PRESENTATION TO THE INTERIM COMMISSION ON PROBLEMS
OP MENTALLY RETARDED, HANDICAPPED AND GIFTED CHILDREN

By the Minnesota Association for Retarded Children

On September 9, 1959 Mr. Hursh, Commissioner of Welfare, and on October 14, 1959, Dr. Dale Cameron, Director of Division of*Medical Services and Miss Frances Coakley met with the Commission and outlined several areas where the Department felt there was need for improvement in the program for the mentally retarded, * and therefore suggested that the Commission consider these areas for study. The Minnesota Association for Retarded Children wishes to record its agreement with the Department and to reinforce the statements made by Mr. Hursh and Dr. Cameron. We are presenting some material today we hope will help the Commission better understand the basis of the suggested requests. Unless the Commission will have secretarial service to secure further information on what is done in other states ~including costs—this Association will try and secure it. In fact we have already written to some states asking for information, but have not received answers to the letters.

We will take up the six areas covered by Mr. Hursh, some of these having also been covered by Dr. Cameron.

I. Mr. Hursh discussed staffing at the institutions. We have a separate report showing especially the needs of Faribault and have put the emphasis on aides although the ratio of patients to the different categories of professional staff should also be considered. We are trying to secure more up-to-date comparisons in this field for your consideration; in fact we have obtained as yet unpublished figures from the Federal Government (National Institute of Mental Health) showing the ranking of the midwest states for the year 1958-1959 as regards the number of patients in institutions for the mentally retarded in relation to the number of all permanent employed. That is for each permanent employe there are the following number of patients:

Kansas	1.8	Ohio	3.6
Wisconsin	2.5	Minnesota	3.7
Michigan	2.8	Nebraska	4.3
Indiana	2.9	Illinois	5.6

It will be noted that in these eight midwest states we are third from the bottom in what might be considered adequacy of service.

It must be remembered that these figures represent the over-all picture for all the institutions. It seems very important to the Minnesota Association for Retarded Children that the Commission give consideration to making certain that the institutions be staffed and equipped on a comparable basis,. As each serves a region of the state all parents should have confidence that one institution is not inferior to others.

In the report on Faribault we are also making further recommendations relative to the school program and food service.

- Mentally retarded is used synonymously here with mentally deficient, the legal term.

II, In regard to Mr. Hursh's second item, and one which Dr. Cameron also discussed cussed outpatient diagnostic service, the following facts should be called to your attention? Many states or communities feel that clinics should be established just for the purpose of diagnosing mental retardation and then providing therapy. On the other hand, the law passed by the Minnesota Legislature in 1957 making it possible to subsidize mental health clinics 245.61 « 245.69, would seem to be sufficiently broad to include a good program for the mentally retarded. However, it has been the experience of persons with primary interest in the mentally retarded that these clinics are definitely oriented toward the mentally ill and not the mentally deficient although some service is given this latter group. It is a question whether their use for the mentally deficient is a matter of education and administration or whether clinics for diagnosing the mentally retarded,especially children should be established. Possibly counties should be subsidised for additional staff in these clinics with special responsibility for the retarded.

There is, however, another type of clinic discussed especially by Dr. Cameron to be considered. In many states the staff at the institution conducts clinics for those who may or may not be considering institutional placement. In Minnesota this type of clinic has been considered, but since there is not now sufficient professional staff for adequately serving patients, it would seem there would be no question of establishing a clinic of this type without additional staff. The Association suggests that consideration be given to the question of providing additional staff by authorising the commissioner and an institution superintendent to cooperate with the public officials of a group of counties and/or private agencies to set up such a clinic. The institution would provide space for the clinic, over-all direction and consultation services while the public agencies and/or private agencies would pay salaries for needed professional personnel.

It is certain that more diagnostic and treatment service is needed. The Department of Public Welfare has travelling psychologists whose services are available to the counties to the extent possible, but more study is needed in a large number of cases than they are equipped to give. Many of those thought to be retarded are difficult to diagnose and neither the university of Minnesota nor the Mayo Clinic can supply the amount of service needed.

The worthwhileness of institution clinic service can be attested to by Dr. E. J. Engberg, Superintendent of Faribault State School and Hospital, I am sure, as X am told he gave the service of his staff in two particularly difficult situations.

While Minnesota has never waited for other states to take the lead in establishing new programs or giving needed service as for instance the 191? laws concerning children and the mentally deficient—it is certainly of interest to know when other states are giving greater or better service than Minnesota in certain areas. Some of the states where institutions give diagnostic service ares California, Massachusetts, and Indiana at least at the Fort Wayne institution.

