, Sherburne, Wright, McLeod, Meeker, Kandiyohi, Swift, Chippewa, Big Stone, Lac qui Parle, Yellow Medicine, Renville, and Stearns counties. Until these centers develop the counties should look to the West Central Mental Health Center at Willmar or to Mankato for diagnostic services.

Lincoln, Pipestone and Rock counties might obtain services at Sioux Falls.

B. Additional facilities are needed to serve Lyon, Murray, Nobles, Jackson, and Cottonwood counties. The medical communities at Marshall, Worthington, and Windom should structure existing services for this purpose in conjunction with the Western Mental Health Center and Southwest State College at Marshall.

II. Residential Care (Current State institution population from this region is shown in Table 8).

A. Short Range. The only residential facilities in the region are Julie Billiart Home which cares for 35 children from all over the State, Pettit Children's Home which cares for twenty children, Lakeview Children's Home with a capacity of eight, and Dorothe Lane Home which has a capacity of 12. All of these children are on the waiting list for State institutions. If placement patterns were altered so that these facilities would serve only Region 3 there would be no necessity for further building here for children. However, group homes for adults who are in need of educational and social experiences which will enable them to function in the community (Group 6) are needed.

TABLE 8

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 3 - SOUTHWEST

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Benton	57	30	27	4	0	2	0	1	0	2	7	9	11	12	9
Big Stone	23	11	12	0	0	2	2	0	0	0	1	6	6	3	3
Chippewa	38	19	19	0	2	2	0	1	1	1	2	6	12	9	2
Cottonwood	34	17	17	2	1	2	0	2	2	4	4	2	4	5	6
Jackson	23	12	11	0	0	1	0	2	0	2	0	4	7	3	4
Kandiyohi	46	29	17	2	0	0	1	0	1	3	5	9	5	15	5
Lac qui Parle	20	7	13	0	0	0	0	0	0	0	3	5	6	2	4
Lincoln	23	9	14	0	2	1	0	1	0	3	2	2	6	2	4
Lyon	30	16	14	0	0	1	0	0	0	1	2	7	9	7	3
Mc Leod	45	27	18	0	2	3	0	1	0	4	2	7	13	12	1
Meeker	28	17	11	1	1	2	0	0	0	2	2	8	6	4	2
Murray	23	12	11	1	0	0	1	0	0	4	2	1	2	6	6
Nobles	39	22	17	0	2	0	0	1	1	2	1	9	7	10	6
Pipestone	26	15	11	0	0	1	0	0	0	0	1	7	6	7	4
Redwood	42	22	20	0	2	1	0	0	0	1	3	11	8	9	7
Renville	60	30	30	1	1	1	0	5	1	2	2	8	18	13	8
Rock	19	12	7	0	0	1	0	1	0	1	1	4	1	5	5
Sherburne	27	16	11	2	2	1	1	2	0	1	0	2	5	8	3
Stearns	158	86	72	9	4	7	6	0	1	8	9	36	26	26	26
Swift	34	17	17	1	2	3	0	0	1	1	3	8	4	4	7
Wright	44	24	20	1	2	3	1	0	2	0	1	7	6	13	8
Yellow Medicine	38	19	19	0	0	2	0	3	1	1	1	8	8	5	9
SUB-TOTALS				24	23	36	12	20	11	43	54	166	176	180	132
TOTALS	877	469	408	47		48		31		97		342		312	
1970 PROJECTION	924														
1973 PROJECTION	951														

* For description of Programs, see pages 30-32.

B. Two Years. Possible use of Willmar State Hospital for residential care as well as for diagnosis and treatment of the mentally retarded should be explored.

C. Long Range. A small residential facility should be considered in connection with Southwest State College at Marshall. At present the absence of medical specialists in Marshall suggests a unit geared for short and long term care of ambulatory cases requiring a minimum of medical attention. Such a facility should also house a daytime activity center and sheltered workshop, and should serve the college as a vehicle for field placements and teaching.

The Department of Public Welfare is studying the feasibility of future utilization of St. Peter State Hospital for the care of the mentally retarded. If St. Peter were used to house a large number of retarded adults, it would probably become unnecessary to build other residential facilities.

III. Daytime Activity Services

A. Short Range. Existing daytime activity centers should expand present programs to include more adult activities and service to the severely and profoundly retarded.

New services should be developed to meet demonstrated need.

Church school classes, camping, and recreation and social activities should become a part of the programs of existing facilities.

B. Long Range. The Lyon County Day Activity Center should seek affiliation with Southwest State College at Marshall, from which it could draw psychological and other services. It should also serve as a field placement for the college. Community interest here may stimulate the college to institute programs which will train persons to work with the handicapped.

IV. Sheltered Workshops

A. The statewide plan for the development of sheltered workshops should be studied by interested groups. Help in organizing and constructing workshops, as well as in obtaining Federal funds, is available from the Division of Vocational Rehabilitation, State Department of Education.

B. Short Range. Sheltered work stations combined with adult residential facilities should be strengthened at Willmar. Possibilities for utilizing the existing workshop at Sioux Falls, South Dakota should be further explored, particularly by residents of Rock, Pipestone, and Lincoln counties.

C. Two Years. Sheltered workshops at St. Cloud and Marshall should be affiliated with respective State colleges; workshops could then serve as field placements and could draw upon college faculty for help in evaluations and programming.

V. Requests by the State Department of Health, Education and Welfare for additional consultant and advisory staff to aid in development of programs should be strongly supported. These experts would provide guidance in their various fields and would coordinate statewide programming of all kinds. Their assistance would also permit State departments to carry out more effectively their responsibility for administering current broad Federal programs.

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SW 3	Adrian	Nobles	Nobles County Day Activity Center	–	x	–	12	12	B	–	–	1	–	–	13	–	–	13	–	–	12	1
"	Annandale	Wright	Minnesota Association for Retarded Children Camp	–	–	x	04	04	A	–	20	–	–	–	460	80	300	80	–	30	350	80
"	Atwater	Kandiyohi	Kandi-Meeker Daycare Center	–	x	–	12	12	A	–	1	–	–	–	15	–	15	–	–	6	2	7
"	Ghent	Lyon	Lyon County Day Activity Center	–	x	–	04	04 13	B	–	1	–	–	–	11	–	2	8	1	1	10	–
"	Jackson	Jackson	Julie Billiart Home	–	–	x	22	22	A	–	1	–	–	–	35	–	–	32	3	32	3	–
"	Luverne	Rock	Southwestern Mental	x	–	–	12 13	12 13	A B	–	–	1	–	–	10	8	2	–	–	2	2	6
"	Marshall	Lyon	Western Mental Health Center	–	–	–	12 13 23	12 13 23	B	No special programs for mentally retarded.						–	–	–	–	–	–	–
"	Sauk Centre	Stearns	Lake View Childrens Home	–	–	x	21	21	A	–	–	1	–	–	8	–	–	8	–	6	2	–
"	St. Cloud	Stearns	Central Minnesota Mental Health Center	x	–	–	21	12	B	–	–	1	–	–	20	10	8	2	–	7	7	6

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
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DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	PROGRAMS OFFERED IN FACILITIES: DAY FACILITY (B)	PROGRAMS OFFERED IN FACILITIES: RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: B	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	LEVEL OF RETARDATION: MODERATE	LEVEL OF RETARDATION: SEVERE	LEVEL OF RETARDATION: PROFOUND	AGE GROUPING: PRE-SCHOOL	AGE GROUPING: SCHOOL AGE	AGE GROUPING: ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SW 3	St. Cloud	Stearns	St. Cloud Day Center	-	x	-	02	01	C	-	-	1	-	-	23	7	10	6	-	4	14	5
"	Willmar	Kandiyohi	West Central Mental Health Center, Inc.	x	-	-	01 13	01	B	-	-	1	-	-	94	61	25	8	—	1	55	39
"	Sauk Centre	Stearns	Pettit's Childrens Home	-	-	x	21	21	A	-	1	-	-	-	20	1	9	10	-	-	20	-
"	Willmar	Kandiyohi	West Central Industries, Inc.	-	x	-	01	01	A	-	-	1	-	-	14	-	4	5	5	-	2	12

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R676

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
SW 3	Adrian	Nobles	Nobles County Day Activity Center	-	13	-	-	11	2	-	-	-	-	-	-	-
"	Annandale	Wright	Minnesota Association for Retarded Children Camp	-	-	-	-	-	-	-	460	-	-	460	-	-
"	Atwater	Kandiyohi	Kandi-Meeker Daycare Center	-	15	-	-	15	-	-	-	-	-	-	-	-
"	Ghent	Lyon	Lyon County Day Activity Center	-	9	-	-	8	1	-	-	-	-	-	-	-
"	Jackson	Jackson	Julie Billiart Home	-	-	-	-	-	-	-	35	-	-	-	35	-
"	Luverne	Rock	Southwestern Mental Health Center	10	-	-	-	-	-	-	-	-	-	-	-	-
"	Marshall	Lyon	Western Mental Health Center	No special programs for the mentally retarded.												
"	Sauk Centre	Stearns	Lake View Childrens Home	-	-	-	-	-	-	-	8	-	-	8	-	-
"	St. Cloud	Stearns	Central Minnesota Mental Health Center	20	-	-	-	-	-	-	-	-	-	-	-	-
"	St. Cloud	Stearns	St. Cloud Day Center	-	23	-	-	23	5	7	-	-	-	-	-	-
"	Willmar	Kandiyohi	West Central Mental Health Center, Inc.	94	-	-	-	-	-	-	-	-	-	-	-	-

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Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES												
				D & E CLINIC	SERVICES IN DAY FACILITY PROGRAMS						SERVICES IN RESIDENTIAL FACILITY PROGRAMS					
	CITY OR TOWN	COUNTY		DIAGNOSTIC & EVALUATION SERVICES	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
SW 3	Sauk Centre	Stearns	Pettit's Childrens Home	–	–	–	–	–	–	–	20	–	–	20	–	–
"	Willmar	Kandiyohi	West Central Industries, Inc.	–	14	–	–	–	–	14	–	–	–	–	–	–

PHS-4774-3
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Dec., 1965	Minnesota

Page 1 of 1 pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
SW 3	Nobles	Adrian	E	1	-	x	-	-	-	-	x	x	-	-	-	x	-	-	x	x	13
"	Nobles	Worthington	P	2	-	x	x	-	-	-	x	-	x	x	x	x	x	x	x	x	40
"	Wright	Annandale	E	1	-	-	x (ARC Summer Camp)	-	-	-	x	-	-	x	x	x	-	x	x	x	460
"	Kandiyohi	Atwater	E	1	-	x	-	-	-	-	x	-	-	-	x	-	-	x	x	x	15
"	Kandiyohi	Willmar	E	3	x	x	-	x	-	-	x	-	x	x	x	x	x	x	x	x	55
"	Lyon	Ghent	E	1	-	x	-	-	-	-	x	x	-	-	x	x	x	x	x	-	11
"	Lyon	Marshall	P	Undet.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	400
"	Jackson	Jackson	E	1	-	-	x	-	-	-	-	x	-	-	-	x	x	x	x	-	35
"	Rock	Luverne	E	1	x	-	-	x	-	-	-	-	-	x	x	-	-	x	x	x	10
"	Stearns	Sauk Centre	E	2	-	-	x	-	-	-	x	-	-	x	x	x	-	x	x	-	28
"	Stearns	St. Cloud	E	2	x	x	-	x	-	-	x	x	x	x	x	x	-	x	x	x	43
"	Stearns	St. Cloud	P	2	-	x	x	-	x	-	x	x	x	x	x	x	x	x	x	x	90
"	Stearns or Kandiyohi	St. Cloud or Willmar	P	1	x	-	-	x	x	-	-	-	-	x	x	x	x	x	x	x	150
"	Unassigned		P	Undet.	-	x	x	-	-	x	x	-	x	x	x	x	x	x	x	x	12,996

REGION 4 - METROPOLITAN

The Metropolitan Region includes the seven counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. The counties comprise 73 townships, 100 municipalities, and 31 incorporated areas. They embody 2,981 square miles, 2,813 of which are land, 168 water. They are divided into 51 school districts. By 1960 nearly 45 percent of all Minnesotans resided in the seven county region. If the present growth rate continues, nearly 57 percent of the population of the State will live in this region by 1980.

Growth and Character of Population

Population figures indicate that from 1950 to 1960 the region grew by 28.7 percent, or 340,000 persons. This unusually heavy growth has been compared to the effect of adding a city the size of St. Paul to the region. In 1960, 83 percent of the 1,525,297 population of the Metropolitan region resided in Hennepin and Ramsey counties.

A 10.9 percent increase has taken place from 1960 to 1964 to boost the total Metropolitan figure to 1,691,624. Projected figures predict a total of 1,844,400 by 1970, of 2,451,900 (61 percent change) by 1980, and 4,033,400 (164 percent change) by the year 2000. 1970 estimates also indicate that there will be a great increase in the number of children between 5 and 14, those of high school and college age, and elderly people. The number of persons in their thirties and early forties will probably decrease, which those in late forties or fifties will probably increase.

Greatest increment to date has occurred in Anoka county, with Dakota, Washington, and Scott not far behind (Table 9). Projections to 1970 and 1980 indicate a similar pattern, with percents of change ranging from 69 percent in Carver county to 140 percent in Dakota (Table 10). In some cases, new suburbs have

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TABLE 9 *

1960-64 CHANGE IN METROPOLITAN REGION POPULATION

County	1960 Population	1964 Population	Change	%
Anoka	85,916	123,818	37,902	44.1
Carver	21,358	24,311	2,953	13.8
Dakota	78,303	101,396	23,093	29.5
Hennepin	842,854	908,379	65,525	7.8
Ramsey	422,525	441,020	18,495	4.4
Scott	21,909	26,449	4,540	20.7
Washington	52,432	66,251	13,819	26.4
TOTAL	1,525,297	1,691,624	166,327	10.9

* Prepared by the Metropolitan Planning Commission for Information Bulletin Number 6, April 30, 1964.

TABLE 10 *

1970 AND 1980 POPULATION PROJECTIONS FOR METROPOLITAN REGION

County	1970	1980	1960-1980 Change	
Anoka	124,500	185,200	99,284	116%
Carver	24,000	36,100	14,742	69%
Dakota	104,600	188,200	109,897	140%
Hennepin	1,004,200	1,180,500	337,600	40%
Suburban	514,200	680,400	320,418	89%
Minneapolis	490,000	500,100	17,228	4%
Ramsey	488,300	571,700	149,200	35%
Suburban	163,300	236,700	127,586	117%
St. Paul	325,000	335,000	21,589	7%
Scott	25,900	47,100	25,191	115%
Washington	72,900	111,500	59,068	113%
Metropolitan Total	1,844,400	2,320,300	795,000	52%

* From a reprint of Appendix of Metropolitan Planning Report Number 9, Metropolitan Population Study, Part II, Numbers and Distribution. (Reprinted November 2, 1964)

surpassed old established cities as the counties' most populous communities. For example, Stillwater has yielded to Cottage Grove Township in Washington County and Fridley is now larger than Columbia Heights in Anoka County.

Although only 28 percent (96,000) of the metropolitan population growth from 1950 to 1960 resulted from net in-migration, well over half the growth in Anoka, Dakota, Washington, and surburban Hennepin and Ramsey counties stemmed from this factor. If children born to in-migrants after their arrival in the metropolitan region are included, net in-migration accounts for about 118,000 of the 340,000 increase during the 1950's. 72 percent of the metropolitan population growth from 1950 to 1960 was attributed to natural increase, that is, the difference between birth and death rates. In 1959 the birth rate was estimated by the Metropolitan Planning Commission as 27.8 per 1,000, with the death rate 8.6 per 1,000; these rates are higher and lower, respectively, than those for the nation. In Anoka and suburban Ramsey counties, the rates of natural increase by 1960 are said to equal those of the most prolific countries in Latin America—the fastest growing countries in the world!

The Metropolitan Region had a population density of 421 persons per square mile of land area in April, 1950. Population density for the five county Standard Metropolitan Statistical Area (excludes Carver and Scott) at the same date was 548; it was 706 in April, 1960. County densities ranged from over 2,700 per square mile in Ramsey to 60 in Carver in 1960; even the suburban portion of Ramsey had over 1,000 persons per square mile. Although density in Minneapolis is more than 8,700 persons per square mile, the large total land area of Hennepin county (559 square miles) brings the over-all density of the county to 1,507—substantially below that of Ramsey. Areas with the largest suburban population densities are located in central Ramsey, southwest Anoka, and central Hennepin.

