

Mental Retardation In Minnesota

1965

Goals for Public Action

Recommended
by the
Minnesota
Association
for
Retarded
Children

COMMUNITY SERVICES

Ninety-five percent of Minnesota's over 100,000 mentally retarded will probably always live in their home community. They will need a wide range of services - from diagnostic and medical to job training and placement. Failure to provide needed services will result in wasted lives, wasted money and lost manpower. A state, like an industry, must make the most efficient use of its manpower to compete in today's highly competitive world. As citizens, we must help and aid the handicapped in our society.

RECOMMENDATIONS

SPECIAL EDUCATION

1. We recommend that the \$3,600 ceiling on state aid for special education personnel for all handicapped children be increased to \$4,800.
 - It was the intent of the 1957 legislature to pay two-thirds of the special class teacher cost. Now, seven years later, the \$3,600 limit pays on the average only 50% of the cost.
 - Additional aid would encourage more rapid expansion of special education programs. We are only providing special class services for 7,000 retarded. It is estimated that 12,000 to 16,000 are not served.
 - Increased aids would hasten inter-district special class co-operation.
2. We recommend that the law be amended to allow payment of \$900 per year for board and room for trainable retarded who must reside away from home to receive special education.
 - There are now 66 special classes for trainable retarded in Minnesota serving over 500 children. There are an estimated 3,900 more such children. These children with I.Q.'s between 30 and 50 can benefit greatly from these classes.
 - In many rural areas of the state there are not enough retarded to form a class; thus, boarding away from home is necessary to attend a class.

- Such aid is presently extended to educable retarded and all other handicapped students.
3. We recommend that four additional consultants be authorized for the special education section of the Department of Education.
 - At the present time, there is one consultant on mental retardation. There are 2,200 school districts in Minnesota. About 500 have the full range of grades. A Consultant can on the average contact each of these 500 every five years. Smaller schools cannot be contacted at all.
 - Present consultants cannot begin to service the total special education program.
 - Additional consultants would encourage expanded inter-district cooperation.
 - It is desirable that consultants be assigned on a regional basis.
 4. We recommend that the probationary period for teachers in state institutions under civil service be extended to two years.
 - The present six month probation period usually falls in the middle of the school year. It would not be practical to discharge a teacher at this time.
 - Six months is not sufficient time to evaluate performance of professional personnel. The probation period for public school teachers is usually two years.

DAY ACTIVITY CENTERS

5. We recommend that day activity center services be expanded and that \$525,000 in state funds be appropriated for the next biennium.
 - Over 300 mentally retarded are now enrolled in 26 state supported day activity centers which receive state matching funds. Seventy-seven participants are reported to have been kept at home rather than sent to a state institution. Average DAC cost is \$55 per month; institution cost is over \$123 per month. Four DAC participants are former institution residents who returned home because a center opened close to home. Eleven DAC participants are now employed on either a full or part-time basis.
 - Need for state funds is based on a 100% increase in number of centers and expansion of present centers. During the last

biennium funds were not sufficient to provide 50% matching for state centers. An additional twelve centers received no matching funds at all.

We recommend that the present law should be amended to allow rent as a matching item.

- Rent is a legitimate and necessary cost.

We recommend that the limitation of twenty-five cents per capita per county be removed.

- The twenty-five cent limit imposes a hardship on sparsely populated counties.

We recommend that provision be made to make it clear that county funds may be used to match state funds.

- Counties are willing to match state funds; the present law is not absolutely clear as to their legal right to do so.

VOCATIONAL REHABILITATION

6. We recommend state financial vocational rehabilitation aid for long-term sheltered workshops for all handicapped.

- The purpose of such long-term sheltered workshops is to provide remunerative employment to severely disabled individuals as a step in the rehabilitation process for those who cannot be readily absorbed in the competitive labor market.
- Presently only about 400 disabled individuals of all types are employed on long-term sheltered work. There is good reason to believe that there are about 4,000 disabled individuals in Minnesota needing sheltered work.

7. We recommend additional staff for the Division of Vocational Rehabilitation for additional counsellors to enable that office to give more adequate service.

- There is a need to expand DVR services to the retarded.
- There is a need to expand DVR services in state institutions for the mentally retarded. DVR is a part of the team for placement of mentally retarded in the community.
- The growth of special classes has increased the demand for DVR services. Cooperative programs in work training are now in progress in several places in Minnesota.

8. Salary levels for PVR personnel should be made competitive with surrounding states.
 - Minnesota is losing personnel to other states.
 - Minnesota ranks 35th in the nation for counsellor salaries.
9. We recommend that additional funds be appropriated to allow PVR to utilize federal funds available in Minnesota.
 - In 1963-64, \$900,000 of federal funds available to Minnesota for vocational rehabilitation could not be used for lack of matching funds.

BOARDING CARE

10. We again support the Department of Public Welfare's request for state funds to reimburse counties up to 50% for cost of caring for retarded in boarding homes.
 - Not only would state financial participation aid counties, it would encourage the counties to keep some retarded in the community. The need is for a complete range of adequate services. At the present time counties are responsible for only 8% of the institution cost, but pay or are responsible for 100% of the boarding home cost.
 - Such reimbursement will make finances a lesser consideration when placement is necessary.

