MINNESOTA ASSOCIATION FOR RETARDED CHILDREN, INC.

MEMORANDUM

October 14, 1966

TO: Board of Directors, Governmental Affairs Steering Committee, Staff

FROM: Robert Lockwood, Chairman, Governmental Affairs Committee

SUBJECT: Division on Mental Retardation

The Governmental Affairs Steering Committee and Executive Committee of the Minnesota Association for Retarded Children have taken action to recommend the establishment of a separate Division on Mental Retardation within the Minnesota Department of Public Welfare.

This matter has been under consideration by the Minnesota ARC since 1959. Substantiation for this recommendation is attached. A letter from Mrs. Sally Luther, chairman of the Minnesota Mental Retardation Planning Council, gives further reasons for such a move.

Our next step is to meet with Morris Hursh, Commissioner of Welfare. We will keep you informed of progress.

Attachments/2

RLL:mlk

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

PROPOSED DIVISION ON MENTAL RETARDATION.

The Minnesota Association for Retarded Children, after years of study and evaluation, recommends that a separate Division on Mental Retardation be established in the Minnesota Department of Public Welfare.

Years of observation and experience have shown that the program for the retarded is not developing adequately. Major problems of staffing, programming, medical care, training and treatment continue year after year. Because of changing patient type, some conditions have worsened.

More recent emphasis by the Department of Welfare on mental retardation and the work of the Minnesota Mental Retardation Planning Council have clarified many of the problems which must be solved. The many recommendations of the Council will need years of concentrated effort by many people.

Administratively, some apparent problems are:

1. Splintered Services
2. Insufficient Staff in Central Office
3. Unmet Needs
4. High Staff Turnover

Some reasons for a separate division are:

1. Mental retardation is sufficiently broad and complicated to warrant a separate administiative unit.

   The retarded range in age from infants to very old persons; in intelligence level, from the lowest to those almost able to "make the grade" alone; in physicsl, social and emotional levels, the same broad range exists.

2. The mentally ill and menially retarded do not present identical problems. The tendehcy has been, to make the retarded fit the mold for the mentally ill.

3. Specialists in mentallillness aire not usually also equipped or trained to serve the mentally retarded.

4. The present Medical Division not adequately staffed to meet the needs of the mentally ill and the mentally retarded.

5. Increasing complexity of welfare programs and availability of Federal funds require more specialization and expertness.

6. Members in institutions for the mentally retarded could well be greater than those in institutions for the mentally ill.

A Division on Mental Retardation, in addition to a Director, should include specialists as follows:

Consultants

Day Activity Centers	Occupational Therapy
Recreation	Physical Therapy
Public Information	Dietetics
Boarding Homes	Rehabilitation
Community Institutions	Administration
Social Work	Volunteer Services
Nursing	Other

