

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN, INC.  
PRESENTATION TO BUILDING COMMISSION -- JULY 17, 1964

We wish to thank and commend the Building Commission for its interest in and concern for the Minnesota institution program for the mentally retarded. Your close contact with the institutions has given you a good understanding of their needs. We of the Minnesota Association for Retarded Children and our 62 local chapters are concerned that it has taken years sad, at the present rate, may very well take a total of 25 years to provide proper housing for the mentally retarded at the Faribault and Cambridge State Schools and Hospitals.

We are hopeful that in our enlightened era, progress can be made more rapidly. We are very appreciative of the *many* forward steps which have been taken and realize that these have, been due to the efforts and hard work of the Building Commission.

We are making every effort to educate the public of the need for improved institution programs. Hopefully, this will make your job easier, as you recommend large expenditures of State funds,

I would like to review briefly for you the size of the problem in Minnesota and tell you how some of the needs for institutional care are being met.

Based on national statistics and according to the Department of Health, Education and Welfare, there are over 5 million retarded in the United States. Over 210,000 of these are cared for in institutions. Of these 210,000, 160,000 (76%) are in state institutions for the retarded; 40,000 (19%) are in institutions for the mentally ill; • and 10,000 (5% are in private institutions.

By 1970, it is estimated that there will be 118,890 mentally retarded individuals in Minnesota. This is an increase of 26,110 over 1963. At the rate of 7% cared for in institutions, we will need space for 8,322 people in 1970, or an increase of 1,853 over our present institution population,

If we look forward to 1976, about 10 years from the next legislative meeting, it is estimated that there will be 125,730 mentally retarded people in Minnesota, an increase of about 33,000 over 1963. At that time, we will need space for 8,800 people in our institutions. This is about 2,300 more than are presently in our institutions.

The population of the institutions is changing. A high percentage of our institution population is composed of severely and profoundly retarded individuals who require a great deal of care.

According to the most recent statistics (1962-63) from the Minnesota Department of Welfare, 63% of the children under the age of 10 admitted to institutions for the retarded during that fiscal year were classified as severely or profoundly retarded. The more severely retarded who are being admitted cannot be cared for in the existing old, inadequate buildings.

it is our opinion that the state institutions have always provided the most reliable long-term care. For those who need this type of care, there are very few substitutions.

Contrary to the belief of some, we do not feel that large institutions are undesirable, If properly administered, staffed, and maintained, with adequate buildings, a large institution, has certain advantages over a small institution.

We do feel, however, that large wards, day rooms, and dining areas are a deterrent to proper and helpful institution care.

We do have at Cambridge and Faribault, many large and inadequate buildings, The present population of these two institutions is approximately 1,300 over their rated capacity.

The Cambridge State School and Hospital is approximately 500 beds over its rated capacity. Its rated capacity is approximately 1,600. The present population is 2,107. According to Health Department standards, this is an overcrowding of 31%. It will require 5 buildings of 100 beds each to eliminate this overcrowding, at Faribault State School and Hospital, there is an overcrowding of approximately 800 beds. The rated capacity is 2,273 and the present population is 3,030. Overcrowding varies from 42% in the older buildings to less than 8% in the new buildings. There is an average overcrowding of about 30%. As you will note, overcrowding is in the old buildings, new buildings are only slightly overcrowded. This is a tribute to recent Building Commissions and the Legislature. To eliminate present overcrowding and replace inadequate buildings at this institution means the construction of 15 new 100-bed dormitories,

Some of the buildings at Cambridge are inadequate for care of the more severely retarded, also. We have not included these in our figures. Overcrowding and inadequate buildings account for a need for dormitories to house 1,995 patients:

500 Overcrowded at Cambridge State School & Hospital

800 Overcrowded at Faribault State School & Hospital

695 Housed in old inadequate buildings at Faribault S.S. & H.

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1,995

Following are those buildings which, in our opinion, should be replaced at Faribault:

Springdale 87 beds

Daisy 71 beds

Iris 64 beds

Chippewa 84 beds

Ivy 207 beds

Hillcrest 86 beds

Poppy 96 beds

695 beds

In 1959, we also listed additional buildings as inadequate which are now being replaced. These were Grandview and the three old colony buildings.

1965 building requests for institutions for the retarded include a request from Faribault for one dormitory for 125 patients. At the rate of 125 new beds per session, it will take 16 years just to eliminate present overcrowding and replacement of old buildings, During this time, our institution population will increase about 2,300.

We don't feel that we have all the answers; however, over the past 14 years or more, through close observation and study, we feel we have developed a basis for our recommendations, which are as follows:

1. The Brainerd State School & Hospital should be completed as soon as possible to care for 2,000 retarded.
2. Additional dormitories should be constructed at the Cambridge State School & Hospital to eliminate overcrowding and provide for additional severely retarded patients.
3. A plan should be developed for a building program at the Faribault State School & Hospital to provide a modernized institution for 3,000 patients. Construction of 15 new buildings with a capacity of 100 beds each would eliminate present overcrowding and the use of old and inadequate buildings.
4. Consideration should be given to construction of buildings at less cost for ambulatory school-aged and working retarded at Faribault State School and Hospital. This could make it possible to fulfill the need sooner.