III. The next question raised by Mr. Hursh was the need for enlarging the program of day activities for the mentally retarded. These various services make happier and better adjusted individuals and happier homes, and I am sure every parent who has had such service would document this statement. The well being of its citizens is a concern of the state, but it is the belief of this agency, and I am sure of the Department that day time activities will frequently obviate

the need for institutional care at least for a period of years. Thus from the tax angle it is important to give consideration to any action that would affect the need for more and more capital outlay in constructing new institutions. Is it possible that such services could be provided for the retarded under the present terms of the law establishing mental health programs? If so it would need only an additional appropriation for matching funds. The Department could then authorize funds on a very selective basis and keep careful records for comparison with other counties to determine the relationship of the adequacy of community facilities to the use of institutional space. We have some information relative to subsidies provided in other states, but hope to get more.

Delaware establishes such centers at state expense. They are organised and supervised by the state institution. $80,000 was appropriated for the fiscal year ending 6-30-58 and $85,000 for the next year (Mimeographed report of M. A. Fartanianz, MD Superintendent, 11-17-58). Connecticut-passage by 1959 legislature of a bill authorizing subsidies for day-care classes, training, and sheltered workshops and diagnostic clinics in the community, $250,000 was appropriation for current biennium. (Report by President of Connecticut ARC in "Children Limited" for December 1959.)IV. aid to counties who must place retarded or epileptic wards in boarding homes or private residential facilities. Minnesota Statutes 260.38 provides for reimbursement to counties for up to one half of the cost of boarding home care for children committed as dependent or neglected.

There are several points I should like to make here relative to this same provision for the retarded:

1. The retarded children referred to are wards of the Commissioner and he has a special responsibility to them.

2. At this time the children boarded are those whose families cannot keep them at home without hardship on other members of the family (Some of you, I am sure have seen a home situation where this hardship existed.)

3. The cost in boarding homes is high for these children who are difficult to care for and few families even in very comfortable circumstances can afford payment for long. The cost ranges usually from $100 - $150 per month with clothing and medical care in addition. In 1935 the then Board of Control secured opinion from the Attorney General placing responsibility for payment upon the local tax unit.

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Figures just received from Faribault indicate that space offered to fill vacancies to be made by transfer of patients to Brainerd was refused for 22 per cent of the males and 33 per cent of the females and that these are largely in the groups of ambulatory children under 10 years of age. It seems likely the day care centers now in existence are having an effect.

Figures given by the Department of Public Welfare show that in October 1959 (the last month for which statistics are available) there were 325 children in the residential facilities caring for children of this type. There are not figures available to show just how payment is divided between families and money raised through taxes, but it is probable that the families are paying much less than half of the total cost. The figures showing what the counties actually pay can be obtained by the Department if you wish them. It would take time because in many instances the county pays the boarding home, but the parents pay to the counties a portion of the cost. Mr. Hursh stated that the 1959 legislature was asked for $275,000 for the biennium which would appear to be the minimum amount needed considering the range of monthly rates and the number of children boarded.

4. When the family or county is paying for boarding care, it is rare that a child is not placed in an institution when space is offered. Often the boarding home adjustment is good and the child could well remain there for a longer period of time. State reimbursement for a percentage of county costs might delay entrance for at least a number of children.

5. Other states have not so far as can be ascertained developed a system of boarding homes or residential facilities of the type Minnesota has. However, some states pay for private institution care if a child cannot be accepted in the state facility due to lack of space. One of these is South Dakota.

V. Mr. Hursh's fifth point is the possible need for grants in aid to County Welfare agencies to enable them to add staff to improve services including supervision to the mentally deficient. I doubt if anyone who has not had close contact with the mentally retarded has any idea of the amount of time consumed to explain even & simple process or idea to him. This means real assistance in adjustment, for one individual may require hours of the time of a social worker. But if retarded persons are to remain *in* or return to the community as assets, this time must be given. In order to do this an adequate number of social workers is needed and grants in aid may be required to meet the need.

Most states do not have a county-centered over-all plan for the retarded as does Minnesota. In moat states when a retarded person is returned to the community from the institution, supervision is given *by* a social worker employed by the institution and thus at state expense. It is true supervision in those states may not be extended more than a year or two and Minnesota extends it, because of guardianship, as long as it seems to be needed. The Minnesota Association for Retarded Children believes this is a better plan. Supervision by county welfare boards means that many persons may remain in the community or return to the community if facilities are provided as outlined in the earlier items for consideration.