Six municipalities are expected to increase their populations by 25,000 or more during 1960-80: Bloomington, Maplewood, Minnetonka, Brooklyn Park, Coon

Rapids, Burnsville Township. The largest increases are projected for Bloomington (64,800) and Minnetonka (48,200). However, the greatest total impact of future population growth will probably be in communities where both growth rate and absolute number of people are high. Eighteen of the 26 communities with estimated increases in excess of 10,000 have rates of increase calculated at 100 percent or over for the 20 year period. Burnsville Township, Eagan Township, Brooklyn Park, New Hope, Mendota Heights, New Brighton, Eden Prairie Township, Glendale Township have exceptionally high projected rates of increase.

The picture in the central cities is somewhat different. From 1950 to 1960, Minneapolis experienced a substantial loss in population (38,846 or 7.4 percent), while St. Paul's population increased slightly (2,062 or 0.7 percent). Both cities incurred greatest losses in the center of the city, with the population tending to move out to the edges. Mobility in Minneapolis in 1960 was such that half the population had moved sometime during the previous five years. Highest mobility was in the central area of the city. The Metropolitan Planning Commission predicts that by 1970 more people will live outside the central cities than inside. For example, in the fifties St. Paul had a new out-migration of about 49,000 persons.

Families predominate in outlying areas of the city. Understandably children are concentrated in these areas also. In the Minneapolis area, the majority of children under 10 live in the suburbs, although the percentage is high in the near north and other close-in areas where one-parent homes and public housing abound. More than half the children 10-17 live in the suburbs. Only 46.1 percent (110,000) of the 238,000 persons aged 25-44 in the Minneapolis area live in the city; they live mostly at the outer edges and in the suburbs. From 1950 to 1960 in St. Paul, there has been a decrease of over 25,000 people or 12.9 percent aged 18-64, caused mostly by out-migration of the 25-44 age group. The heaviest gains in the pre-school and school age groups were at the edges of the city and in

the suburbs. Both Minneapolis and St. Paul report that the greatest proportion of the retirement population—over 65—lives in the central city.

The implications are obvious. To quote the St. Paul City Planning Board: "If these trends continue the city will be left with...persons needing schools, recreational facilities, social and welfare services, and other municipal services, but with a smaller proportion (and quite possibly a smaller number) of wage earning, tax-paying persons to provide such services."[6]

In 1960 2.4 percent of the Minneapolis population were Negroes, 0.8 percent were other non-whites. St. Paul reported that "a little less than 3 percent of the total population were non-whites, reflecting a 50 percent increase in the 1950's.

Income

Median family income in the Twin Cities area (excluding Carver and Scott counties) rose 81 percent between 1950 and 1960, from $3,780 to $6,840. However, a 20 percent rise in the price of consumer goods during the same period modified this figure to 61 percent. In Minneapolis and St. Paul, median income for families and "unrelated individuals" rose 79 percent; a 20 percent consumer price rise modified this figure to 59 percent. Median income in the five counties grew the least (less than half the total rate of increase) in tracts clustered around the downtown Twin Cities, south and west of downtown Minneapolis, and west of downtown St. Paul. Table 11 shows the 1960 incomes of families living in the Metropolitan Region.

Apparently there exists a circular distribution of low median incomes in and around the central business districts of the Twin Cities. High incomes are found in inner rings of suburbs, declining to outer suburbs and into rural areas—where

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6. City Planning Board of St. Paul. Population Characteristics - 1960, with Projections to 1970 and 1980. Community Plan Report No. 12. December, 1961. Page 14.

TABLE 11

1960 FAMILY INCOMES IN METROPOLITAN REGION

Yearly Income	Number of Families	%
Under $2,000 (Very low)	20,270	5.6
$2,000 to $3,999 (Low)	37,776	10.3
$4,000 to $5,999 (Lower middle)	81,197	22.3
$6,000 to $9,999 (Middle)	152,868	42.0
$10,000 + (High)	72,016	17.8

NOTE: Poverty and Deprivation in the U.S., published by the Conference on Economic Progress, Washington, D.C., in 1962, and Gunner Myrdal's Challenge to Affluence, published by Pantheon Books in 1963 use the following definitions: utterly destitute = under $2,000 annual income; poverty = $4,000 or less; deprivation = $4-6,000.

median incomes are again as low as those around central business districts. The circular increment pattern is most restrained to the north of downtown Minneapolis where land is level and the communities traditionally middle-income, and to the northeast and east of downtown St. Paul, areas which are still sparsely populated. Census figures for Minneapolis indicate that six percent of suburban families fell below the poverty line, compared with 14 percent in the city. Two census tracts, comprising Greenfield, Independence, Maple Plain, Rockford, Medina, Loretto and Corcoran in northwest Hennepin County, had the largest percentage (23 percent) of families with incomes of less than $3,000.

However, the preponderance of very low-income families in the Metropolitan Region is concentrated in three areas (although these families are found in almost all census tracts): (1) immediately south of the Minneapolis central business district, between Nicollet and Hiawatha and Cedar to about Lake; (2) Selby-Dale to the west of downtown St. Paul between Lexington, University and Summit; (3) northwest of the Minneapolis loop between Olson Highway and Plymouth. Populations of unrelated individuals such as those living in college dorms, rooming houses, and homes for the aged, lower the median in west St. Paul (colleges), southwest of downtown Minneapolis, and near the campuses of the University of Minnesota.

Southwest of both downtowns is a "narrow wedge" of high median income ("Summit Hill District" in St. Paul and "Lowry Hill-Kenwood" in Minneapolis) associated with belts of high ground. High income areas also extend from the southwest edge of both downtowns to the Edina-Lakes region in Minneapolis and to Highland Park in St. Paul. Most very high (over $25,000 per year) income, although scattered throughout 80 percent of the census tracts, is concentrated in the western suburbs of Edina, Golden Valley and St. Louis Park: a finger of land from the Minneapolis loop to the lakes; north and east of Lake Minnetonka; Summit Avenue toward central St. Paul; and Highland Park.

Housing Units

By January of 1964, the Metropolitan region had gained an estimated 9,759 units in one and two family homes and 7,763 units in apartment buildings and other multi-unit dwellings. This total of 17,522 units was a 3.3 percent gain over January, 1963. Included in the one and two family homes are 3,501 mobile units, 485 of which (16.1 percent increase) were added in 1963. Multi-family building units accounted for 44.3 percent of the total new units as compared with 46.6 percent gain over January, 1963.

Dakota County showed the highest percent (9.1) of gain in housing units in 1963; Anoka County was second with 7.7 percent. Ramsey County's gain of 1.9 percent was the smallest. Hennepin County gained only 2.5 percent but led in absolute numbers, accounting for 47.9 percent of the seven county growth. The Metropolitan Planning Commission states:

"These estimates indicate a continued population decline in the central cities of Minneapolis and St. Paul, despite an increase in the number of housing units then. Most of this new construction consisted of apartment buildings which house a smaller number of persons per unit than do single-family homes. There also appears to be a decrease in the average size of city families, since average household sizes are down.

"Most of the suburban apartment buildings have been built in areas where vacant land suitable for major single-family home construction projects is becoming scarce. It is these large building projects that cause spectacular population growth. But with suitable land being used up to the west of Minneapolis and the north of St. Paul, these areas, despite increased apartment construction, have slowed down in growth.

"The greatest growth today is in the area to the south of both Twin Cities where suitable land for major home-building projects is still plantiful. The Minnesota and Mississippi rivers have not proven, as many had previously thought

they would, effective barriers to growth in this part of the area. The construction of bridges has helped to improve access across the rivers."[7]

Planning Structure

At present there are a number of agencies or groups which are planning on a multi-county metropolitan basis. The Twin Cities Metropolitan Planning Commission plans for seven counties, while the Minneapolis-St. Paul Standard Metropolitan Statistical Area (SMSA) is used by various Federal agencies and excludes Carver and Scott counties. The Metropolitan Airport Commission and the Minnesota Highway Department (in conjunction with the Metropolitan Planning Commission) are both functioning on a seven-county basis. The Metropolitan Airport Commission and the Minnesota Highway Department (in conjunction with the Metropolitan Planning Commission) are both functioning on a seven-county basis. The Metropolitan Mosquito Control works with six counties—Scott is excluded. The Minneapolis-St. Paul Sanitary Sewer District includes at least portions of Anoka, Dakota, Hennepin, Ramsey, and Washington counties. The three hospital planning groups (Minneapolis, St. Paul, Anoka County) consider the Metropolitan Region as a whole in their deliberations, as does the State Water Pollution Control Commission and the Junior College Board.

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7. The Joint Program. Incomes in the Twin Cities Metropolitan Area. Background Document No. 1. July, 1964.

METROPOLITAN DEMOGRAPHIC FACTORS

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1. City Planning Board of St. Paul. Population Characteristics - 1960, with Projections to 1970 and 1980. Community Plan Report No. 12. December, 1961.

2. Community Health and Welfare Council of Hennepin County. Profile of Minneapolis Communities. September, 1964.

3. The Joint Program. Incomes in the Twin Cities Metropolitan Area. Background Document No. 1. July, 1964.

4. ——————. Program Notes. March, 1964; August, 1964; March, 1965.

5. ——————. 1964 Population Estimates. Information Bulletin #6. April 30, 1964.

6. ——————. 1962 Land Use. Information Bulletin #8. August 10, 1964.

7. ——————. Housing Unit Estimates. Information Bulletin #4, October 16, 1963.

8. ——————. 1964 Housing Unit Estimates. Information Bulletin #5. April 17, 1964.

9. ——————. Interim Labor Force Projections, 1980 and 2000. Information Bulletin #3. September 27, 1963.

10. ——————. Projection of School Enrollment for 1980 and 2000. Information Bulletin #2. September 9, 1963.

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12. Twin Cities Metropolitan Planning Commission. Metropolitan Population Study. Part II. Numbers & Distribution. Metropolitan Planning Report No. 9. February, 1961. Part III. Basic Characteristics. Report No. 11. March, 1962.

13. ——————. MPC Population Projections--1970 and 1980. Appendix to MPC Report No. 9. November 2, 1964.

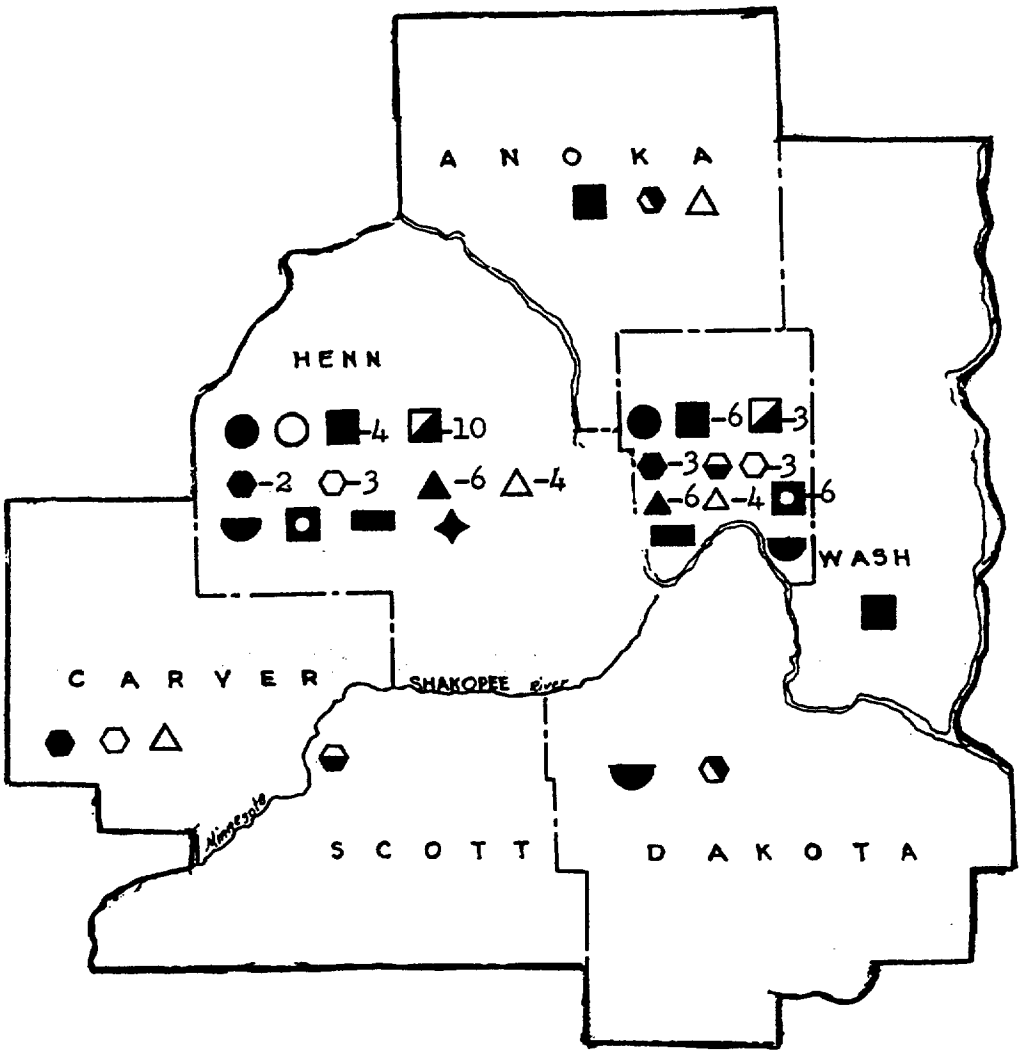
14. ——————. Mass Transit in the Twin Cities Metropolitan Area. Background Document No. 4. December, 1964.

15. ——————. 1963, A Year of Intergovernmental Action. Annual Report, 1963.

MAP 11

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 4 - METROPOLITAN



KEY

- Diagnostic Center
- Proposed Diagnostic Center

Daytime Activity Center
- State Grant-in-Aid
- Private

- Residential Facility
- Proposed Residential Facility
- M. R. Institution
- M. I. Institution

- Sheltered Workshop
- Proposed Sheltered Workshop

- Community Mental Health Center

- Private College
- State Junior College

- Vocational School

Region 4: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

A multidisciplinary community center for evaluation, treatment, and research. (Hennepin County)

Ongoing training programs for professionals who work with retarded persons.

More daytime activity centers, including one for older trainable and post-school age retardates.

More boarding homes.

Group homes.

A private institution for trainable children.

A residential facility incorporating a treatment and educational program. (Anoka County)

Better living arrangements in the community for retarded teenagers and young adults, for whom few resources exist.

Maximum security facility for care and treatment of mentally retarded person who is a danger to himself or to the community.

More special classes for educable and trainable; secondary educable classes with provision for vocational follow-up.

More sheltered workshops.

More work-training services.

Opportunity classes for adults.

Better testing and counseling services in the schools.

Coordination of volunteer programs at the agency level, so as to provide more effective and widespread services.

Provision of leisure-time activities for retardates in the community.

Heightening of awareness on the public and professional levels.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES FOR REGION 4

I. The Metropolitan Region is fortunate in having the variety of professional personnel needed to provide a complete array of services for the retarded. It is desirable that the many segments of service be assembled into coordinated continuum of care. In order to accomplish this purpose, an office should be set up through which all programs for the retarded may be coordinated and cleared. This office might be structured in a variety of ways:

A. The Metropolitan Planning Commission, with sufficient expansion of staff, could take on this task. The MPC has in the past concentrated on such tangible issues as zoning and land use, transportation patterns, sewage disposal, water supplies, etc., but there is no apparent reason why planning of social services could not be added to the list. With respect to mental retardation, use of guidelines set forth by the Planning Council would facilitate the organization of existing services and would direct further development of services. The MPC staff is expert at compiling the statistical data so vital to planning and their offices serve as a repository for this data.

B. Agencies involved in planning for retarded persons could form and fund their own coordinating body. The following agencies should be included, with others to be added as appropriate:

1. Health and Welfare Council of Hennepin County
2. Greater St. Paul United Fund and Council, Inc.
3. All local Associations for Retarded Children plus State Office
4. Minneapolis Metropolitan Hospital Planning Council
5. St. Paul Metropolitan Area Hospital Planning Council
6. Educational Research and Development Council
7. Area Community Mental Health Committees

8. State agencies of Health, Education, and Welfare

9. Metropolitan Planning Commission

C. State Departments of Health, Education, and Welfare could add staff to coordinate mental retardation activities statewide, including the metropolitan region. This might be done separately, department by department, or through a strong interdepartmental structure.

D. The new State Planning Office (authorized by the 1965 legislature) could assume this function.

Any of the above could seek a Federal grant to help support additional staff which would be required.

I. Diagnostic Services

A. Short Range. With the approval by the Federal government of a pilot diagnostic center at St. Paul-Ramsey Hospital, the greatest gap in diagnostic services now exists in the Minneapolis area (Hennepin County). The University of Minnesota provides the only comprehensive diagnostic service, and University Hospitals and Medical School are a valuable resource for consultative services. Out-patient services could be instituted at any of several private hospitals, such as North Memorial, Fairview, or Swedish-St. Barnabas. Care should be taken to prevent an overemphasis on the medical aspect of evaluation, to the neglect of the social and psychological factors.