STATE RESIDENTIAL CARE

There are 6,035 (Sept., 1964) mentally retarded under care at Minnesota's four major facilities for the retarded. Brainerd State School and Hospital, the newest, had 1,092; Cambridge, built in 1922, had 1,941 (includes Lake Owasso); Owatonna, converted from an orphanage in 1945, had 225; and Faribault, the oldest and largest, had 2,748. There is a waiting list of about 750 or about a three year wait.

Efforts have been made over the past four years to remove from these facilities those who could reside elsewhere. The waiting list has been carefully screened and includes only those who need institutional care. As a result, 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.

In spite of efforts by the legislature to improve this program, it is still grossly inadequate. Our level of care is below every standard and measure available for comparison, such as the American Association on Mental Deficiency, U.S. Averages, Big Ten States and National Association for Retarded Children.

RECOMMENDATIONS

1. We wholeheartedly recommend that funds be allocated to the institutions for additional patient care personnel as requested and urge that these positions be given top priority. There is also a serious shortage of other professional and non-professional staff; we also support these requests.

	Patient Care	Other
Faribault State School and Hospital	232	80
Cambridge State School and Hospital	112	97
Brainerd State School and Hospital	196	86.25
Owatonna State School	17	13

Patient Care Staffing Figures

	Present	Legislative Request	Total Col. 1 & 2	Total needed to meet AAMD*
Faribault S.S. & H.	439	232	671	1,065
Cambridge S.S. & H.	330	112	442	825
Brainerd S.S. & H.	177	196	373	490
Owatonna S.S.		(our study does not apply)		

*American Association on Mental Deficiency Standards

- Many patients spend all day in bed, often with soiled diapers, because no staff member is available to care for them outside of their cribs or to change their diapers except by schedule.
- Hundreds of patients have nothing to do but sit, walk aimlessly, or sleep excessively.
- Helpless patients are poorly fed in a rushed fashion by other patients.
- There are many patient accidents; some are not recognized or treated when needed due to staff shortages.
- Almost 200 severely retarded patients are housed in a single building and cared for by only one technician at night.

2. We recommend that the Legislature develop a plan to provide proper and adequate patient housing at the state institutions for the mentally retarded.

- Both Faribault and Cambridge are inhumanely overcrowded - as much as 100% in some buildings.
- To eliminate overcrowding and use of obsolete buildings requires new buildings for 1,995 patients at Faribault and Cambridge.
- At the present rate of replacement (125 beds per session), it will take about 32 years to bring housing to proper standards at Faribault and Cambridge.
- Our studies show the need for a total of 2,750 new beds at all institutions for the retarded, including completion of the Brainerd State School and Hospital. We feel that there is an urgent need to appropriate funds in 1965 for space for 400 new beds at Faribault S.S. & H., 200 at Cambridge S.S. & H., and 300 at the new Brainerd S.S. & H.

3. We recommend that the total amount of \$7,161,725 requested by the institutions for the retarded for new construction and building modifications be appropriated and in addition that funds be appropriated for dormitory buildings for another 560 beds!

- The institutions' requests are grossly inadequate in view of the needs.
- We are concerned that more was not requested to meet these needs and to deal with the waiting list of about 750.

GOALS FOR PUBLIC ACTION

These goals for public action represent the results of two years study and planning by the Governmental Affairs Committee of the Minnesota Association for Retarded Children.

Many specialists in mental retardation have been consulted and are in agreement that these very real problems must be met and solved.

The slow progress of the past must give way to rapid improvement in this area of great need.

Citizens, public officials, and elected bodies are all urged to give their support to these recommendations.

Melvin D. Heckt, President

Mrs. William Woehrlin, Chairman
Governmental Affairs Committee

Minnesota Association for Retarded
Children, Inc.

Minnesota Association for Retarded Children

OFFICERS

MELVIN D. HECKT, President
Minneapolis

RAYMOND DOYLE, First V. Pres.
Rochester

MRS. HUGH C. JOHNSTON, Second V. Pres.
Northfield

MRS. O.H. BAUMGARTNER, Secretary
Bird Island

FRANKLIN C. SMITH, Ph.D., Treasurer
St. Paul

DONALD H. BERGLUND, Ph.D., Past Pres.
Northfield

DIRECTORS

ARTHUR BENNETT, D.D.S.
Circle Pines

MRS. K.L. DASKAM
Polisade

MRS. DAVID C. DONNELLY
St. Paul

RICHARD H. FERGUSON, M.D.
Rochester

BERNARD FRIEL
St. Paul

RAYMOND GRAF
St. Paul

RICHARD HALL
Hibbing

JOHN L. HOLAHAN

Minneapolis
FRANK HUBERTY
Willmar

MRS. RICHARD MOSBECK
Red Lake Falls

MRS. M.J. O'BRIEN
Worthington

DONALD J. OMODT
Minneapolis

ROBERT RHODE
Duluth

MRS. WILLIS SEWALL
Minneapolis

THOMAS SWALLEN, M.D.
Minneapolis

MRS. GERALD THIEL
Dumont

GUY WORDEN
Fergus Falls

CHAS. F. ZWISLER, D.D.S.
Mankato

EXECUTIVE DIRECTOR

GERALD F. WALSH
Minneapolis