

MINUTES

LEGISLATIVE BUILDING COMMISSION
203 State Capitol
St. Paul, Minnesota 55101

May 5, 1966
Department of Public Welfare

The meeting was called to order by Chairman Popp at 8:00 a.m. on May 5, 1966, in Room 203, State Capitol.

Commission members present were: Senators William C. P. Heuer, P. J. Holand, Lew W. Larson, John L. Olson, Harold R. Popp and Representatives Sam R. Barr, Everett Battles, W. G. Kirchner, Marvin C. Schumann, and Roy L. Voxland. Also present: Executive Secretary Roland B. Olson and Recording Secretary Linda Andersen.

Present in addition to Commission members and staff were: from the Department of Administration: William B. Stevenson, Assistant Commissioner; from the Department of Public Welfare: Morris Hursh, Commissioner; Ove Wangensteen, Assistant Commissioner; and Dr. David Vail, Director, Division of Medical Services. Also present were: Senator Walter J. Franz; John Broady, Executive Director, Minnesota Association for Retarded Children; Donald J. Wujcik, Senate Finance; Maurice Hobbs, Minneapolis Star; and David Planting, Saint Paul Dispatch.

VAIL: The facts indicate a need for expansion of aid for the mentally retarded. We are reaching a peak in institution size now.

The plan for the ten-year program will do the following things:

1. Eliminate the waiting list
2. Eliminate overcrowding the institutions for the retarded
3. Eliminate obsolete structures at Faribault State School and Hospital
4. Reduce the amount of new building required at the present mental retardation institutions. This is not to be considered as eliminating the need for remodeling and updating. That is a very important part of the plan.
5. Allow us to take advantage of federal construction funds and other federal funds for programs. There is big money available.
6. Promote new concepts in mental retardation programs such as regionalization, providing services close to metropolitan areas, etc.

How is this to be accomplished? First, by utilizing space in

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the present institutions for the mentally ill. Second, by developing community facilities and resources. This refers to a diversity of changes. For examples getting away from the concept of life-long care which has been the tradition; focusing not on what the child is, but on what fee can be; starting specific community programs such as special classes, special education, daytime activity centers. Federal funds will allow small private institutions in the community to assist. Another type of program is what is now going on at Glen Lake. Under the sponsorship of a group of metropolitan school districts and federal funds there is a program of education for teenagers who otherwise would be in our state institutions.

One important factor is the need for the legislature to change the finance concept of care structure, to equalise sharing of costs, and eliminate the differential whereby the county pays \$10 to provide care for a person in a state institution and \$150 to provide care for the same person in Ms own county. You don't have to be a financial wizard to see that this produces a natural tendency to favor state institutions. State aid to counties for community nursing care, boarding care, and other domiciliary arrangements costs money} but in the long run, it would save more than it would cost. For example, one cost avoided would be building costs.

When I speak of mental retardation institutions I am speaking about Brainerd State School and Hospital, Cambridge State School and Hospital, Faribault State School and Hospital, Lake Owasso Children's Home, Owatonna State School, and Shakopee. The plan first calls for a transfer of about 520 patients from the mental retardation institutions over the ten-year period. Secondly, the plan calls for discharge to the community or transfer of an additional 500 patients over the ten-year period. The plan calls for utilizing existing space at Gillette State Hospital and the Braille School for a total of 160 mentally retarded children with handicaps. The plan also calls for a new facility for the mentally retarded, offering a comprehensive array of services including residential care for 160 patients, to be located in a major medical-hospital-educational center of the state. Federal funds would cover about half of the cost of such a facility.

This would mean that about 1020 patients would leave the mental retardation institutions. About 600 new patients would be admitted in this period, bringing the total reduction to about 600 patients.

Speaking now specifically about buildings, no special changes are foreseen at this time for Lake Owasso and Shakopee. Lake Owasso offers many special advantages for research because of its location. Some remodeling might be in order. However, there would be no change in size.

Owatonna is a very difficult problem. It will require remodeling of a very extensive nature, a new service building, and adaptation for difficult cases. If this is not done, the institution should possibly be abandoned. The plan calls for Owatonna to continue with a population of about 200. However, the commitment at Owatonna should be clarified.

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It is no longer a boarding school, The mission could remain as academic education and vocational training. However, the institution must be adapted to allow close supervision and counseling and perhaps confinement for some time. In other words, it would be a type of security unit where some of the store escape prone and difficult youngsters could be contained while they were receiving the necessary services. Such services would include psychiatric care as needed.

The plan for Brainerd calls for 260 new spaces. However, since the plan was developed in December three things have happened. First, the total population at Brainerd has declined. Second, any additional building at Brainerd might require additional power plant facilities. Third, the Mental Retardation Planning Council came out with very strong recommendations against increasing the space at Brainerd. So, perhaps we should leave Brainerd at its present size of 1335.