The Hennepin County Daytime Activity Center or a branch thereof could serve as a locus for observation and evaluation of children over a relatively long period of time. One of the short-term residential facilities mentioned below could also be utilized in this manner.

B. Two Years. Anoka State Hospital facilities could be structured to provide diagnostic services, as well as short-term residential care and day care during periods of observation.

Hastings State Hospital and possibly Gillette State Hospital for Crippled Children should be considered as potential comprehensive facilities for the retarded, which would offer diagnostic services, long and short-term residential care, and a sheltered workshop. Special emphasis would be placed on those cases presenting complex problems which require the services of specialists often available only in the metropolitan region, and on related research activities.

Current planning of the new Children's Hospital board and medical staff contemplates the establishment of a children's medical center at a site in downtown Minneapolis, which could serve as a comprehensive diagnostic and evaluation service for retarded.

III. Residential Care (Current State institution populations and projections based on population estimates are shown in Tables 12 and 13).

A. Short Range. Any residential facility which meeting standards set by the Departments of Health, Education, and Welfare, as well as local building codes and regulations of the State fire marshal, should be encouraged.

As facilities become available, a realistic plan for payment of fees for service should be structured and uniformly agreed to by County Welfare Boards and private child-placing agencies.

Small group homes offering long-term care appear to be more practical than boarding homes, except for placement of infants. A network of facilities, programmed according to the needs of various kinds of retarded persons, should be developed in preference to multi-purpose homes which care for the entire range of retarded. An individual should be able to move from one facility to another in accordance with developmental progress. In this way, growth of maximum potential of each retardate can be fostered within a true continuum of care.

STATE OF MINNESOTA

TABLE 12

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 4 - METROPOLITAN

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Anoka	78	46	32	4	5	14	5	0	5	4	2	13	5	11	10
Carver	38	22	16	0	0	1	0	3	0	3	3	10	9	5	4
Dakota	107	56	51	4	6	10	4	4	5	0	8	19	16	19	12
Hennepin	1,209	647	562	40	45	75	32	77	38	57	66	209	227	189	154
Ramsey	734	385	349	39	36	75	36	11	10	56	47	114	133	90	87
Scott	39	25	14	3	1	4	0	2	0	2	0	7	12	7	1
Washington	73	42	31	5	2	12	4	1	1	2	2	12	12	10	10
SUB-TOTALS				95	95	191	81	98	59	124	128	384	414	331	278
TOTALS	2,278	1,223	1,055	190		272		157		252		798		609	

* For description of Programs, see pages 30-32.

TABLE 13

1970 AND 1980 POPULATION PROJECTIONS FOR FARIBAULT, CAMBRIDGE, AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED GROUPED BY PROGRAM* AND COUNTY OF RESIDENCE

1970

COUNTY	PROGRAM NUMBERS 1	2	3	4	5	6	TOTAL
Anoka	9	19	5	6	18	21	78
Carver	0	1	2	2	19	9	35
Dakota	10	14	9	8	36	33	110
Hennepin	94	118	128	136	482	379	1,337
Ramsey	83	123	23	114	274	196	813
Scott	4	4	2	2	19	7	38
Washington	8	18	2	4	26	22	80
TOTAL	208	297	172	273	874	667	2,491

1980

Anoka	14	29	7	9	27	31	117
Carver	0	1	4	9	28	14	56
Dakota	19	26	17	15	65	57	119
Hennepin	110	139	149	160	567	446	1,571
Ramsey	97	144	28	133	320	229	951
Scott	7	7	4	4	34	13	69
Washington	12	27	3	7	40	34	123
TOTAL	259	373	212	337	1,081	824	3,086

* For description of Programs, see pages 30-32.

B. Two Years. Agencies, public in particular, should request private non-profit groups to build specific kinds of community residential facilities to accommodate specific groups of retarded persons according to priority of need as assessed by the agencies. This kind of planned building program will not only reduce overcrowding of State institutions, but will do much to promote the success of progressive concepts of residential care in Minnesota.

C. Long Range. Comprehensive planning must take into account the effects of the changing roles of Faribault, Cambridge, Anoka, and Hastings State Hospital facilities as these emerge.

Programs at Glen Lake and Lake Owasso Children's Home (which houses adults exclusively) should be continuously evaluated.

IV. Sheltered Workshops

The sheltered work situation in the Metropolitan Region is described in the introductory material and in the metropolitan regional inventory.

A central organization of workshops to serve all handicapped persons would seem to be a good starting point. Such an organization would stabilize cost factors, afford the employer broader service rather than the limited services of any one shop, eliminate duplication of placement and evaluation services for any given individual. Trained central contract solicitors could be employed for all workshops, and there could be an interchange of workers among workshops as skills and production needs dictate. On this cooperative basis, workshop representatives would be better able to speak authoritatively to public officials, educators, employers, labor unions, and their own supporting groups. They would gain equality in bidding on contracts, as well as public recognition of their value to the economy.

All workshops should relate their programs to a continuum of care which includes school work-training programs from which many of their clients may come, as well as future placement and follow-up. Placements should be accomplished in cooperation with public schools, State institutions, and social agencies.

Vocational schools in St. Paul and Minneapolis should incorporate work-training programs for all handicapped persons.

State institutions located in the Metropolitan Region should be utilized for work-training and as sheltered employment stations.

Supervised living arrangements for retarded workers should be provided in close proximity to their places of employment. Supervision should include social activities, money management, personal hygiene and grooming, care of clothing, etc.

Service occupations are potentially very promising as a field of employment for the retarded. Sheltered workshops should provide training on the service occupations rather than concentrating solely on industrial skills.

V. Daytime Activity Services

A. In the light of such signs of progress as increases in State grants-in-aid, development of standards, annual training institutes for workers, and training programs in the junior colleges, creation of a formal program for daytime activity centers is overdue.

A daytime activity center is usually located where there are four or five prospective participants, classroom space, and professionals and volunteers sufficient to staff the center.

In addition to the above ingredients, each group or center which is planning in this area should decide whether expansion of the present facility (assuming one exists) or development of a new center would

best serve their overall goal of maintenance of the continuity of care concept from pre-school to old age. Christ Child School for Exceptional Children in St. Paul and the Hennepin County Daytime Activity Center in Minneapolis come close to this model. While each of these centers houses all of its services in one facility, it is conceivable that a number of smaller specialized centers could provide continuity of care with proper coordination. It is desirable that other groups and foundations establish centers similar to the two named. These need not necessarily be in the "depressed areas" in St. Paul and Minneapolis.

B. The many settlement houses and character-building agencies should be requested directly and through United Fund planning groups to institute a variety of services. For example, the East District Branch of the St. Paul YMCA could provide social and recreational opportunities for men at Greenbrier Home. YMCA facilities could be used for swimming and bowling, special interest groups, and social events. Activities could also be conducted in the Greenbrier Home. It is incumbent upon both the agency receiving services and the agency providing them to seek each other out. This kind of endeavor offers a rich opportunity to utilize volunteers.

Camping and other activities for the retarded should be programmed by city and county recreation departments and by voluntary agencies throughout the metropolitan region.

Interdenominational religious education programs should be encouraged wherever a group of retarded persons can be gathered. Parents must be educated to realize the retarded share with normal individuals great potential for growth in these areas.

VI. Education

School districts should expand their special education programs to include:

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	PROGRAMS OFFERED IN FACILITIES: DAY FACILITY (B)	PROGRAMS OFFERED IN FACILITIES: RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: B	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	LEVEL OF RETARDATION: MODERATE	LEVEL OF RETARDATION: SEVERE	LEVEL OF RETARDATION: PROFOUND	AGE GROUPING: PRE-SCHOOL	AGE GROUPING: SCHOOL AGE	AGE GROUPING: ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
Met.4	Excelsior	Carver	Rolling Acres Home & Camp for Mentally Retarded Children	-	-	x	04	04	A	-	3	-	-	-	14	1	10	3	-	-	10	4
"	Minneapolis	Hennepin	Child Development Clinic	-	-	-	13	13	A	-	-	1	-	-	Not a facility for mentally retarded. Diagnostic referrals accepted occasionally where there is a question of differential diagnosis.							
"	Minneapolis	Hennepin	East Side Neighborhood Service	-	x	-	01	01	C	-	-	1	-	-	27	27	-	-	-	-	-	27
"	Minneapolis	Hennepin	Goodwill Industries of Minneapolis	-	x	-	02	02	A	-	-	2	-	-	2	2	-	-	-	-	1	1
"	Minneapolis	Hennepin	Hennepin County Day-time Activity Center	-	x	-	04 14 23	04 14 23	A	-	1	-	-	-	65	11	42	12	-	2	63	-
"	Minneapolis	Hennepin	Hennepin County General Hospital and Mental Health Center	x	x	-	12	12	A	-	-	1	-	-	76	31	10	-	-	8	25	8
																(76 pts. have I.Q. of 70 or lower)						
"	Minneapolis	Hennepin	Holy Nativity Day Service Center	-	x	-	02	02	C	-	-	1	-	-	9	1	1	6	1	7	2	-
"	Minneapolis	Hennepin	Home Study School	-	x	-	01 23	01 23	A	-	1	-	-	-	62	5	44	12	1	15	41	6

A. Classes for educable and trainable children from kindergarten through high school.

B. Work-training programs in cooperation with vocational schools.

C. Assumption of responsibility for all children of school age regardless of whether or not they have been attending school.

VII. Requests by the State Departments of Health, Education, and Welfare for additional consultant and advisory staff to aid in development of programs must be strongly supported. These experts would provide guidance in their various fields and would coordinate Statewide programming of all kinds. Their assistance would also permit State departments to carry out more effectively their responsibility for administering current broad Federal programs.

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1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
Met.4	Minneapolis	Hennepin	Jewish Vocational Workshop	-	x	-	01	01	B	-	-	2	-	-	7	7	-	-	-	-	-	7
"	Minneapolis	Hennepin	Minneapolis Curative Workshop	-	x	-	01	01	C	-	-	1	-	-	13	9	3	1	-	13	-	1
"	Minneapolis	Hennepin	Minneapolis Rehabilitation Center, Inc.	-	x	-	01	01	A	-	-	1	-	-	29	29	-	-	-	-	4	25
"	Minneapolis	Hennepin	Minneapolis Society for the Blind, Inc.	-	-	-	-	-	-	-	-	-	-	-	Retarded persons served only occasionally.							
"	Minneapolis	Hennepin	Minnesota Academy of Seizure Rehab., Inc.	-	-	-	-	-	-	-	-	-	-	-	Upper level retarded served occasionally.							
"	Minneapolis	Hennepin	Mt. Olivet Group for Multiply Handicapped	-	x	-	01	01	A	-	-	1	-	-	6	-	-	x	x	x	x	-
"	Minneapolis	Hennepin	Opportunity Workshop, Inc.	-	x	-	01	01	A	-	1	-	-	-	122	100	22	-	-	-	108	114
"	Minneapolis	Hennepin	Psycho-Educational Clinic	-	-	-	13	13	A	-	-	-	-	-	No records kept. Psychological testing only. Director estimates that 10-20% of referrals are retarded.							

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1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
Met.4	Minneapolis	Hennepin	School for Social Development	–	x	–	04	04	B	–	1	–	–	–	22	5	14	3	–	–	4	18
"	Minneapolis	Hennepin	The Sheltering Arms	x	x	–	02	02 11	A	–	1	–	–	–	165	30 (104 – I.Q. not known)	28	3	–	– *School population only.	*61	–
"	Minneapolis	Hennepin	United Cerebral Palsy of Greater Mpls., Inc.	–	x	–	01	01	A B	–	1	1	–	–	140	21 (40 – I.Q. over 70)	13	3	3	3	23	114
"	Minneapolis	Hennepin	Univ. of Minn. Hosp. Rehabilitation Center	–	x	x	13	13	A	–	–	2	–	–	17	6 (11 – I.Q. unknown)	–	–	–	8	7	2
"	Minneapolis	Hennepin	Washburn Memorial Clinic	This clinic does not provide treatment or diagnostic services for mentally retarded persons.																		
"	Shakopee	Scott	Shakopee Home for Children	–	–	x	13	13	C	–	1	–	–	–	30	–	–	30	–	–	30	–
"	Stillwater	Washington	Washington County Day Activity Center	–	x	–	12	12	C	–	–	1	–	–	11	1	3	5	2	1	10	–
"	St. Paul	Ramsey	Amherst H. Wilder Child Guidance Clinic	x	–	–	04	04	A	–	–	–	–	–	Majority of 686 cases seen did not involve mental retardation.							
"	St. Paul	Ramsey	Blue-Tri Package Program	–	x	–	01	01	A	–	–	1	–	–	27	27	–	–	–	–	x	x

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1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
Met.4	St. Paul	Ramsey	Bureau for Psychological Services	x	–	–	13	13	A	–	–	1	–	–	Discontinued July 1, 1965							
"	St. Paul	Ramsey	Cerebral Palsy of Greater St. Paul	–	x	–	01	01	A	–	–	1	–	–	28	10	5	13	–	–	13	15
"	St. Paul	Ramsey	Goodwin's School	–	x	–	21	21	A	–	–	1	–	–	8	–	8	–	–	–	–	8
"	St. Paul	Ramsey	Greenbrier Home, Inc.	–	–	x	23	23	A	1	–	–	1	–	112	35	77	–	–	–	1	111
"	St. Paul	Ramsey	Hamm Memorial Psychiatric Clinic	x	–	–	–	–	–	–	–	–	–	–	Rarely see patients who are diagnosed as mentally retarded - perhaps 1 in a year's time.							
"	St. Paul	Ramsey	Lake Owasso Children's Home	–	–	x	13	13	A	–	2	2	–	–	130	–	–	130	–	–	17	130
"	St. Paul	Ramsey	Neighborhood House	–	x	–	01	01	C	–	–	1	–	–	10	2	6	2	–	–	2	8
"	St. Paul	Ramsey	Richard Paul Foundation	–	–	x	04	04	A	–	1	–	–	–	11	–	12	–	–	4	7	11
"	St. Paul	Ramsey	St. Paul Goodwill Industries, Inc.	–	x	–	04	02	A	–	1	–	–	–	23	23	–	–	–	–	–	23
"	St. Paul	Ramsey	Weldome Homes, Inc.	–	–	x	23	23	A	–	1	–	–	–	11	–	–	5	6	11	–	–
"	St. Paul	Ramsey	Wilder Dale Street Nursery	–	x	–	01	01	A	–	1	–	–	–	41	21	10	1	–	17	24	–

(Questionable ability - 9)

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1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
Met.4	So.St.Paul	Dakota	Dakota Co. Mental Health Center, Inc.	x	-	-	—	—	—	—	—	—	—	—	Mentally retarded are accepted when there is an accompanying psychiatric difficulty.							
"	Wayzata	Hennepin	Hammer School, Inc.	-	-	x	04	04	A	1	2	-	1	-	50	13	22	15	-	-	36	14
"	Minneapolis	Hennepin	Outreach Community Living Center	-	x	x	04	04	A	-	1	-	-	-	56	56	-	-	-	-	10	46
"	Minnetonka	Hennepin	St. David's Nursery School	-	x	-	02	02	A	-	-	1	-	-	4	-	1	2	1	4	-	-
"	St. Paul	Ramsey	North Suburban Day Activity Center	-	x	-	01	12 13 14	C	-	-	1	-	-	27	10	10	4	3	3	20	2
"	St. Paul	Ramsey	Merrick Community Center	-	x	-	04	04	A	-	-	1	-	-	15	5	4	4	2	-	-	15
"	Fridley	Anoka	Anoka County Day Activity Center	-	x	-	02	12	B	-	-	1	-	-	18	2	6	9	1	3	15	-
"	St. Paul	Ramsey	Christ Child School for Exceptional Children	-	x	-	02	02	A	2	-	-	1	1	138	1	1	-	-	-	138	-
"	Minneapolis	Hennepin	Open Door Day Activity Center	-	x	-	02	02	C	-	-	1	-	-	18	8	10	-	-	-	-	18

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STATE PLAN
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FORM APPROVED:
BUDGET BUREAU NO. 68-R578

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
Met.4	Excelsior	Carver	Rolling Acres Home & Camp for Mentally Retarded Children	–	–	–	–	–	–	–	14	–	–	14	14	–
"	Minneapolis	Hennepin	Child Development Clinic	Not a facility for mentally retarded. Diagnostic referrals accepted occasionally where there is a question of differential diagnosis.												
"	Minneapolis	Hennepin	East Side Neighborhood Service	–	27	–	–	27	–	–	–	–	–	–	–	–
"	Minneapolis	Hennepin	Goodwill Industries of Minneapolis	–	2	–	–	–	–	2	–	–	–	–	–	–
"	Minneapolis	Hennepin	Hennepin County Daytime Activity Center	–	48	–	–	48	3	–	–	–	–	–	–	–
"	Minneapolis	Hennepin	Hennepin County General Hospital and Mental Health Center	76	–	–	–	–	–	–	–	–	–	–	–	–
"	Minneapolis	Hennepin	Holy Nativity Day Service Center	–	9	–	–	–	9	–	–	–	–	–	–	–
"	Minneapolis	Hennepin	Home Study School	–	62	–	47	15	–	–	–	–	–	–	–	–
"	Minneapolis	Hennepin	Jewish Vocational Workshop	–	7	–	–	–	–	7	–	–	–	–	–	–