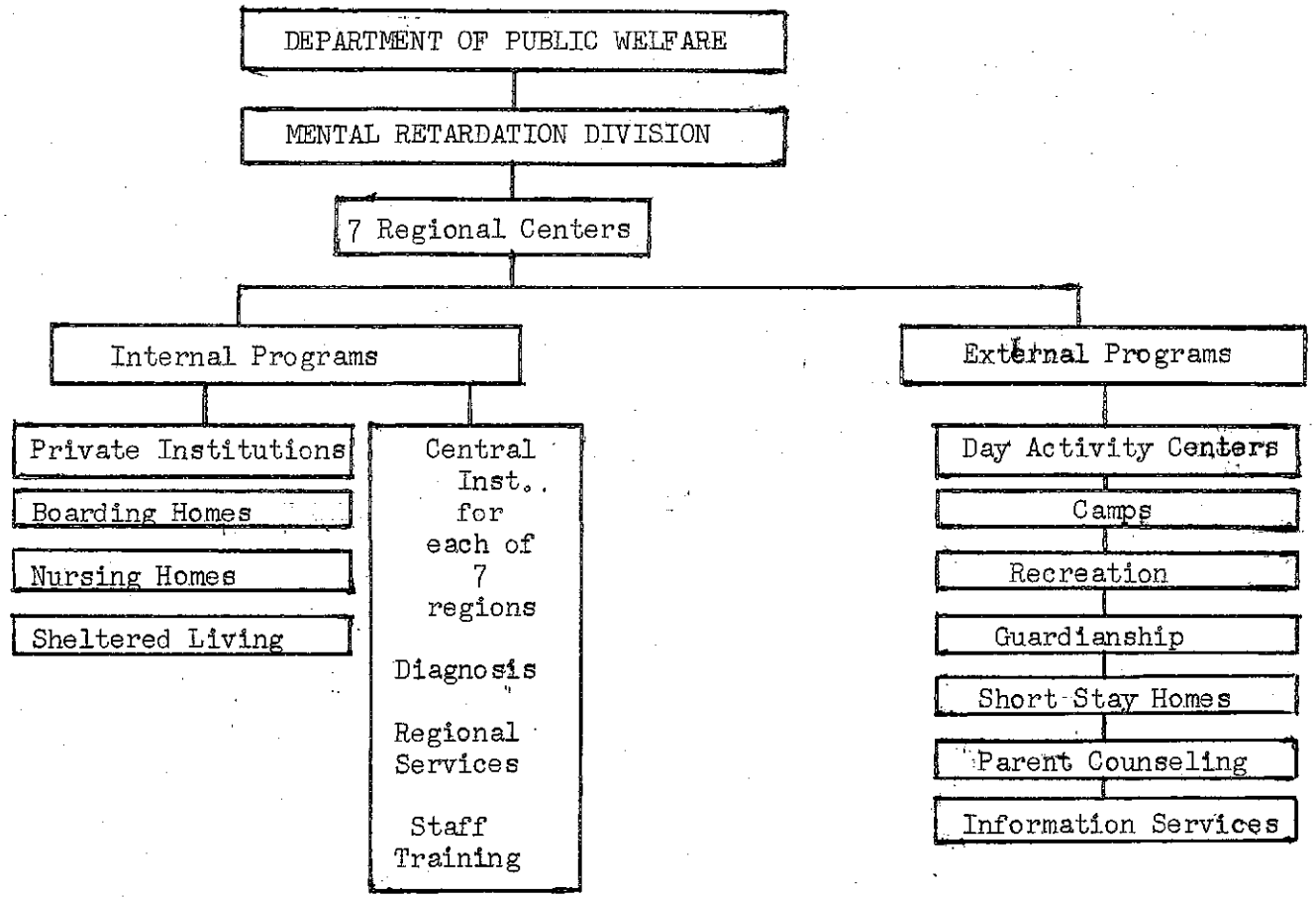
Guardianship Personnel

Social Workers - 3
Statistician - 1
Attorney - 1
Clerical

The Division Director could be either a psychiatrist, M.D., Social Worker or Psychologist. He should be a person who has had experience with the mentally retarded and has administrative ability.

Further development of services to the retarded should include a regional program — a state institution in each region would be the center and its personnel would be responsible for developing services in such a region for all retarded when they are not a responsibility of the educational services.

An organization chart for the Division on Mental Retardation is shown on the attached page and includes a proposed seven region program.



10-10-66

Minnesota

Population 3,600,000
About 100,000 Mentally Retarded
4 State Institutions
6,200 Residents
750 in Day Activity Centers
1,250 in Community Residential Care
10,500 under Guardianship

STATE OF MINNESOTA

EXECUTIVE OFFICE

ST. PAUL, MINNESOTA 55101

KARL F. ROLVAAS
GOVERNOR

September 29, 1966

Dr. David Vail
Director of Medical Services
Department of Medical Welfare
Centennial Office Building
St. Paul, Minnesota

Dear Dave:

The members of the Mental Retardation Planning Council join with me in expressing our thanks to you for giving us an overview of the reorganization that is planned by the Division of Medical Services insofar as it affects programs for the mentally retarded.

One of the major goals of the Mental Retardation Planning Council, outlined in our original application for a grant to conduct our work, is to effect an improved administrative structure to meet the program needs as identified during our studies and set forth in our comprehensive plan.

During the deliberations of the Council, and the development of the final report, we have reiterated our belief in the responsibility of the state for the care and rehabilitation of the retarded. Our comprehensive plan embraces the concept of a continuum of care provided by means of regional facilities and services, including child development centers, day care activity centers, special education, residential care, sheltered workshops, and other community-based services.

To accomplish this effectively and economically requires, in the view of the Mental Retardation Planning Council, close intra and inter-departmental cooperation at both state and local levels, a clear identity of mental retardation as a disability, and sufficient authority and responsibility and staff to perform and supervise the needed services.

The plan for a Bureau of Mental Retardation within the Medical Services Division which you described at our last Planning Council meeting and later discussed with Mr. Broady, appears to be primarily a consultant" and coordinating service, while provision of direct services would be divided between a community services section and an institutions section, both of which would also carry responsibilities in the field of mental health as well as mental retardation.