The plan for Cambridge calls for remodeling and building down to a population of 1500. It was a bit radical of that institution to eliminate the request for a rehabilitation-therapy unit. There should be continuing study on that point. However, their priority listing for remodeling is valid.

The Faribault plan calls for rasing these cottages: Ivy, Iris, Daisy, Chippewa, Hillcrest, Sioux, Springdale, and Poppy. There are 1095 beds in these cottages. We need a total of 450 new beds including the 125 already scheduled. The institution population would level off at 2000. The important point is that the 325 additional beds listed for Faribault need not be on the grounds at Faribault. They could be built on state property in the Twin City area so that they would be close to research and hospital facilities.

Therefore, the time schedule for the construction of needed facilities would call for 325 new beds for Faribault, remodeling of four cottages at Cambridge, and enabling legislation for a new facility for 160 patients in the 1967 session. Thereafter, the requests would be for maintenance, remodeling, and replacement.

BATTLES: You mentioned putting up a new building in the metropolitan area. Wouldn't the overhead and the additional expense of operating a unit that way be prohibitive?

VAIL: I can't answer that, but we should take a look at the possibility. In Scandanavia, a small unit if properly designed is actually more economical.

BATTLES: We have a new facility at Roseau for retarded children which is privately owned. I think they have children from all over the state. What does it cost to run that as compared to state institutions?

BROADY: Roseau has 45 beds and the cost to the county is \$130 per month. The monthly cost to the state in a state institution is about

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\$155. In this type of situation the state doesn't have to worry about the building of the facility, etc. Also, this particular facility is a proprietary sort of thing that pays taxes.

OLSON: These costs are not comparable though because many services are provided free of charge at the Roseau facility which are not free at a state institution.

VAIL: This is the perfect illustration of the plan we find desirable. We hope that we can have these facilities spread throughout the state so that the people can be taken care of close to their homes and have the benefit of using the professional people that are in the community. There are also volunteers in many communities that would be willing to help. If we can get the mentally retarded integrated into the community they will not be the second class citizens they are now.

POPP: Commissioner Hursh, is it your proposal that the state's and county's share for these facilities be equal?

HURSH: What the Council has proposed goes farther than that. That proposal is that the county pay the same whether the person is in a community facility or in a state facility. The fairest plan, actually, is that the state and county share the cost wherever the person is. Behind the whole plan that we have discussed today is the thought that there be no cutback in state facilities unless there is a pickup in community facilities.

POPP: Mr. Broady, could you give us a brief summary of the activities of the Mental Retardation Planning Council?

BROADY: The Council was created in July 1964. We are operating on a federal grant. The work was divided into nine different task forces: volunteer services, public awareness, residential care, staff training, employment, education, law, research, and integrated services. The purpose of the whole study was to take stock of the situation and develop at the time and place he needs them. A part of this is residential facilities. However, we do not envision these as lifetime facilities but rather part of a whole series of services that a retarded person may need at some time in his life. Hence, the whole operation is treatment oriented rather than long-term care.

Congress passed a bill which provided for the construction of facilities for the retarded. This required an advisory committee which was appointed by the Governor. There is some overlap between these two projects. This second project required a rather exhaustive inventory of existing facilities and programming of future facilities in different parts of the state. The present building program is part of this.

In developing this program for construction we envisioned a variety of facilities: shelter workshops, residential care and diagnostic

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facilities. Minnesota's share of the appropriation for construction for 1965 was approximately \$164,000. The share for 1966 was approximately \$212,000. We have four applicants for these funds and two of the applications have been acted upon. The amounts that we have designated to go to these applicants are then matched by them. There are other applications pending.

POPP: Were you able to use all of your 1965 allocation?

BROADY: Yes, we were.

POPP: Dr. Vail, you mentioned that there was a considerable amount of federal money available for these mental retardation programs. Just how much is available? We will have to have this information when we come to allocations.

VAIL: Mr. Broady has given you the amount of aid on construction which is available. There are other grants which are available, but they would apply to services and not construction.

WALSH: The Minnesota Association for Retarded Children, the Department of Public Welfare, and the Mental Retardation Planning Council spent considerable time and effort trying to develop a plan for the future use of the residential facilities for the mentally retarded in Minnesota. I think that the plans which have been mentioned to you are very exciting. There is a plan developing whereby the state and the Building Commission will not be alone in continuing to build buildings. For many years the Building Commission has carried the responsibility of trying to provide good and proper residential facilities for the mentally retarded. It is exciting to hear of the community organizations which are taking an interest and are raising money to provide services in the community for many of the retarded. The state, nevertheless, is going to have a large responsibility for a considerable period of time.