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STATE PLAN
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FORM APPROVED:
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INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
Met.4	Minneapolis	Hennepin	Minneapolis Curative Workshop	-	13	-	-	13	-	13	-	-	-	-	-	-
" "	"	"	Minneapolis Rehabilitation Center, Inc.	-	29	-	-	29	-	-	-	-	-	-	-	-
" "	"	"	Minneapolis Society for the Blind, Inc.	-	-	Retarded persons served only occasionally.										
" "	"	"	Minnesota Academy of Seizure Rehab., Inc.	-	-	Upper level retarded served occasionally.										
" "	"	"	Mt. Olivet Group for Multiply Handicapped	-	6	-	-	-	6	-	-	-	-	-	-	-
" "	"	"	Opportunity Workshop, Inc.	84	122	-	-	-	-	122	-	-	-	-	-	-
" "	"	"	Outreach Community-Living Center	-	37	-	-	6	-	31	37	-	-	3	-	30
" "	"	"	Psycho-Educational Clinic	No records kept. Psychological testing only. Director estimates that 10-20% of referrals are retarded.												
" "	"	"	School for Social Development	22	22	4	22	22	-	-	-	-	-	-	-	-

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FORM APPROVED:
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1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
Met.4	Minneapolis	Hennepin	The Sheltering Arms	104	61	-	61	-	-	-	-	-	-	-	-	-
" "	"	"	United Cerebral Palsy of Greater Mpls.,Inc.	-	140	- (Recreation - 45)	15	10	5	65	-	-	-	-	-	-
" "	"	"	Univ. of Minn. Hosp. Rehabilitation Center	17	6	-	6	-	-	-	-	-	-	-	-	-
" "	"	"	Washburn Memorial Clinic	This clinic does not provide treatment or diagnostic services for mentally retarded persons.												
" "	Shakopee	Scott	Shakopee Home for Children	-	-	-	-	-	-	-	30	-	-	-	30	-
" "	Stillwater	Washington	Washington County Day Activity Center	-	11	-	4	11	2	-	-	-	-	-	-	-
" "	St. Paul	Ramsey	Amherst H. Wilder Child Guidance Clinic	Majority of 686 cases seen did not involve mental retardation.												
" "	"	"	Blue-Tri Package Program	-	27	-	9	18	-	-	-	-	-	-	-	-
" "	"	"	Bureau for Psychological Services	Discontinued July 1, 1965												
" "	"	"	Cerebral Palsy of Greater St. Paul	-	28	-	-	13	-	15	-	-	-	-	-	-

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1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
Met.4	St. Paul	Ramsey	Goodwin's School	-	8	-	-	8	-	-	-	-	-	-	-	-
"	St. Paul	Ramsey	Greenbrier Home, Inc.	-	-	-	-	-	-	-	112	-	-	112	112	-
"	St. Paul	Ramsey	Hamm Memorial Psychiatric Clinic	Rarely see patients who are diagnosed as mentally retarded - perhaps one in a year's time.												
"	St. Paul	Ramsey	Lake Owasso Children's Home	-	-	-	-	-	-	-	130	-	-	20	110	-
"	St. Paul	Ramsey	Neighborhood House	-	10	-	-	10	-	-	-	-	-	-	-	-
"	St. Paul	Ramsey	Richard Paul Foundation	-	-	-	-	-	-	-	11	11	-	11	-	-
"	St. Paul	Ramsey	St. Paul Goodwill Industries, Inc.	-	23	-	-	8	-	15	-	-	-	-	-	-
"	St. Paul	Ramsey	Welcome Homes, Inc.	-	-	-	-	-	-	-	11	-	-	-	11	-
"	St. Paul	Ramsey	Wilder Dale Street Nursery	-	41	-	41	-	-	-	-	-	-	-	-	-
"	So.St.Paul	Dakota	Dakota Co. Mental Health Center, Inc.	Mentally retarded are accepted when there is an accompanying psychiatric difficulty.												
"	Wayzata	Hennepin	Hammer School, Inc.	-	10	-	-	10	-	-	40	-	36	3	1	-

PHS-4774-2
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R675

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES													
				D & E CLINIC	SERVICES IN DAY FACILITY PROGRAMS						SERVICES IN RESIDENTIAL FACILITY PROGRAMS					
	CITY OR TOWN	COUNTY		DIAGNOSTIC & EVALUATION SERVICES	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
Met.4	Minnetonka	Hennepin	St. David's Nursery School	-	4	-	1	4	-	-	-	-	1	4	-	-
"	St. Paul	Ramsey	North Suburban Day Activity Center	-	27	-	-	27	-	-	-	-	-	-	-	-
"	St. Paul	Ramsey	Merrick Community Center	-	15	-	-	15	-	-	-	-	-	-	-	-
"	Fridley	Anoka	Anoka County Day Activity Center	-	17	3	-	17	-	-	-	-	-	-	-	-
"	St. Paul	Ramsey	Christ Child School for Exceptional Children	-	138	-	130	20	-	-	-	-	-	-	-	-
"	Minneapolis	Hennepin	Open Door Day Activity Center	-	18	-	-	18	-	-	-	-	-	-	-	-

LEGISLATIVE REFERENCE LIB
STATE OF MINNES

PHS-4774-3
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R678

DATE	STATE
Dec., 1965	Minnesota

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
Met.4	Anoka	Fridley	E	1	-	x	-	-	x	-	x	-	-	x	x	x	x	x	x	-	18
"	Anoka or Hennepin	Unassigned	P	1	x	-	-	x	x	-	-	-	-	x	x	x	x	x	x	x	150
"	Carver	Chaska	P	1	-	x	x	-	x	x	x	x	x	-	x	x	x	-	x	x	100
"	Carver	Excelsior	E	1	-	-	x	-	x	-	x	x	-	x	x	x	-	-	x	x	14
"	Dakota	South St. Paul	E	1	x	-	-	Mentally retarded are accepted when there is an accompanying psychiatric difficulty.													
"	Hennepin	Minneapolis	E	22	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	836
"	Hennepin	Minneapolis	P	1	-	x	-	x	x	x	x	-	x	-	x	x	-	-	x	x	60
"	Hennepin	Minneapolis	P	1	-	-	x	x	x	x	x	-	-	-	x	x	-	x	x	x	125
"	Hennepin	Wayzata	E	1	-	x	x	-	x	x	x	x	-	x	x	x	-	-	x	x	50
"	Hennepin	Wayzata	P	1	-	x	x	-	x	x	x	x	x	-	x	x	-	x	x	x	60
"	Hennepin	Richfield	P	1	-	x	-	-	x	x	x	-	x	-	x	x	-	x	x	x	100
"	Hennepin	Richfield	P	1	-	x	-	x	-	x	x	-	x	-	x	x	-	-	-	x	175
"	Hennepin	Long Lake	P	1	x	-	x	x	x	-	x	x	-	-	-	x	x	x	x	-	100

PHS-4774-3
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Dec.,1965	Minnesota

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
Met.4	Hennepin	Minnetonka	E	1	-	x	-	-	-	x	x	-	-	-	x	x	x	x	-	-	4
"	Hennepin	Minnetonka	P	1	-	-	x	-	-	-	x	-	-	-	-	x	x	x	-	-	40
"	Ramsey	St. Paul	E	16	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	581
"	Ramsey	St. Paul	P	1	-	x	-	x	-	x	x	-	x	-	x	x	-	-	x	x	80
"	Ramsey	St. Paul	P	1	-	x	x	-	-	x	x	x	x	-	x	x	-	-	-	x	90
"	Ramsey	St. Paul	P	Undet.	-	x	x	x	x	-	x	x	-	-	-	x	x	x	x	-	60
"	Ramsey	St. Paul	P	1	x	x	-	x	x	-	x	-	-	x	x	x	-	x	x	-	60
"	Scott	Shakopee	E	1	-	-	x	-	-	-	-	x	-	-	-	x	-	-	x	-	30
"	Washington	Stillwater	E	1	-	x	-	-	-	x	x	x	-	x	x	x	x	x	x	-	11
"	Unassigned		P	Undet.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	52,588

REGION 5 - SOUTH CENTRAL

This is a small region of rich farmlands whose population is increasing. It is located between a stable population area to the Southwest, and the rapidly growing Southeast. It also abuts Scott and Carver counties, which are the least heavily populated in the seven county Metropolitan Region.

Mankato, the largest city in the region, encompasses a wide trade area. Its resources include a State college with an enrollment of 10,000, and an excellent special education teacher training program. Twelve miles from Mankato is the St. Peter State Hospital for the mentally ill.

These counties could well combine resources to create a comprehensive complex including perhaps a Community Mental Health Center, sheltered workshop, and other related services.

* * * * *

TABLE 14

1960 POPULATION WITH PROJECTIONS FOR 1965, 1970, AND 1973

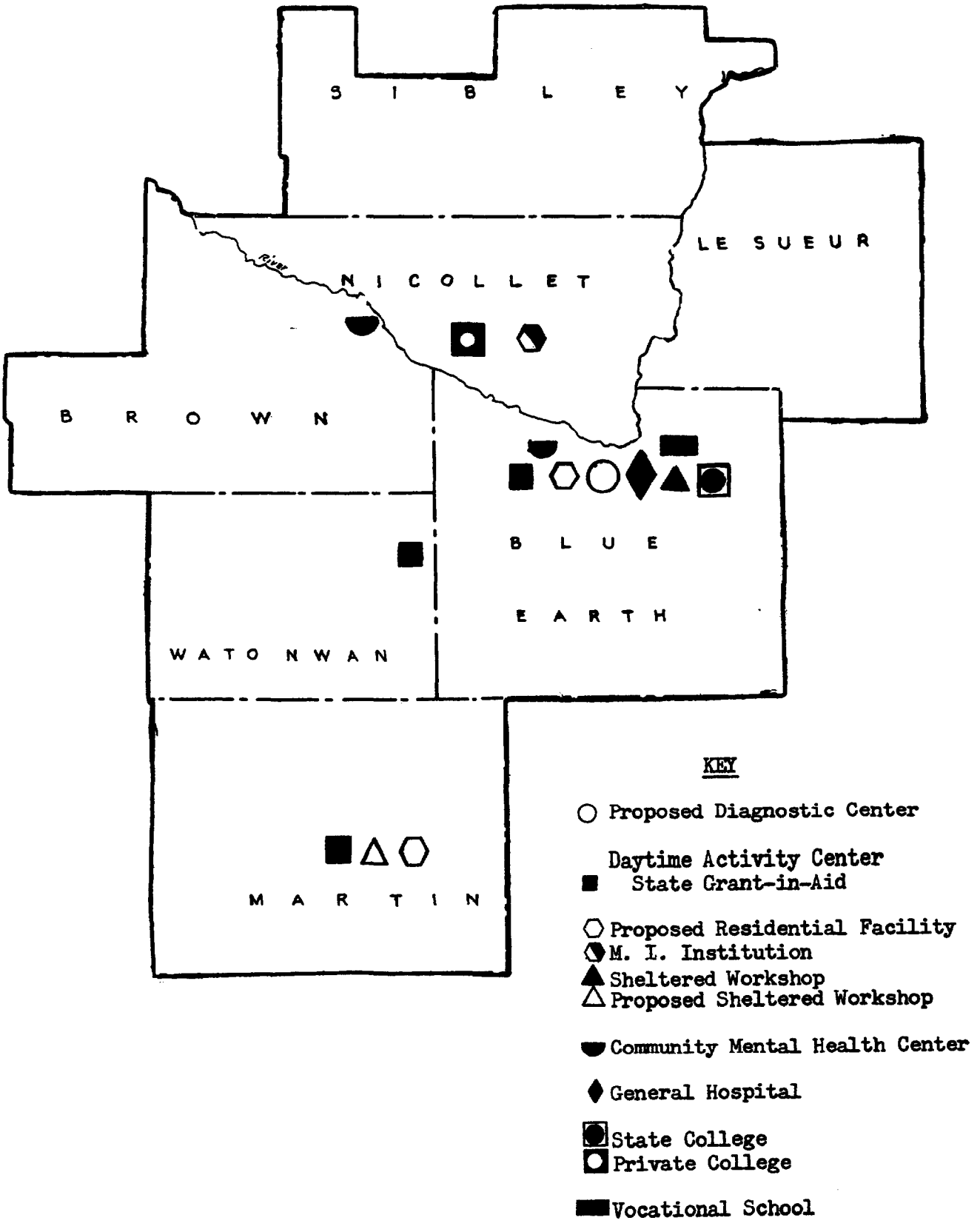
COUNTY	Population (1960 Census)	Estimated Population 1965*	Estimated Population 1970*	Estimated Population 1973*
Blue Earth	44,385	47,385	51,000	53,169
Brown	27,676	28,926	30,500	31,445
Le Seur	19,906	20,531	21,400	21,445
Martin	26,986	28,111	29,500	30,334
Nicollet	23,196	24,321	25,800	26,700
Sibley	16,228	16,478	16,900	17,155
Watonwan	14,460	14,860	15,400	15,724
TOTALS	172,837	180,612	190,500	196,449

* Estimates prepared by Department of Health, Bureau of Vital Statistics, November, 1961.

MAP 12

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 5 - SOUTH CENTRAL



Region 5: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

Adequate diagnostic and consultation services.

More public health nurses, since some counties have no nursing service.

More daytime activity centers for adults as well as children.

More boarding homes.

Half-way houses to aid retarded in returning to the community.

A facility to care for severely retarded children.

More special classes for educable and trainable.

Sheltered workshop.

Vocational coordinator to find jobs for retarded.

Greater use of volunteers, particularly in special classes and Daytime Activity Centers.

Sufficient recreational facilities in the community.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES FOR REGION 5

All of the agencies in Mankato should band together for cooperative planning in all areas of social welfare. A comprehensive program for retarded from birth to old age could be designed.

Representatives from other counties could be invited to develop complementary services for the entire region.

I. Diagnostic Services

Mankato, with its State college, its regional hospital, its proximity to St. Peter State Hospital, and its central geographic position with easy access from all directions, is the logical location for diagnostic services to the retarded. Existing resources should be organized immediately to provide these services. When more specialized diagnostic information is needed services of the Mayo Clinic in Rochester can be utilized.

II. Residential Care (Current State institution population from this region is shown in Table 15).

A. Short Range. Development of nursing homes, boarding homes, group homes, and other residential facilities for Groups 1 and 6 should be encouraged, particularly in conjunction with sheltered workshop services.

B. Long Range. Possible use by the retarded of facilities at St. Peter State Hospital should be explored. If a substantial number of beds should become available for retarded patients, the resultant programming would probably alter the entire plan for south central and southwestern Minnesota.

III. Daytime Activity Services

A. Existing daytime activity center programs should be expanded to include adults. A new program could be started at New Ulm.

TABLE 15

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 5 - SOUTH CENTRAL

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Blue Earth	88	51	37	4	2	5	0	2	3	4	5	18	15	18	12
Brown	61	20	41	1	3	1	1	2	5	3	6	5	18	8	8
Le Sueur	32	13	19	0	1	0	1	1	3	2	3	5	6	5	5
Martin	40	22	18	4	1	1	0	1	2	1	4	3	6	12	5
Nicollet	22	14	8	3	0	0	0	1	1	0	1	3	4	7	2
Sibley	22	10	12	1	1	1	0	0	1	3	0	3	6	2	4
Watonwan	33	18	15	1	0	2	1	1	0	2	2	4	6	8	6
SUB-TOTALS	298	148	150	22	8	10	3	8	15	15	21	41	61	60	42
TOTALS	298	148	150	30		13		23		36		102		102	
1970 PROJECTION	334														
1973 PROJECTION	354														

* For description of Programs, see pages 30-32.

B. Activities for the retarded should be included in organized recreation programs.

C. Interdenominational religious education classes should be started in Mankato or Fairmont, as well as in other communities where there is sufficient interest.

IV. Sheltered Workshops

A. The Statewide plan for the development of sheltered workshops should be studied by interested groups. Help in organizing and constructing workshops, as well as obtaining Federal funds is available from the Division of Vocational Rehabilitation, State Department of Education.

B. Short Range. The Mankato workshop should be expanded, and supervised living facilities should be made available. If enough interest exists, Fairmont would be a logical place for a satellite workshop; Worthington in Region 3 could serve the Martin county region in the same manner.