There is an additional problem in planning for placement and supervision. (This is information obtained from records of the Department of Public Welfare and County Welfare Agencies). Because of the place where work is available for a ward capable of at least partial self-support or for other reasons, there are times when he should be supervised in a county other than the one in which he has settlement. This means some counties must give service to persons for whom in one sense of the word they do not have legal responsibility. The time comes when *a* county protests

placement and thus a ward is deprived of adequate service. As examples of what may happen, the total case load of Hennepin County is 1055 but 140 are from other counties. The total case load of Ramsey County is 820 but 85 are from other counties. Figures from rural counties are not so striking, but there are some who have one or more out-of-county wards and usually these are the ones requiring the largest amount of supervision.

Another phase of this question of supervision by a county other than that of legal settlement is the responsibility of a county welfare agency for supervising and sending reports on children placed in a residential facility in the county, such as Mr. Hursh spoke of as point 4. Some of these house as many as 20, 30, or 40 children from all over the state. Should a county have the power of veto over having a facility opened? Then if it says it cannot supervise them, the Children will be deprived of living with someone who might give them good care. Or shall the state give a grant to the welfare agency so that it may have adequate staff?

There are few states which can really be compared to Minnesota in this area, as what supervision most states give is by social workers employed by the state institution except where it gets voluntary cooperation from local public or private agencies. Of course in cities of these states where there are private agencies serving a variety of problems, service will be given to many retarded persons and their families. The same is true of their county agencies which have general responsibility for meeting problems, but a centralized, state-directed, county-administered program does not exist in a form to make comparison proper here.

VI. There is a sixth item that Mr. Hursh recommended should be given consideration - a change in the collection laws for institutional care. Dr. Cameron touched on this and Br. Maynard Reynolds also spoke strongly in favor of a change In the bill on pages 15 and 16 or 51 and 52 (according to whether the numbering is taken from the bottom or the top of the page of the October minutes). Dr. Reynolds called attention to the fact that many states use a portion of the amount collected for research and training purposes. A bill was introduced in the 1957 legislature which embodied many of the principles this Association thinks should be in a law. The Association agrees with Mr. Hursh that changes should be considered. At this point, however, we are not in a position to make further recommendation on specific points.

VII. This Association would like to urge that this Commission give consideration to some method of making funds available for research. Hot only is there much to be learned concerning causes of retardation and epilepsy, but also diagnosis and methods of caring for and training those who are retarded or epileptic.

A good research program, it seems to us, is justified on four basest

1. It may eventually mean the prevention of some types of mental deficiency or epilepsy or its amelioration.

2. It will mean happier and better adjusted individuals.

3. It may eventually save much financial expenditure both because of prevention and adequate adjustment.

4. It has been found in institutions with research programs that staff members are stimulated and that it is sometimes easier to secure competent persons. This would also apply to central office staff, we believe.

And now a final word. In placing the Minnesota Association for Retarded Children on record as being in favor of appropriations for research and for certain aide to counties or agencies, as recommended for consideration by Mr. Hursh, we are in line with what other states are recommending. Many states have had commissions appointed during the past 6 or 8 years to study programs for mentally deficient and report to the governor or legislature. For instance, the Illinois Commission on Mental Retardation transmitted its report to the Governor on December 22, l958. It recommended an over-all state coordinated program; services of social workers or trained counselors, to families in the community, and without institution contacts and these to be provided "through legislative action and adequate appropriations to the appropriate agency of the Illinois Department of Public Welfare"; Supportive help to local mental health centers and child guidance centers in order to provide diagnostic services; expansion of the institution program and some other agencies to provide greater diagnostic services; financial assistance for local day care centers and other facilities.

The Illinois report has five pages on research with specific recommendations, We might end by quoting a sentence in the introductions "In the future a high priority should be given to the development and direction of research programs because in the final analysis, it is only through research that mental retardation will eventually be eradicated," Perhaps eventual eradication is too bright a hope, but certainly without much research little improvement can be made.

This report from the Illinois commission is in line with others and thus it would seem Minnesota is following the current trend in seeking to give better service to the retarded by providing more state financial aid as well as by developing research programs©

In these recommendations we have adhered only to those pertaining to programs for retarded and epileptic under the direction of the Department of Public Welfare. However, Mr. Gehr

his division is closely related to that of the Department of Public Welfare, If community placement for the mildly retarded is to reach maximum efficiency, there must be assistance from vocational counsellors, We hope consideration will be given to appropriation requests in order that an adequate number of counsellors may be assigned to serve the institutions and the staff of the county agencies.