Further, the relationship of the proposed Bureau to the chiefs of nursing, rehabilitation therapy, social services, volunteer services, and psychology, in their capacity as consultants, is not clearly set forth. All of these chiefs would apparently continue to carry responsibility for mental health services as well as mental retardation.

Responsibility for case services is unclear to us, unless this is to be assigned to the chief of child care services, although in this event the fact that the chief of child care services would be responsible for the entire range of child care services for all disabilities would again dilute the responsibility to the many who are mentally retarded and in need of service.

The position of the regional consultants, as you outlined their functions, raises several questions. It is our view that the desirability of expanded mental retardation services through regional activity stands on its own feet. There is tremendous need for staff to man the various regional agencies serving the retarded. Coordination of regional services must be accomplished. New local services must be brought into being. To accomplish ail this will clearly require the full time and attention of a regional MS representative without asking that he carry also the responsibilities for coordinating mental health services.

We also feel that the proposal which you outlined does not go far enough in effecting integration of services which are presently fragmented and dispersed within the Department of Welfare, as for example, Crippled Childrens Service, and Child Welfare Services.

While the overall proposal represents a solid step forward in reorganization of mental retardation services, it seems evident, based on the findings and recommendations of the Mental Retardation Planning Council, that it would not result in the addition of sufficient central office or regional staff needed to guide the development of mental retardation services throughout the state.

The fact is that we feel our goal of effective administrative structure could be more nearly met by a much broader realignment of services. The proposal which we herewith offer is designed, we believe, to meet the problems enumerated above, specifically the need for a number of mental retardation consultants in the central office, regional consultants in mental retardation, greater unification of the presently more dispersed services, and a much expanded staff to carry out the responsibilities assigned.

Drawing on the findings and recommendations and discussions of past meetings of the Mental Retardation Planning Council and its task forces, we propose that the new realignment would prescribe a unit which would have direct responsibility for administration of: residential facilities, both state and privately owned and operated; daytime activity centers; case services; regional consultants; eentral office consultants in various aspects of work with the mentally retarded; and the mental retardation facilities construction program. Also, the licensing and inspection function might well be vested in this proposed unit, separate from the consultant service. (Our task force has questioned the wisdom of combining the consultant service and the licensing enforcing responsibility in the same person.)

The director of this unit would be responsible for coordination with other sections and divisions within the Department of Public Welfare, including field services, child welfare services, rehabilitation services, public assistance, and administration. Ha would also coordinate services with the State Departments of Education,, Health, Corrections, Employment Security, Administration, and give particular attention to the inter-relationship with the Division of Vocational Rehabilitation, the state institutions of higher education, the regional coordinating committees on mental retardation, the Association for Retarded Children and private medical practitioners.

The mental retardation regional coordinators or representatives, as envisioned in our proposal, would be responsible for similar coordination within their regions. They hopefully would be based in the same communities as other related regional services, for example special education consultants and Division of Vocational Rehabilitation regional offices, and would work closely with them.

It should be stated that coordinated programs within each region could well develop differently in different regions in order to utilize existing services and facilities to meet the total needs of the retarded within the region, without imposing a uniform system from the state office which might or might not ba appropriate.

We feel that a special advantage of this proposal, which we regard as an enlargement and refinement of the proposal which you described for the Mental Retardation Planning Council, would be the fact that with a strong director, and sufficient autonomy and authority, you yourself might be relieved of the heavy burden of directly planning and coordinating the wide range and variety of services which appear to be under your direct control in the proposal which you outlined.

Whether the above recommendations emerge in the form of a "section" or a "bureau" or whatever they may be called, it is the strongly held view of the Mental Retardation Planning Council, as set forth in its various recommendations , that mental retardation services will be most effectively provided by establishing separate staff to carry out the responsibilities rather than by merging these responsibilities with ongoing responsibilities in the field of mental health, although there are clearly some services which can be shared, as for example research and public information.

I am aware of the action of the Minnesota Association for Retarded Children in calling for the creation of a separate division for mental retardation. To me this is strong evidence of the backlog of frustration and antagonism that has developed over the years as a result of our state's apparent unwillingness to fully recognize the needs and capabilities of the retarded and to provide the kinds of services and care which are the right of the retarded. I recognize the great gains of recent years and the vital contribution which you have made in this

regard. But as Is so often the case, the improvements have served to prove what can be done, and have in effect whetted our appetite for greater progress at an accelerated rate.

With kindest regards.

Yours very truly,

Sally

(Mrs.) Sally Luther, Chairman
Mental Retardation Planning
Council