C. Two Years. Possibilities for work training and sheltered employment at St. Peter State Hospital should be explored.

V. Requests by the State Department of Health, Education and Welfare for additional consultant and advisory staff to aid in development of programs should be strongly supported. These experts would provide guidance in their various fields and would coordinate Statewide programming of all kinds. Their assistance would also permit State departments to carry out more effectively their responsibility for administering current broad Federal programs.

PHS-4774-1
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R678

DATE	STATE
Oct.,1965	Minnesota

Page 1 of 1 pages

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC	PROGRAMS OFFERED IN FACILITIES: DAY FACILITY	PROGRAMS OFFERED IN FACILITIES: RESIDENTIAL FACILITY	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN			NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY		NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	LEVEL OF RETARDATION: MODERATE	LEVEL OF RETARDATION: SEVERE	LEVEL OF RETARDATION: PROFOUND	AGE GROUPING: PRE-SCHOOL	AGE GROUPING: SCHOOL AGE	AGE GROUPING: ADULT
				A	B	C				A	B	C	S	U								
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SC 5	Fairmont	Martin	Martin County Day Activity Center	–	x	–	14	01	C	–	–	1	–	–	16	1	12	3	–	–	16	–
" "	Madelia	Watonwan	Watonwan County Day-time Activity Center	–	x	–	02	12	C	–	–	1	–	–	6	–	6	–	–	–	6	–
" "	Mankato	Blue Earth	Open Arms Day Activity Center	–	x	–	01	01	C	–	1	–	–	–	14	5	5	2	2	9	5	–

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1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R070

DATE	STATE
Oct.,1965	Minnesota

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INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
SC 5	Fairmont	Martin	Martin County Day Activity Center	–	16	–	–	16	–	–	–	–	–	–	–	–
"	Madelia	Watonwan	Watonwan County Day-time Activity Center	–	6	–	–	6	–	–	–	–	–	–	–	–
"	Mankato	Blue Earth	Open Arms Day Activity Center	–	14	–	–	9	–	–	–	–	–	–	–	–

PHS-4774-3
1-65

STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R678

DATE	STATE
Dec.,1965	Minnesota

Page 1 of 1 pages

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
SC 5	Martin	Fairmont	E	1	-	x	-	-	-	-	x	-	-	x	x	x	-	-	x	-	16
"	Martin	Fairmont	P	1or2	-	x	x	-	-	x	x	-	x	-	x	x	x	x	x	x	40
"	Watomwan	Madelia	E	1	-	x	-	-	-	-	x	-	-	-	x	-	-	-	x	-	6
"	Blue Earth	Mankato	E	1	-	x	-	-	-	x	x	-	-	x	x	x	x	x	x	-	14
"	Blue Earth	Mankato	P	1-4	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	300
"	Unassigned		P	Undet	-	x	x	-	x	x	x	x	x	x	x	x	x	x	x	x	5,339

REGION 6 - SOUTHEAST

This region embraces the scenic Mississippi River road, foothills in the extreme Southeast, and rich farmland to the West. Population densities are increasing and several growing cities exist. Perhaps the hub of the region is Rochester, with its central location, diversified industry, and famed Mayo Clinic. Since distances to Rochester along good roads are not great, this city is an appropriate location for services to the retarded. The Rochester State Hospital is developing comprehensive services for the retarded as well as for the mentally ill.

Faribault and Owatonna are sites of State residential facilities. The four counties of Dodge, Rice, Steel and Waseca are served by a State-Federal regional Child Development Center at Owatonna. This service complex, augmented by facilities in Mankato and St. Peter, could be utilized by Regions 3 and 5 as well as 6.

Austin and Albert Lea are booming communities with the potential to support many services and with good access highways. Winona boasts a State college and two private colleges. Bordering on Wisconsin, it presents possibilities for inter-State cooperative services. Another such possibility is LaCrosse, Wisconsin, which has a good medical complex. Fillmore and Houston counties are rather sparsely populated and residents travel to LaCrosse for goods and services.

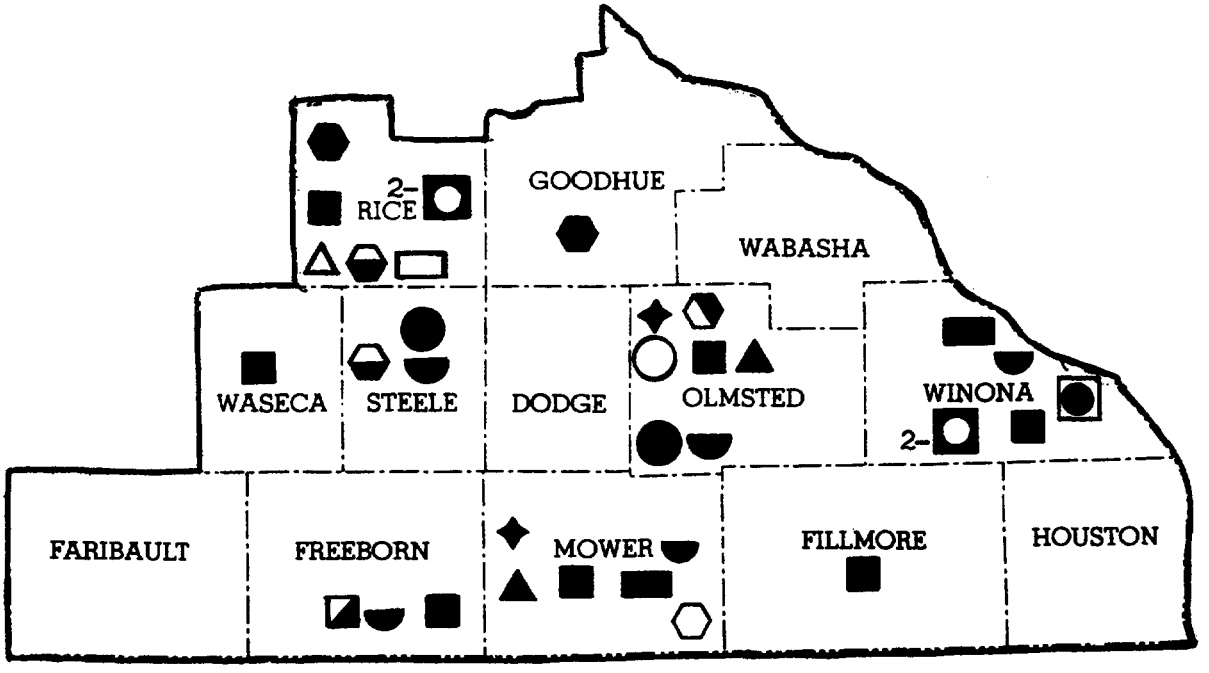
Residents of Red Wing and Wabasha can easily travel via Highway 61 to the Twin Cities for services.

LEGISLATIVE REFERENCE
STATE OF MINNESOTA

MAP 13

EXISTING AND PROPOSED FACILITIES AND SERVICES

REGION 6 - SOUTHEAST



KEY

- Diagnostic Center
- Proposed Diagnostic Center

Daytime Activity Center
- State Grant-in-Aid
- Private

- Residential Facility
- Proposed Residential Facility
- M. R. Institution
- M. I. Institution

- Sheltered Workshop
- Proposed Sheltered Workshop

- Community Mental Health Center

- State College
- Private College
- State Junior College

- Vocational School
- Proposed Vocational School

TABLE 16

REGION 6 — SOUTHEAST

1960 POPULATION WITH PROJECTIONS FOR 1965, 1970, AND 1973

COUNTY	Population (1960 Census)	Estimated Population 1965*	Estimated Population 1970*	Estimated Population 1973*
Dodge	13,259	13,634	14,193	14,379
Faribault	23,685	23,915	24,300	24,531
Fillmore	23,768	23,678	23,600	23,552
Freeborn	37,891	39,766	42,000	43,341
Goodhue	33,035	33,660	34,600	35,164
Houston	16,588	17,463	19,000	19,921
Mower	48,498	51,498	55,000	57,100
Olmsted	65,532	74,282	85,000	91,432
Rice	38,988	40,613	42,500	43,631
Steele	25,029	26,904	29,000	30,257
Wabasha	17,007	17,157	17,400	17,550
Waseca	16,041	16,841	17,900	18,536
Winona	40,937	41,937	43,300	44,119
TOTALS	400,258	421,348	447,793	463,513

* Estimates prepared by Department of Health, Bureau of Vital Statistics, November, 1961.

Region 6: Needs as Appraised by Regional Committees of the Mental Retardation Planning Council

Community-based diagnostic facilities.

Public health nurses in counties where there are none.

Continuing long-term guidance in planning for child's needs.

More daytime activity centers for adults and children.

More boarding homes, some for children, others to care for older retardates.

A home for severely retarded children.

A residential center providing 24 hour care to about fifty children.

Half-way houses.

More special classes for both educable and trainable.

A sheltered workshop.

Job finding and follow-up on the part of schools and agencies.

Community coordinators to structure and provide for volunteer activities.

RECOMMENDATIONS FOR DEVELOPMENT OF SERVICES AND FACILITIES
FOR REGION 6

I. Diagnostic Services

Short Range. Comprehensive diagnostic evaluations can be provided for the region (extending into both Iowa and Wisconsin and as far west as Mankato) by the following resources: Child Development Center and State School at Owatonna; the Mayo Clinic and State Hospital at Rochester; Olmsted Medical Group at Rochester; the State School and Hospital at Faribault; physicians, psychologists, and social workers at Albert Lea, Austin, Winona, and LaCrosse, Wisconsin. The wealth of available talent and facilities needs only coordination in order to serve the growing population. Good roads and reasonable travel distances are an additional asset.

II. Residential Care (Current State institutional population for this region is shown on Table 17).

Three State facilities are located in the region: the State School and Hospital at Faribault, the State School at Owatonna, and the State Hospital for the mentally ill at Rochester. Faribault must plan largely to serve patients from the Metropolitan Region. Vasa Lutheran Home at Red Wing and Laura Baker Home at Northfield are the only private facilities. Vasa accepts trainable children from all over the State; each child accepted is on the "waiting list" for one of the State institutions. Laura Baker accepts patients from anywhere in the United States. More supervised group homes for adults and more sheltered work stations are needed. If Vasa served only Region 6, no new facilities of this nature would be required.

Special purpose facilities, such as Lake Park-Wild Rice Children's Home at Fergus Falls, Outreach International, Inc. in Minneapolis, Welcome Home in St. Paul, half-way houses, etc., could create the variety of alternatives necessary for a well rounded program for the retarded.

TABLE 17

PATIENTS RESIDING IN FARIBAULT, CAMBRIDGE AND BRAINERD STATE SCHOOLS AND HOSPITALS FOR THE RETARDED AND LAKE OWASSO CHILDREN'S HOME AS OF JUNE, 1965 GROUPED ACCORDING TO PROGRAM*, SEX, AND COUNTY OF RESIDENCE

REGION 6 - SOUTHEAST

COUNTY	NUMBER OF PATIENTS			PROGRAM 1		2		3		4		5		6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Dodge	36	16	20	3	3	2	0	0	1	0	3	4	7	7	6
Faribault	45	24	21	1	1	0	0	3	0	3	2	10	13	7	5
Fillmore	32	23	9	1	0	1	0	1	0	4	1	10	5	6	3
Freeborn	57	31	26	3	0	2	1	3	2	2	3	12	13	9	7
Goodhue	72	38	34	2	2	3	0	3	4	2	6	14	14	14	8
Houston	20	14	6	0	1	3	0	0	1	2	2	4	1	5	1
Mower	75	51	24	3	1	5	0	7	3	9	3	11	10	16	7
Olmsted	96	48	48	6	2	4	2	4	2	5	5	13	21	16	16
Rice	85	51	34	4	4	2	1	8	2	3	5	9	8	25	14
Steele	32	14	18	0	0	0	0	2	2	4	3	6	9	2	4
Wabasha	33	14	19	0	0	1	2	1	2	0	2	9	8	3	5
Waseca	31	15	16	0	0	0	0	0	1	4	4	5	6	6	5
Winona	64	32	32	1	0	1	0	0	2	5	3	9	9	16	18
SUB-TOTALS				24	14	24	6	32	22	43	42	116	124	132	99
TOTALS	678	371	307	38		30		54		85		240		231	
1970 PROJECTION	783														
1973 PROJECTION	834														

* For description of Programs, see pages 30-32.

III. Daytime Activity Services

A. Existing daytime activity centers should broaden their programs to include both adults and children and more severely and profoundly retarded persons.

B. Existing recreational agencies, community organizations such as Y.M.C.A., churches, and civic groups must be encouraged to include social programs, religious training, camping, swimming, and other leisure time activities for retarded persons of all ages.

IV. Sheltered Workshops

A. The Statewide plan for the development of sheltered workshops should be studied by interested groups. Help in organizing and constructing workshops as well as in obtaining Federal funds is available from the Division of Vocational Rehabilitation, State Department of Education.

B. Short Range. Each of the State institutions should be surveyed for sheltered employment and work training opportunities for non-residents as well as residents. Existing workshops at Rochester and Austin should be strengthened by including residential facilities and after-hours supervision in their programs.

C. Long Range. Other sheltered workshops might be located at Red Wing, Winona, and in other communities as the need arises. Their programs should be coordinated with those of existing workshops.

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.,1965	Minnesota

INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SE 6	Albert Lea	Freeborn	Albert Lea Day Activity Center	–	x	–	01	01	C	–	–	1	–	–	13	5	2	2	2	–	3	10
"	Albert Lea	Freeborn	Alpha Class	–	x	–	01	01	C	–	1	–	–	–	8	3	2	3	–	–	8	–
"	Albert Lea	Freeborn	Southern Minnesota Mental Health Center	–	–	–	04 12 13	04 12 13	B	–	–	1	–	–	No special services for the retarded. (Does evaluation services for Daytime Activity Center.)							
"	Austin	Mower	Austin Achievement Corporation	–	x	–	23	01	B	–	–	1	–	–	13	11	2	–	–	–	5	8
"	Austin	Mower	Austin Activity Center	–	x	–	01	01	C	–	1	–	–	–	21	5	11	4	1	4	8	9
"	Faribault	Rice	Faribault State School and Hospital	x	x	x	13	13	A	30	–	–	26	4	2850 (72 – Borderline and normal epileptic) (678 – Region VI)	262	635	867	1014	180 (62 – Unknown)	612	2094
"	Northfield	Rice	Laura Baker School	–	–	x	04	04	A	–	–	1	–	–	55	20	35	–	–	–	35	20
"	Faribault	Rice	Rice County Activity Center	–	x	–	01	01	C	–	–	1	–	–	18	2	15	1	–	–	11	7

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MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
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DATE	STATE
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INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SE 6	Owatonna	Steele	South Central Mental Health Center, Inc.	-	-	-	01	01	B	-	-	1	-	-	"This is a diagnostic work-up only in which a report is sent to the welfare department and our file is closed. We do not maintain a regular program that can be described in terms of days or hours per week. We likewise do not keep a record of the number of individuals seen by level of retardation or age grouping and thus are unable to provide this information."							
"	Owatonna	Steele	Owatonna State School	-	-	x	13	13	A	3	-	15	1	2	201	201	-	-	-	-	199	2
"	Red Wing	Goodhue	Vasa Lutheran Home for Children	-	-	x	02	02	A	-	-	1	-	-	52	-	14	20	12	3	49	-
																(6 - Not tested)						
"	Rochester	Olmsted	Ability Building Center	-	-	-	-	01	-	-	-	-	-	-	No special services for the retarded.							
"	Rochester	Olmsted	Mayo Clinic	x	-	-	04	04	B	-	-	all	-	-	No records kept.							
"	Rochester	Olmsted	Olmsted County Day Activity Center	-	x	-	01	01	C	-	-	1	-	-	16	3	9	4	-	3	13	-
"	Rochester	Olmsted	Rochester-Olmsted County Mental Health Center	-	-	-	13	11 12 13	C	-	-	1	-	-	Testing services only; 1 or 2 per month.							