Minnesota's state institution services can be greatly improved through careful, thorough planning for additions and replacements at these institutions. The use of large dormitories, day rooms, and dining rooms causes severe and detrimental institutionalization of the mentally retarded. Large buildings and groupings of large numbers of retarded can at least double the problems of the institution residents. We are compounding these problems by putting the retarded in a situation which adds emotional disturbances on top of the original problem of mental retardation. We are thereby creating for ourselves an almost insurmountable task. Proper planning cannot only stabilize the number who need institutional care, but it can also create a wholesome, productive, and pleasant living atmosphere for those who do need long-term or lifetime care. I would like to emphasize the fact that this living atmosphere should be productive; this is very important. Our institutions can also serve as short-term training centers for many of the mentally retarded; however, not as they are now constituted. We will have to think about some very serious changes.

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The Minnesota Association for Retarded Children makes the following recommendations which we feel will provide a beneficial institutional program:

1. We wholeheartedly endorse the recommendations jointly arrived at by the Department of Public Welfare and the Mental Retardation Planning Council.
2. Future buildings should be small--fifteen to twenty patients in complete living units including bedrooms, living areas, and dining rooms--perhaps two to a bedroom, thus eliminating the large ward atmosphere which is creating many of the problems which we are trying fruitlessly to solve.
3. State institutions should each have a work occupation center where patients can be occupied with industrial contracts making saleable craft items and producing and repairing institution materials. Fifty or sixty years ago the institutions did a lot of this. Keeping the patients busy and productive means that a lot of the need for tranquilization and sedation can be reduced. When the patients are busy, this eliminates a lot of their problem. The old kitchen at Faribault State School and Hospital would, I feel, make an excellent work occupation center for that institution.
4. The state of Minnesota should lend active financial support to the provision of community-supervised living units for the mentally retarded. You may recall that Dr. Bartman had talked about sheltered living units in the community where fifteen to twenty retarded patients would live--many would go out into the community to work but they would come back to this center for supervised and planned social activities. Under this kind of plan, I feel that the retarded who are working out in the community, paying board and room to this supervised facility, would contribute sixty to eighty per cent of the operating cost. The centers for diagnosis and the staff at the institutions should serve as a team for the region around them, helping to develop day-care centers, shelter workshops, working with special classes, and working with mental health centers.

These are brief ideas, but they are not new. In my opinion, they are not even experimental. I spent the past five weeks visiting facilities for the mentally retarded in Norway, Sweden, Denmark, Holland, England, and Ireland. These visits, along with previous visits to institutions in the country and years of experience, have convinced me that these institutions have found solutions that we have been groping for for years. During my five weeks of touring mental institutions in these countries I saw no bare-foot, naked, cut or bruised patients. I did see many severely retarded patients doing productive work. This productive work might be very simple in nature, but anything that the retarded can do contributes to their well being as well as to society.

I feel that the adoption of the above-mentioned recommendations would accomplish a number of things:

1. This would eliminate the need for much sedation of patients. I distinguish sedation from tranquilization; we use tranquilizers to make patients amenable to treatment and to reduce a certain amount of hyperactivity. However,

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we use a great deal of sedation on our more severely retarded patients. This is used as a substitute for staffing in many cases--it is also a substitute for constructive activity.

2. Following the above recommendations would provide work training for: many patients who are now considered unable to respond to treatment.

3. This would provide dignity and comfort for many patients who are now living miserable and degrading lives.

4. I feel that following these recommendations will put Minnesota on the road to solving its problems with care of the institutionalized mentally retarded. I think that we are going in the right direction and that these things will help us. I don't think we can ever solve the problems if we continue the policy of large institutions. I don't think it will cost any more than it would under our present system. In the long run, it may even cost less. When you have a ward of one hundred patients, it takes a tremendous amount of staff to overcome the problems which are created.

I, personally, would like to see some of the members of the Building Commission and the Department of Administration visit some of these countries to observe some of the conditions I have mentioned. I think it would be extremely beneficial, and I don't think we could spend money any more wisely than if this were to be done.

There is another point I would like to mention. I don't think we need to continue to build all of our units at our institutions to hospital specifications. I know that there are many patients who could be housed in much more economical units. They aren't hospital patients--they are school patients, working patients, patients who are there for rehabilitation.

The time to move is now, while the community support is at its peak.

Senator Heuer moved that the minutes of the February 18-19, 1966 meeting be approved. The motion was seconded by Senator Larson and prevailed.

Representative Kirchner moved that the minutes of the March 4, 1966 meeting be approved. The motion was seconded by Representative Schumann and prevailed.

The Chairman then thanked Dr. Vail, Mr. Broady, and Mr. Walsh for their presentations and the meeting was recessed,

Respectfully submitted,

{signed}

Everett Battles
Secretary-Treasurer