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FORM APPROVED:
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DATE	STATE
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INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	DAY FACILITY (B)	RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
SE 6	Winona	Winona	Day Activity Center	-	x	-	14	12	C	-	1	-	-	-	11	3	6	2	-	1	4	6
"	Spring Valley	Fillmore	Fillmore County Day Activity Center	-	x	-	11	23	C	-	-	1	-	-	5	-	3	2	-	1	4	-

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
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INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
SE 6	Albert Lea	Freeborn	Albert Lea Day Activity Center	-	13	1	-	13	-	-	-	-	-	-	-	-
"	Albert Lea	Freeborn	Alpha Class	-	8	-	8	-	-	-	-	-	-	-	-	-
"	Albert Lea	Freeborn	Southern Minnesota Mental Health Center	No special services for the mentally retarded.												
"	Austin	Mower	Austin Achievement Corporation	-	11	-	-	-	-	11	-	-	-	-	-	-
"	Austin	Mower	Austin Activity Center	-	21	-	-	21	-	-	-	-	-	-	-	-
"	Faribault	Rice	Faribault State School and Hospital	2850 (678 - Region VI)	1	-	1	-	-	-	2850 (678 - Region VI)	1550	280	520	500	-
"	Faribault	Rice	Rice County Activity Center	-	18	-	-	18	-	-	-	-	-	-	-	-
"	Northfield	Rice	Laura Baker School	-	-	-	-	-	-	-	55	-	-	55	-	-
"	Owatonna	Steele	South Central Mental Health Center, Inc.	20	-	-	-	-	-	-	-	-	-	-	-	-
"	Owatonna	Steele	Owatonna State School	-	-	-	-	-	-	-	201	3	201	150	-	-
"	Red Wing	Goodhue	Vase Lutheran Home for Children	-	-	-	-	-	-	-	52	-	-	44	8	-

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
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DATE	STATE
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INVENTORY – SERVICES DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES: D & E CLINIC: DIAGNOSTIC & EVALUATION SERVICES	SERVICES IN DAY FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	SERVICES IN RESIDENTIAL FACILITY PROGRAMS: TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
SE 6	Rochester	Olmsted	Ability Building Center	No special services for the mentally retarded.												
"	Rochester	Olmsted	Mayo Clinic	No records kept.												
"	Rochester	Olmsted	Olmsted County Day Activity Center	-	16	-	-	16	-	-	-	-	-	-	-	-
"	Rochester	Olmsted	Rochester-Olmsted County Mental Health Center	1-2	Testing services only - 1 or 2 per month.											
"	Winona	Winona	Day Activity Center	-	11	-	-	11	-	-	-	-	-	-	-	-
"	Spring Valley	Fillmore	Fillmore County Day Activity Center	-	5	-	-	5	-	-	-	-	-	-	-	-

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R676

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SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
SE 6	Freeborn	Albert Lea	E	2	-	x	-	-	x	x	x	-	-	x	x	x	x	-	x	x	21
"	Mower	Austin	E	2	-	x	-	-	-	x	-	x	x	x	x	x	x	x	x	x	34
"	Mower	Austin	P	1	-	-	x	-	-	-	x	-	-	-	x	x	-	-	x	-	50
"	Rice	Faribault	E	2	x	x	x	x	x	x	x	x	-	x	x	x	x	x	x	x	678
"	Rice	Faribault	P	1	-	x	-	x	-	-	x	-	x	-	x	x	-	x	x	x	50
"	Rice	Northfield	E	1	-	-	x	-	-	-	x	-	-	x	x	-	-	-	x	x	55
"	Steele	Owatonna	E	2	x	-	x	x	x	x	x	-	-	x	-	-	-	-	x	-	201
"	Goodhue	Red Wing	E	1	-	-	x	-	-	-	x	x	-	-	x	x	x	x	x	-	52
"	Olmsted	Rochester	E	4	x	x	-	x	-	-	x	-	-	x	x	x	-	x	x	x	16
"	Olmsted	Rochester	P	1	x	-	-	x	x	-	-	-	-	x	x	x	x	x	x	x	150
"	Winona	Winona	E	1	-	x	-	-	-	x	x	-	-	x	x	x	-	x	x	x	11
"	Fillmore	Spring Valley	E	1	-	x	-	-	-	-	x	-	-	-	x	x	-	x	x	-	5
"	Unassigned		P	Undet.	-	x	x	-	x	x	x	x	x	x	x	x	x	x	x	x	13,111

V. MINIMUM STANDARDS OF MAINTENANCE AND OPERATION

Minimum standards for operation and maintenance applicable to all facilities constructed under this program shall be as follows:

1. Diagnostic Services

Program elements of a comprehensive diagnostic services are detailed in Chapter III. Basic spaces needed in order to provide this service are detailed in the Architectural Guidelines for Elements and Services of Facilities for the Mentally Retarded found in Opportunities for Planning and Construction Medical, Mental Retardation, and other Health Facilities, Proceedings of the 1964 Annual Conference of the Surgeon General, Public Health Service, with the State and Territorial Hospital and Medical Facilities Survey and Construction Authorities, November 13-14, 1964, Washington, D.C., published by the U.S. Department of Health, Education, and Welfare, Public Health Service. Copies of this document are available in the office of the Commissioner of Welfare, Department of Public Welfare, Centennial Building, St. Paul, Minnesota, 55101.

2. Residential Facilities

No application for a residential facility will be approved unless it is eligible for licensing as required by the following standards:

(a) Standards for Licensing of Child-Caring Institutions, available from the Department of Public Welfare, Centennial Building, St. Paul, Minnesota, 55101.

(b) Minnesota Statutes and Regulations of the Minnesota State Board of Health, for the Construction, Equipment, Maintenance, Operation and Licensing of Nursing Homes and Boarding Care Homes, distributed by the Documents Section, 140 Centennial Building, St. Paul, Minnesota, 55101, and available at the State Board of Health, University Campus, Minneapolis 14, Minnesota, and the Department of Public Welfare, Centennial Building, St. Paul, Minnesota, 55101.

(c) Except where use of other standards has been noted, those published by the American Association of Mental Deficiency and reprinted in the Monograph Supplement to the American Journal of Mental Deficiency, January 1964, Volume 68, No. 4, entitled "Standards for State Residential Institutions for the Mentally Retarded", will be applied. This monograph is on file in the Department of Public Welfare and is available from the American Association of Mental Deficiency, 401 South Spring, Springfield, Illinois at a cost of $3.00.

3. Day Facilities must be eligible for licensing under Standards for Group Day Care of Pre-School and School-Age Children adopted by the Department of Public Welfare in January, 1965. These are available from the Department of Public Welfare, Centennial Building, St. Paul, Minnesota, 55101.

4. Sheltered Workshops shall conform to the guidelines developed by the National Association for Retarded Children in its publication, "Fundamentals in Organizing a Sheltered Workshop for the Mentally Retarded", which can be obtained from the National Association for Retarded Children, Inc., 386 Park Avenue South, New York 16, New York. Copies are available in the Department of Public Welfare, Centennial Building, St. Paul, Minnesota, 55101.

5. All facilities must conform to regulations of the State Fire Marshal and the State Department of Health.

VI. PRIORITIES

In accordance with Section 54.105 of the Regulations, the Commissioner of Public Welfare will group eligible applications and will determine the priority of projects on the basis of the relative need for facilities in the region to be served by the project, taking into consideration existing facilities and services. Projects within each region will be considered in order of importance as listed below:

I. Priorities According to Comprehensiveness of Service

A. Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

B. Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.

C. Facilities which provide a single service for a particular community or communities.

II. Priorities According to Type of Facility

Assuming that the criterion I.A. above cannot be satisfied by eligible applications, those meeting criteria of either I.B. or I.C. will be granted priority according to the type of facility as outlined:

A. Diagnostic Facilities. Professional persons working with the mentally retarded, as well as parents and administrators, have identified diagnostic facilities as the greatest area of need in all regions of the State. Although diagnosis and evaluation are basic to the determination of need for all other services, adequate diagnostic services are almost non-existent in Minnesota.

B. Residential Facilities. Additional State and private non-profit facilities are needed, particularly at the local level. Faribault State School and

B. (Cont.) Hospital is 23% overcrowded (rated capacity 2273; population 2829), Cambridge State School and Hospital is 14% overcrowded (rated capacity 1663; population 1753), and Brainerd State School and Hospital is filled to 84% capacity (rated capacity 1432; population 1207). Further, some 700 persons on the State institution waiting list might benefit from placement if appropriate facilities were available are in their own homes or in boarding homes.

C. Daytime Activity Centers. The number of existing daytime activity centers is growing rapidly throughout the State. They are an important element in providing services to retarded.

D. Sheltered Workshops. Sheltered workshops which operate in conjunction with residential care facilities and which offer evaluative services will receive higher priority than those which do not. Only these workshops which guarantee that at least 50 percent of their clients will be drawn from the mentally retarded population are eligible for funds. Retardation may be either a primary or secondary handicap.

III. Priorities According to Regional Needs

As Minnesota shifts from a random pattern of development of services to a community-based concept, a system of regional priorities must be devised to promote an even distribution of services. For this purpose the percentage of retarded persons presently being accommodated by existing services which meet the definitions stated in the Federal regulations has been compared with 3 percent* of the 1970 estimated population for any area. 1970 population figures have been used in order to take into account projected changes in population. Table 18 shows the percentage of need which is known to be met in each region.

---

* Estimated incidence of mental retardation in the general population.

TABLE 18

PRIORITIES ACCORDING TO REGIONAL NEEDS

REGION	ESTIMATED POPULATION 1970 [1]	3% OF ESTIMATED POPULATION	NO. OF M.R. SERVED IN ALL FACILITIES [2]	% OF NEED MET	AREA PRIORITY
1	448,220	13,447	1,402	10.4	6
2	445,370	13,360	928	6.9	4
3	478,200	14,346	1,135	8.0	5
4	1,844,400	55,332	3,795 [3]	6.8	3
5	190,500	5,715	334	5.8	1
6	447,793	14,434	872 [4]	6.0	2

1. All estimates except that for Region 4 were made by the Bureau of Vital Statistics, Minnesota Department of Health. Region 4 estimate was made by the Metropolitan Planning Commission.

2. Excludes State institutions at Faribault, Cambridge, Brainerd and Owatonna, but includes the number of individuals from the region residing in these facilities.

3. Excludes University of Minnesota Hospitals which does not keep records of mentally retarded served.

4. Excludes Mayo Clinic which does not keep records of mentally retarded served.

III. (Cont.) It is recognized that the 3 percent estimate is subject to many qualifications and that some of the inventory data may be inadequate or incomplete. These deficiencies will be remedied in subsequent revisions of the plan as better systems of reporting develop.

IV. Priorities Among Types of Service Within A Region

The Commissioner of Public Welfare will determine relative priorities for projects within regions by application of the following standards:

A. Diagnostic Facilities.

1. Comprehensiveness of service within the proposed facility, as described in the regulations.
2. Coordination or affiliation with other facilities or services in the region, for example, community mental health center, general hospital, residential facilities, sheltered workshop, vocational rehabilitation services, county welfare department, schools, and colleges and universities.
3. Evidence of community support in providing auxiliary services (as described in (2) above).
4. Provision of opportunities for research.
5. Provision of field training placements for students from State or private colleges, junior colleges and schools of nursing.
6. Availability of matching funds.

B. Residential Facilities

1. Proximity to existing similar residential care facilities, with the greater distance receiving the higher priority.
2. Quality of program to be offered, in terms of
   a. Physical care.
   b. Treatment.

c. Education and training.

d. Social and recreational activities.

3. Scope of services to be offered in conjunction with proposed facility.

a. Diagnostic and evaluation services.

b. Field training placements for students from State or private colleges, schools of nursing.

c. Research opportunities offered.

d. Use of professional consultants.

e. Participation of volunteers.

4. Availability of matching funds.

C. Daytime Activity Centers

1. Comprehensiveness and quality of program.

a. Curriculum.

b. Staffing.

c. Number of daily hours of operation, optimum being 5 days a week, 5 hours a day.

d. Transportation.

e. Food service.

2. Affiliation with other services in the area such as diagnostic and evaluation services, counseling, residential care facilities, county welfare departments, etc.

3. Research opportunities.

4. Field training placements for students from State or private colleges, junior colleges, schools of nursing.

5. Availability of matching funds.

D. Sheltered Workshops

1. Quality and comprehensiveness of program.

   a. Staff and supervision during training.

   b. Supervised living arrangements.

   c. Plans for social and recreational activities.

   d. Transportation.

   e. Follow-up after placement.

2. Coordination and affiliation with other services and facilities, including

   a. Work-training programs in the public schools.

   b. Residential care facilities.

   c. Other workshops (coordination of sales and marketing plans).

   d. Evidence of community support.

   e. Availability of diagnostic and evaluation services.

VII. METHODS OF ADMINISTRATION

Attached are Governor Karl Rolvaag's letter designating the Commissioner of Public Welfare as the single State agency with responsibility for construction of mental retardation facilities under Public Law 88-164, Title I, Part C, and the Minnesota Attorney-General's statement indicating that the Governor has correctly authorized the Commissioner of Public Welfare to discharge the purpose of Public Law 88-164. (Appendix C). The Department of Health by agreement with the Department of Public Welfare will supervise the construction and payment aspects.

Publicizing the State Plan

At least thirty days prior to the submission of the State Plan for the Construction of Facilities for the mentally retarded or any modification thereof to the Surgeon General, the State Agency will publish in newspapers having general circulation throughout the State a general description of the proposed plan or any such modification, and the State plan will be available for examination and comment by interested persons prior to submission to the Surgeon General in the office of the Commissioner of Public Welfare, Centennial Office Building, St. Paul, Minnesota, 55101.

Modification of the State Plan

The Commissioner of Public Welfare shall from time to time as necessary, but not less often than anually, review the State Plan for Construction of Facilities for the Mentally Retarded, and shall submit to the Surgeon General any modifications of the plan and the construction program as the State agency considers necessary to administer the plan and the annual allotment.

Percentage Participation for Projects

The amount of 50 percent participation with Federal funds has been adopted by the Advisory Council on Mental Retardation Facilities Construction at a meeting held on October 5, 1965.

1. In those projects when Mental Retardation Facilities Construction funds are allocated at the rate of 50 percent, the following will apply: "Any increase in Federal funds between Part 1 and Part 4 of the application will be limited to five (5) percent, with the costs over and above this amount assumed wholly by the applicant".
2. No changes will be approved for a project which will involve an increase in Federal participation over the amount shown on Part 4 of the Application as submitted and approved, unless the increase is due to unforeseen circumstances such as foundation conditions and/or other conditions that might affect the structural strength or the basic operation of the project.

Availability of Facilities to Persons Unable to Pay

Pursuant to Section 54.113 of the regulations, before an application for the construction of a facility for the mentally retarded is recommended for approval, the Department of Welfare will obtain assurances from the applicant that "the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefor. As used in this paragraph, 'persons unable to pay therefor' includes persons who are otherwise self-supporting but are unable to pay the full cost of needed services. Such services may be paid for wholly or partly out of public funds or contributions of individuals and private and charitable organizations such as community chest or may be contributed at the expense of the facility itself. In determining what constitutes a reasonable volume of services to persons unable to pay therefor, there shall be considered conditions in the area to be served by the applicant, including the amount of such services that may be available otherwise than through the applicant. The requirements of assurances from the applicant may be waived if the applicant demonstrates to the satisfaction of the State agency subject to subsequent approval by the Surgeon General, that to furnish such services is not feasible financially.

Non-Discrimination Statement

"No application for Grants-in-Aid toward facilities for the mentally retarded will be approved under this plan unless the applicant includes therein the following statement:

> 'The applicant hereby assures the State Department of Public Welfare that no person in the area will be denied admission to, or use of, any portion or service of the facility, and no professionally qualified person in the area will be denied the privilege of practicing in the facility, on account of race, creed, or color.'"

Project Construction Schedule

Upon approval of the proposed State Plan by the United States Public Health Service, letters of intent will be solicited from all known possible qualified sponsors. These will be considered by the Advisory Council and in order of their priority. The funds will be allotted to the extent possible. At that point, Project Construction Schedules will be prepared indicating those projects which have qualified for participation in Federal funds and who have given appropriate assurance that they will proceed directly toward a contract in the manner stipulated.

The project construction schedules will be submitted to the U.S. Public Health Service, Regional Office, no sooner than one month after the approval of the revised State Plan. This one month period is provided to enable higher priority projects to develop construction interest, furnish essential financial or other assurances and file an application.

Project Applications

The Commissioner of Public Welfare will accept all applications for grants for construction of facilities for the mentally retarded under Public Law 88-164, Title I, Part C, provided such applications are submitted on project construction application forms presented by the U.S. Public Health Service and shall include the

specified non discrimination statement. Forms will be furnished by the Commissioner, who will officially record the date of receipt of each application. Any application which is incomplete will, after its date of receipt is recorded, be returned promptly to the applicant with an explanation of deficiencies to be corrected before the application can be further processed by the Commissioner.

The following closing dates are established for receipt and consideration of applications: January 15, 1966, or 30 days after State Plan is approved, whichever is later, and each September 15 and March 15, beginning September 15, 1966.

All applications received by each specified closing date will be considered together and, if they appear to meet basic eligibility requirements, will be assigned relative priorities and recommended Federal shares in accordance with the provisions of this plan. The second closing date in each fiscal year shall be effective only if funds are available in the applicable State allotment as of the second closing date.

In the event the presented approvable Part I Applications are insufficient to utilize available funds, the Commissioner will further publicize the availability of funds to those areas which are next highest in priority and thus go through the priority tables until funds are utilized.

If the amount of Federal funds available to the State as of a particular closing date is insufficient to provide the full Federal share for all eligible projects, the Commissioner shall award the full calculated Federal share beginning with the applicant which ranks highest in the order of relative priority, and moving down the priority list as far as the available funds will permit. The last eligible applicant for which funds are available shall be offered that portion of the calculated Federal share which will be provided by the remaining available funds. If the applicant offered such a partial Federal share declines to accept it, the remaining funds will be carried over to the next closing date, if any, in the same

fiscal year, and the application for which the partial Federal share was declined shall be carried over to subsequent closing dates.

The Commissioner of Public Welfare: will establish a complete case file on each application received; will inform applicants of official actions and determinations regarding applications, by letter or similar type of correspondence; and will retain records regarding each case for at least two fiscal years beyond the fiscal year in which final action with respect to the application is taken by the Commissioner.

Before determining the relative priority or Federal share for any application for grant assistance under Title I, Part C of Public Law 88-164, the Commissioner of Public Welfare will verify that the construction project proposed in the application appears to meet basic eligibility requirements set forth in the Act and the regulations governing administration of the Act. In any case where the Commissioner of Public Welfare questions the eligibility of a project for the type of grant requested, one copy of the application will be forwarded promptly to the Secretary of Health, Education and Welfare for a clarification of such eligibility. If such clarification is not received by the next closing date, the application will be held over, and if subsequently determined to be eligible, will be considered as of the following closing date. If an application is determined by the Commissioner to be ineligible, it will be returned to the applicant.

If a project is in the highest priority group, Part I of the Project Construction Application may be approved and forwarded prior to the approval of the State's Project Construction Schedule. If the project is not in the highest priority group, Part I of the Project Construction Application will be submitted.

To preclude possible abuse of high priority status, a project on a Construction Schedule which fails to complete all elements of the Construction Application within the prescribed time will automatically be disqualified from priority consideration until the following year.

To facilitate proper functioning and consistent procedure while fairly considering all applications for funds, the following outline will govern the handling of applications:

1. The prospective sponsors will submit a letter of intent to the Department of Welfare. Such a letter shall, with evidence of ability, state specifically:
   a. Name of the organization sponsoring the project and a complete list of officers and board members.
   b. Statement of funds available and means to procure additional funds if required.
   c. Statement that there will be no discrimination among patients because of race, creed, or color.
   d. The name of the registered architect or engineer retained.
   e. Before a construction application for a facility for the mentally retarded is recommended by the State Agency for approval, the State Agency shall obtain assurance from the applicant that the facility will furnish at low cost or without charge a reasonable volume of services to persons unable to pay.
   f. A distinct description of the project including the type and size of the facility proposed, the population planned for, the program of treatment proposed, and other descriptive data outlining the desires and intent of the applicant.
2. Upon receipt of a letter of intent from the owners, appropriate Part I forms will be supplied to the prospective sponsors for guidance in the preparation of certain supporting documentation. Items to be included in quadriplicate in an approvable application are:
   a. Part I Application.
   b. Evidence of non-profit status as documented by the Bureau of Internal Revenue.

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c. Evidence of architectural contract, either reproductions or certified true copies.

d. A complete and detailed narrative description setting forth the proposed program.

e. Acceptable schematic drawings by an architect registered in Minnesota. These prints shall include sketches of all proposed areas and existing areas, thereby reflecting the correlation between all services. Every level of the plan shall be so illustrated.

f. A realistic cost estimate signed by the architect which is judged by this agency to be adequate and appropriate for the proposed project and its budget.

g. Summary of sponsor's share of funds and evidence of same, certified to by appropriate authority. The owner's share shall be in terms of an acceptable budget incorporating the architect's estimate and concurred in by this office. Monies and estimates shall be firm, realistic and acceptable to the State Agency before an application will be considered approvable.

h. The owner and architect shall give conclusive evidence that the project will proceed directly through planning and be placed on the market for bidding and contracting before a date specified by letter of invitation. Failure by the owners/architect to provide evidence of suitable progress in keeping with the assurance given the Advisory Council at the time Part I was approved will be grounds for reviewing the application. Such failure will warrant reconsideration and reassignment of funds to a project in keeping with the intent of the program and plan.

i. This Department will review relative progress during design stages to determine compliance with previously stated schedules which were the basis for the assignment of funds and application approval.

3. The sponsor or his agent will then prepare and complete the Part I application forms and submit same in an approvable manner to this Department before the end of the 30 day period.

4. Applicants should provide evidence that projects have been cleared with appropriate planning groups, i.e., hospitals with Area Planning Councils, United Fund and private agencies with parent planning groups such as the Hennepin County Health and Welfare Council and Greater St. Paul United Fund and Council, Inc.

   They should also clear with appropriate advisory groups, i.e., Daytime Activity Centers with Daytime Activity Center Advisory Committee, medical facilities with Medical Advisory Committee, all facilities with regional mental health committees, etc.

5. Upon the expiration of the 30 day period all approvable Construction Applications will be compared to determine their relative position in the Table of Priority.

Transfer of Allotment

Section 54.102 of the regulations provide: "(b) Transfer of allotment to another State. A State may submit a request in writing to the Surgeon General that its allotment or a specified portion thereof be added to the allotment of another State for the purpose of meeting a portion of the Federal share of the cost of a project for the construction of a facility for the mentally retarded in such other State. In determining whether the facility with respect to which the request is made will meet the needs of the State making the request and that use of the specified portion of such State's allotment, as requested by it, will assist in carrying out the purposes of Part C of Title I of the Act, the Surgeon General shall consider the accessibility of the facility, and the extent to which services will be made available to the residents of the State making the request.

(c) Transfer of allotment to the allotment for community mental health facilities. A State may submit a request in writing to the Surgeon General that a specified portion of its allotment be added to the allotment of such State under Title II of the Act for the construction of community mental health centers. The Surgeon General shall adjust the allotments of such State upon either: (1) Certification by the State agency that it has afforded from the date of availability of the first such allotment to the State a minimum of 18 months (but not exceeding the period of availability under the Act), and for any subsequent allotment to such State a minimum of 6 months, during which application could be made for the portion so specified and that no approvable applications for such funds were received during that period of time; or (2) A demonstration satisfactory to the Surgeon General that the need for community mental health centers is substantially greater than for facilities for the mentally retarded, such demonstration to include the concurrence or other views of the State advisory council designated under section 134 (a) (3) of Title I, Part C of the Act."

Standards of Construction and Equipment

Construction and equipping of projects assisted under the Program shall comply with the general standards of construction and equipment as outlined in Appendix A of the Federal Regulations for Grants for Constructing Facilities for the Mentally Retarded (General) as authorized by Public Law 88-164, Title I, Part C, as amended, and with all State and local codes.

Group II Equipment List

Equipment lists shall be submitted for approval on forms prescribed by the Minnesota Department of Health as soon as possible after award of construction contracts. Approval of these lists is necessary prior to certification of payment for any equipment item. An equipment list in approvable form must be submitted prior to request for the second Federal installment payment.

Supervision at the Site

On projects of a value in excess of a total construction cost of $700,000, it will be required that a full-time clerk of the works or resident inspector be employed throughout the period of construction.

Inspection by the Minnesota Department of Health

When a request for payment of an installment of Federal funds is made, in accordance with the prescribed schedule, the Minnesota Department of Health will make an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application. In addition, the Minnesota Department of Health will make such other inspections as are deemed necessary. Reports of each inspection will be retained in the files of the Department.

Construction Payments

1. The Minnesota Department of Health, after proper inspection, will certify to the Department of Welfare who will in turn certify to the Surgeon General the amount of Federal funds due an applicant for the cost of work performed and materials and equipment furnished.

   Requests for construction payments under the construction contract shall be submitted by applicants to the Minnesota Department of Health as follows:

   (1) Except as provided in subparagraph (2) of this paragraph, payments shall be made as follows:

      (i) The first installment when not less than 25 percent of the construction of the project has been completed;

      (ii) A second installment when not less than 50 percent of the construction of the project has been completed;

      (iii) A third installment when not less than 75 percent of the project has been completed;

      (iv) A fourth installment when the project is 95 percent completed; and

(v) The final payment when the project is completed and final inspection by a representative of the Surgeon General is made and the amount certified as due and payable as determined by the audit.

(2) Upon a written request and a showing of necessity by the applicant, the Surgeon General may adopt a different schedule of payments.

In order to be eligible for Federal participation, supplemental equipment lists and requests for construction changes must be submitted within ninety days after (1) the facility is placed in operation or (2) the work is accepted by the owner whichever is later.

2. Federal funds when received in the State shall be deposited with the "Treasurer, State of Minnesota".

3. Under existing law, the State is authorized to disperse Federal funds to all project sponsors.

4. The Department of Welfare will pay promptly to project sponsors, in accordance with State bookkeeping procedure, the funds certified for payment by the Surgeon General for approved construction projects.

5. No changes will be approved for a project which will involve an increase in Federal participation over the amount shown on Part 4 of the application as submitted and approved, unless the increase is due to unforeseen circumstances such as foundation conditions and/or other conditions that might affect the structural strength or the basic operation of the project.

Construction and Payment Aspects, Public Law 88-164

When an application has been approved and funds granted, the Health Department will be responsible for the construction and payment aspects, by agreement with the Department of Public Welfare. Certain activities will be undertaken solely by the Minnesota Department of Health or jointly with the Minnesota Department of Public Welfare as indicated on the following page:

	Department of Health	Department of Welfare
1. Development of Parts 1 and 2 of the application	X	X
2. Part 3 of the application	X	
Site investigation	X	X
3. Part 4 of the application	X	
4. Review of plans and specifications		
Stage 1 - preliminary plans	X	X
Stage 2 - plans and outline specifications	X	
Stage 3 - final working drawings and specifications	X	
5. Bid opening	X	
6. Contract awards	X	
7. The processing of change orders	X	
8. Payment inspections - construction and fiscal, averaging at least seven per project	X	
9. Review of equipment lists	X	X

Fiscal and Accounting Requirements

1. The Minnesota Department of Welfare will be responsible for establishing and maintaining accounts and fiscal controls of all Federal funds allotted for construction projects. The fiscal records will be so designed as to show at any given time the Federal funds allotted, encumbered and unencumbered balances.
2. The Department of Welfare will establish and maintain adequate records of account and fiscal controls to assure proper accounting of all funds received and disbursed. All official records, controls and documents coming into the Department's possession in connection with this Program, will be retained on file for a period of at least three years beyond participation in the Program.
3. The Department of Health will require that applicants receiving Federal funds establish, maintain and retain for at least three years after the final payment of Federal funds, adequate administrative, accounting, fiscal and property inventory records that reflect the receipt and expenditure of funds allotted

3. (Cont.) and paid for construction projects, as well as all contractors' payroll records. Separate accounts by source shall be maintained of all funds received for construction projects.

Personnel Standards

Personnel employed in the administration of the State plan are either employees of the State Department of Public Welfare or Department of Health and as such fall under the provisions of the Civil Service system of Minnesota (Minnesota Statutes, 1961, Chapter 43) which is a merit system. Minnesota law and regulations provide for:

1. Impartial administration of the merit system.
2. Operation on the basis of published rules or regulations.
3. Classification of all positions on the basis of duties and responsibilities and establishment of qualifications necessary for the satisfactory performance of such duties and responsibilities.
4. Establishment of compensation schedules adjusted to the responsibility and difficulty of the work.
5. Selection of permanent appointees on the basis of examinations so constructed as to provide a genuine test of qualifications and so constructed as to afford all qualified applications opportunity to compete.
6. Advancement on the basis of capacity and meritorious service.
7. Tenure of permanent employees.

Conflict of Interest

No full-time officer or employee of the State agency, or any firm, organization, corporation or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of the project.

Fair Hearing Procedure

With reference to the prescription, set forth in the revised Regulations, for a fair hearing for applicants for construction projects who may be dissatisfied with the formal action of the State Board of Health or the Department of Public Welfare, taken on such applications, the Board will be guided procedurally by the statutory requirements which apply generally to hearings in contested cases before administrative agencies as specified in Minnesota Statutes 1961, Sections 15.0418, 15.0419 and 15.0422, as quoted below:

"15.0418. CONTESTED CASE: HEARING, NOTICE. In any contested case all parties shall be afforded an opportunity for hearing after reasonable notice. The notice shall state the time, place and issues involved, but if, by reason of the nature of the proceeding, the issues cannot be fully stated in advance of the hearing, or if subsequent amendment of the issues is necessary, they shall be fully stated as soon as practicable, and opportunity shall be afforded all parties to present evidence and argument with respect thereto. The agency shall prepare an official record, which shall include testimony and exhibits, in each contested case, but it shall not be necessary to transcribe shorthand notes unless requested for purposes of rehearing or court review. If a transcript is requested, the agency may, unless otherwise provided by law, require the party requesting to pay the reasonable costs of preparing the transcript. Informal disposition may also be made of any contested case by stipulation, agreed settlement, consent order or default. Each agency may adopt appropriate rules of procedure for notice and hearing in contested cases.

"15.0419. EVIDENCE IN CONTESTED CASES. Subdivision 1. In contested cases agencies may admit and give probative effect to evidence which possesses probative value commonly accepted by reasonable prudent men in the conduct of their affairs. They shall give effect to the rules of privilege recognized by law. They may exclude incompetent, irrelevant, immaterial and repetitious evidence.

"Subd. 2. All evidence, including records and documents (except tax returns and tax reports) in the possession of the agency of which it desires to avail itself, shall be offered and made a part of the record in the case, and no other factual information or evidence (except tax returns and tax reports) shall be considered in the determination of the case. Documentary evidence may be received in the form of copies of excerpts, or by incorporation by reference.

"Subd. 3. Every party or agency shall have the right of cross-examination of witnesses who testify, and shall have the right to submit rebuttal evidence.

"Subd. 4. Agencies may take notice of judicially cognizable facts and in addition may take notice of general, technical, or scientific facts within their specialized knowledge. Parties shall be notified in writing either before or during hearing, or by reference in preliminary reports or otherwise, or by oral statement in the record, of the material so noticed, and they shall be afforded an opportunity to contest the facts so noticed. Agencies may utilize their experience, technical competence, and specialized knowledge in the evaluation of the evidence presented to them.

"15.0422. DECISIONS, ORDERS. Every decision and order adverse to a party of the proceeding, rendered by an agency in a contested case, shall be in writing or stated in the record and shall be accompanied by a statement of the reasons therefor. The statement of reasons shall consist of a concise statement of the conclusions upon each contested issue of fact necessary to the decision. Parties to the proceeding shall be notified of the decision and order in person or by mail. A copy of the decision and order and accompanying statement of reasons together with a certificate of service shall be delivered or mailed upon request to each party or to his attorney of record."

The procedure for a public hearing will be initiated by the aggrieved party by written request to the Commissioner of Public Welfare. This request shall include a concise statement of the reasons for objection to an adverse decision.

There will be a careful review by the Department of Public Welfare and/or the Department of Health staff, then a hearing before the Advisory Council for Mental Retardation Facilities Construction. Finally after 30 days notice a public hearing will be held before the Commissioner of Public Welfare at which all previous depositions and decisions will be reviewed.

Such hearings will be conveniently held for individual applicants who appeal the following actions of the Minnesota Department of Public Welfare: (1) Denial of opportunity to make formal application, (2) refusal to consider an application, and (3) rejection and disapproval of an application. The reports of all reviews and hearings will be made available to appellants.

Submission of Reports and Accessibility of Records

The Minnesota Department of Welfare hereby agrees to make such reports in such form and containing such information as the Surgeon General and Comptroller General, or their representatives, upon demand, access to the records upon which such information is based.

Appendix A

STATE ADVISORY COUNCIL ON MENTAL RETARDATION FACILITIES CONSTRUCTION

State Agencies

Mrs. Sally Luther (Chairman)*
Administrative Assistant to
Governor Karl F. Rolvaag
130 State Capitol
St. Paul, Minnesota

Dr. John A. Anderson
Chairman, Department of Pediatrics
University of Minnesota
Minneapolis, Minnesota

Robert N. Barr, M. D.*, **, ***
Secretary and Executive Officer
State Department of Health
University of Minnesota
Minneapolis, Minnesota

August Gehrke, Assistant Commissioner**
Department of Education
Division of Rehabilitation and
Special Education
Centennial Office Building
St. Paul, Minnesota

Morris Hursh, Commissioner*, ***
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota

Harold R. Popp
State Senator
35 Glen Street North
Hutchinson, Minnesota

Stephen T. Quigley*
Commissioner
Department of Administration
120 State Capitol
St. Paul, Minnesota

Dr. Harold Stevenson, Director
Institute of Child Development
University of Minnesota
Minneapolis, Minnesota

David J. Vail, M. D.***
Medical Director
Medical Services Division
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota

Consumer Representatives

Mrs. Mildred Dahlgren
School Nurse
408 Stuart Avenue
Crookston, Minnesota

Raymond W. Doyle, President
Minnesota Association for
Retarded Children
967 - 11¼ St. S. W.
Rochester, Minnesota

Mrs. Gerald Thiel, Board Member
Minnesota Association for
Retarded Children
Dumont, Minnesota

Voluntary Agencies

Clyde Bezanson
Executive Director
Minneapolis Association for
Retarded Children
1701 Oak Park North
Minneapolis, Minnesota

Donald Dunn
Executive Director
Minnesota Hospital Association
720 Washington Avenue S. E.
Minneapolis, Minnesota

Berdine Erickson, President
American Federation of State,
County and Municipal Employees
Rochester State Hospital
Rochester, Minnesota

Victor C. Gilbertson***
Architect
6009 Wayzata Boulevard
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Duluth Mental Hygiene Clinic, Inc.
1112 East Superior Street
Duluth, Minnesota

Mrs. Betty Hubbard
Executive Director
St. Paul Association for
Retarded Children
867 Grand Avenue
St. Paul, Minnesota

Dr. Carl D. Koutsky**
Chairman, Mental Health Medical
Policy Committee
Assistant Professor
School of Psychiatry
Mayo Memorial Hospital
University of Minnesota
Minneapolis, Minnesota

Edward M. LaFond, M. D.*
Orthopedist
104 Doctors Park
St. Cloud, Minnesota

Gustav Larson, President***
Metropolitan St. Paul Hospital
Planning Council
319 Eagle Street
St. Paul, Minnesota

Howard L. Paulsen, Director*
Family Counseling Division
Lutheran Social Service of
Minnesota
2414 Park Avenue
Minneapolis, Minnesota

Gerald F. Walsh*, **
Executive Director
Minnesota Association for
Retarded Children
6315 Penn Avenue South
Minneapolis, Minnesota

* Member - Minnesota Mental Retardation Planning Council
** Member - State Advisory Council on Comprehensive Mental Health Centers Construction
*** Member - State Advisory Council on Hospital Construction

Appendix B

MENTAL RETARDATION REGIONAL COMMITTEES

NOTE: Mental Retardation Regional Planning Committees were reorganized in December, 1965, so that lines of regional demarcation would correspond with those used in the Mental Retardation Construction Plan. Regional chairmen designated below were appointed prior to the reorganization.

Regional Chairmen

Mrs. Oscar Carlson
Dovray, Minnesota

Mr. Jesse Ellingworth
11940 Zion Street N. W.
Coon Rapids, Minnesota

Mr. Arnold Madow
Faribault State School and Hospital
Faribault, Minnesota

Mrs. Gerald Thiel
Dumont, Minnesota

Mrs. Mildred Dahlgren
408 Stuart Avenue
Crookston, Minnesota

Mr. Wayne Larson
Courthouse
Brainerd, Minnesota

Mrs. Ann Mosca
Chisholm Public Library
Chisholm, Minnesota

Region 1

Mr. Warren Abbott
Vocational Training Center
1101 S. 2nd Street
Moorhead, Minnesota

Mrs. Melvin Anderson
Roseau, Minnesota

Mr. Roy L. Anderson
Program Director
Lakeland Mental Health Center, Inc.
121 Mill Street South
Fergus Falls, Minnesota

Mr. J. Paul Arneson, Dist. Rep.
Division of Field Services
Department of Public Welfare
5th Floor - Centennial Bldg.
St. Paul, Minnesota

Mr. Roy B. Aune
Superintendent
Breckenridge Public Schools
Breckenridge, Minnesota

Mr. Emil Bagley
Polk County Welfare Department
Courthouse
Crookston, Minnesota

Mrs. Mae Barness
Superintendent of Schools
Clearwater County
Bagley, Minnesota

Mrs. Pete Barthelemy
Douglas-Pope Association for
Retarded Children
Alexandria, Minnesota

Mr. Garrett Benson, Director
Hubbard County Welfare Dept.
Courthouse
Park Rapids, Minnesota

Mr. Robert Berg, ACSW
Director
Clearwater County Welfare Dept.
Bagley, Minnesota

Miss Delores J. Bormann, Director
Wilkin County Welfare Dept.
Courthouse
Breckenridge, Minnesota

Mrs. Basil Celany
Carlstad, Minnesota

Mr. Ernest Chizek, President
Wilkin County Association for
Retarded Children
409 S. 2nd Street
Breckenridge, Minnesota

Mr. Charles Christianson
Superintendent of Schools
Roseau County
Roseau, Minnesota

Mrs. Elizabeth Clark
Superintendent of Schools
Lake-of-the-Woods County
Baudette, Minnesota

Mrs. Gladys Coffland, R.N.
Cass County Public Health Nurse
Cass County Public Health Nursing Service
Welfare Building
Box 294
Walker, Minnesota

Mrs. Richard Contos
915 North Main
Thief River Falls, Minnesota

Mrs. Josh Dahl
205 Spruce
Bagley, Minnesota

Mrs. Mildred Dahlgren
408 Stuart Avenue
Crookston, Minnesota

Mr. James Daly, Director
Pope County Welfare Dept.
Glenwood, Minnesota

Eunice A. Davis, M. D.
Mental Retardation Planning
Coordinator
215 Elks Office Bldg.
Bismarck, North Dakota

Mr. Robert DeLane
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Little Falls, Minnesota

Mr. Gordon R. Dodge, Counselor
Vocational Rehabilitation Division
123 West 2nd Street
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Vernon A. Doms, M. D.
Elbow Lake, Minnesota

Mrs. Charles Ellison
Elbow Lake, Minnesota

Mrs. Dan Ewert
Route 2
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Sidney Finkelstein, M. D.
Department of Health
District Office
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Mrs. Charles Fjeld, President
Norman County Association for
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Ada, Minnesota

Mrs. John Fjelstul
Walker
Minnesota

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Brainerd State School and Hospital
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Field Nursing Consultant
Crippled Children Services
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Red Lake County Welfare Dept.
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Red Lake Falls, Minnesota

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Mr. Vernon L. Strandemo, Director
Mahnomen County Welfare Dept.
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Mahnomen, Minnesota

Miss Mayme Stukel
Field Representative
Dent, Minnesota

Mr. Paul Sundgerg
% County Welfare Department
Wadena, Minnesota

Mrs. Mary Swanson
Staples Minnesota

Mrs. Gerald Thiel
Dumont, Minnesota

Mrs. James Tobkin
Route 2
Detroit Lakes, Minnesota

Miss Monica Tricker
% Welfare Department
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Alexandria, Minnesota

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Becker County Welfare Dept.
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Detroit Lakes, Minnesota

Mr. Roy Waters
Psychiatric Social Worker
Northwestern Mental Health Center, Inc.
Crookston, Minnesota

Mr. L. E. Wermager
Superintendent of Schools
Fergus Falls, Minnesota

Mr. J. J. Wheeler, Superintendent
Barrett Public Schools
Barrett, Minnesota

Mr. Roland Winterfeldt, Director
Ottertail County Welfare Dept.
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Fergus Falls, Minnesota

Mrs. Harold Youngren
Hallock, Minnesota

Miss Julia Zhenle
Long Prairie, Minnesota

Mrs. Henry Zinda
Morris, Minnesota

Region 2

alen Adkins, M. D.
edical Director
ambridge State School and Hospital
ambridge, Minnesota

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ox 75
ook, Minnesota

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veleth, Minnesota

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tasca County Welfare Dept.
ourthouse
rand Rapids, Minnesota

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ibbing, Minnesota

r. Guy R. Bradt
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veleth, Minnesota

r. Norman Cole, Coordinator
rograms for Mentally Retarded
oard of Education Bldg.
uluth, Minnesota

r. Victor E. Collyard, Manager
epartment of Employment Security
05 E. Howard Street
ibbing, Minnesota

rs. Kenneth Daskam
alisade, Minnesota

rs. Alma Dettweiler, Caseworker
ake County Welfare Dept.
ourthouse
wo Harbors, Minnesota

r. John R. Erickson
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oleraine, Minnesota

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Courthouse Annex
International Falls, Minnesota

Mr. Jack Fena
State Representative
3 Ryan Bldg.
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Mr. Raymond From, Director
Cook County Welfare Dept.
Courthouse
Grand Marais, Minnesota

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Hinkley, Minnesota

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Milaca, Minnesota

Mrs. Kenneth Hagen
411 - 2nd Avenue
Two Harbors, Minnesota

Mrs. Kenneth Hickman
Hale Lake
Grand Rapids, Minnesota

Mr. Harry K. Hoehne, Director
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Mr. Jay Kerr, Jr.
18 North Vine
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Mr. Francis LaBrosse
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3138 Restormel Street
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Mr. Robert Lovell
County Treasurer
Koochiching County
Ericsburg, Minnesota

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Chisholm Public Library
Chisholm, Minnesota

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Aitkin, Minnesota

Mr. H. R. Toland, Vice President
First National Bank of Cloquet
Cloquet, Minnesota

Mr. C. V. Turnbull
Cambridge State School and Hospital
Cambridge, Minnesota

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Mrs. Thomas Vukelich
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Gilbert, Minnesota

Mr. Thomas D. Vukelich
State Senator
St. Louis County
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Naniboujou Superior Lodge
Grand Marais, Minnesota

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r. L. C. Barr, Jr.
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Appendix C

January 22, 1964

Mr. Anthony J. Celebrezze
Secretary of Health, Education & Welfare
330 Independence Avenue S. W.
Washington 25, D. C.

Dear Mr. Celebrezze:

We in Minnesota are much encouraged by what the new federal legislation will mean to our efforts to combat mental illness and mental retardation. The federal financial assistance, plus the requirements for comprehensive planning which accompany it, will have far-reaching effects and we are gearing ourselves to take full advantage of it.

In response to your question, I am designating the Commissioner of Public Welfare as the sole agency for carrying out the purposes of Title XVII of Public Law 88-156. I plan to appoint a committee made up of the commissioners of the State Departments of Health, Education, Welfare, Corrections, and Employment Security, a representative of the Minnesota Association for Retarded Children and one or two other citizen representatives. This committee will serve as the executive committee of a larger, broadly representative Planning Council on Mental Retardation. Both the Planning Council and its executive committee will advise with the Commissioner of Public Welfare on the matter of staff and budget. It will also have the authority to act between meetings of the entire Council.

As for the construction of facilities for the mentally retarded, and of community mental health centers under Public Law 88-164, I am designating the Commissioner of Public Welfare as the agency for administering the state plan for construction of these facilities. Because of the experience of the State Department of Health in carrying out the provisions of the Hill-Burton Act, the Commissioner of Public Welfare will work closely with that department in supervising the engineering and actual construction of facilities.

I enclose a copy of a letter from Minnesota Attorney General Walter F. Mondale presenting his formal opinion that the agencies I have designated have the authority to carry out the programs involved.

Yours very truly,

Signed/Karl F. Rolvaag
GOVERNOR

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

Appencix C

LETTERS OF THE GOVERNOR AND THE ATTORNEY GENERAL DESIGNATING THE COMMISSIONER OF PUBLIC WELFARE AS THE STATE AGENCY RESPONSIBLE FOR CONSTRUCTION OF MENTAL RETARDATION FACILITIES UNDER PUBLIC LAW 88-164

January 15, 1964

Honorable Karl F. Rolvaag
Governor of Minnesota
State Capitol
St. Paul 1, Minnesota

Dear Governor Rolvaag:

In your recent letter you set forth these

FACTS:

Public Law 88-156, which is entitled "Maternal and Child Health and Mental Retardation Planning Amendments of 1963" was recently passed by Congress and approved by the President. Section 5 of the act amends the Social Security Act by adding at the end thereof, a new title. This new title, among other things, authorizes the awarding of a grant to the State to assist us in planning comprehensive State and community action to combat mental retardation.

One of the conditions which must be met in order for the State to be eligible under this program, is that we submit the name of a State agency as the sole agency for carrying out the purposes of the act. I propose to designate the Commissioner of Public Welfare as this agency. The Secretary of Health, Education and Welfare has requested that we secure your opinion as to whether or not this agency has the power to assume these responsibilities.

Public Law 88-164, entitled "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" was also recently approved by the President. This act, among other things, authorizes funds for the fiscal year beginning July 1, 1964, for allotment to the State to assist in the construction of facilities for the mentally retarded (section 131) and the construction of community mental health centers (section 201).

In order to take advantage of this act we must submit a plan to the Secretary of Health, Education and Welfare which designates a single State agency as the sole agency for administering the plan. This agency must have authority to carry out the construction program involved.

It is my intention to designate the Commissioner of Public Welfare as this agency.

I would like your opinion as to whether or not the Commissioner of Public Welfare would be the correct agency, under our laws, to carry out the provisions of Public Law 88-164.

OPINION

Public Law 88-156 is an amendment to the Social Security Act of the United States. Section 5 of that act in part provides;

"Applications

> "Sec. 1703. In order to be eligible for a grant under section 1702, a State must submit an application therefor which --
>
> "(1) designates or establishes a single State agency, which may be an interdepartmental agency, as the sole agency for carrying out the purposes of this title; *** "

You would be correct in designating the Commissioner of Public Welfare as the single State agency for carrying out the purposes of that Act. Minnesota Statutes 246.01, which sets out the Powers and Duties of the Commissioner of Public Welfare, and as material to the question presented here, provides:

> "*** The Commissioner of Public Welfare is hereby constituted the 'state agency' as defined by the social security act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene."

Public Law 88-164, Part C, Section 134 in part provides:

> "Sec. 134. (a) After such regulations have been issued, (Rederal regs.) any State desiring to take advantage of this part shall submit a State plan for carrying out its purposes. Such State plan must --

"(1) designate a single State agency as the sole agency for the administration of the plan, or designate such agency as the sole agency for supervising the administration of the plan: ***"

Public Law 88-164, Title II (Community Mental Health Centers Act), Sec. 204 in part provides:

"Sec. 204. (a) After such regulations have been issued, any State desiring to take advantage of this title shall submit a State plan for carrying out its purposes. Such State plan must--

"(1) designate a single State agency as the sole agency for the administration of the plan, or designate such agency as the sole agency for supervising the administration of the plan; ***"

The Commissioner of Public Welfare is the correct agency for carrying out the purposes of Public Law 88-164.

M.S.A. 246.013 in part provides:

"246.013 Mentally Ill; Care, Treatment, Examination. Within the limits of the appropriations for the commissioner of public welfare, he is directed, in the performance of the duties imposed upon him by the laws of this state, to bring to the measure prescribed by section 246.012, the care and treatment of the mentally ill as speadily as possible, ***"

M.S.A. 246.012 provides;

"246.012 Measure of Service. The measure of services hereinafter set forth are established and prescribed as the goal of the State of Minnesota, in its care and treatment of the mentally ill people of the state."

M.S.A. 246.014 in part provides;

"246.014 Services. The measure of services established and prescribed by section 246.012, are:

***

"(9) The standards herein established shall be adapted and applied to the diagnosis, care and treatment of senile persons, inebriate persons, mentally deficient persons and epileptic persons who come within those terms as defined in Minnesota Statutes 1945, Section 525,749, Subdivisions 4, 5, 6, and 7, respectively, as amended by Laws 1947, Chapter 622, and of persons who are psychopathic personalities within the definition thereof in Minnesota Statutes 1945, Section 526,09.

"(10) The commissioner of public welfare shall establish a program of detection, diagnosis and treatment of mentally or nervously ill persons and persons described in paragraph (9), and within the limits of appropriations may establish clinics and staff the same with persons specially trained in psychiatry and related fields. ***

"(13) Within the limits of the appropriations therefor, the commissioner of public welfare shall establish and provide facilities and equipment for research and study in the field of modern hospital management, the causes of mental and related illness and the treatment, diagnosis and care of the mentally ill and funds provided therefor may be used to make available services, abilities and advice of leaders in these and related field, and may provide them with meals and accommodations and compensate them for traveling expenses and services."

In addition to these duties, the Commissioner is required, under Minnesota's Community Mental Health Centers Act, M.S.A. 245.69, to "Promulgate rules and regulations governing eligibility of community mental health programs to receive state grants, prescribing standards for qualification of personnel and quality of professional service and for in-service training and educational leave programs for personnel, governing eligibility for service so that no person will be denied service on the basis of race, color or cree, or inability to pay, ***

and such other rules and regulations as he deems necessary to carry out the purposes of sections 245.61 to 245.69. ***"

It is my opinion that the Commissioner of Public Welfare is the correct "state agency" under Public Law 88-156 and Public Law 88-164, with authority to carry out the purposes of those acts.

Very truly yours,

Signed/WALTER F. MONDALE
Attorney General