

DEPARTMENT OF PUBLIC WELFARE

TO: Mr. Morris Hursh
Commissioner

December 27, 1966

FROM: David J. Vail, K. D.
Medical Director

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SUBJECT: Plan for utilization and development of facilities for the
mentally retarded

1. The following is a report on and summary of a plan for the utilization and development of facilities for the mentally retarded. It covers the presentations given to and endorsed by the Mental Health Medical Policy Committee on December 21, 1966, which you and I reviewed later the same day. The plan is a further elaboration of proposals made by the legislative Building Commission on May 5, 1966. It was first presented in its present form at the meeting at Annandale on December 14, 1966.
2. You will recall that the May 5, 1966, presentation to the Legislative Building Commission referred to the plan to transfer to the mental illness hospitals over a 10-year period some 520 patients currently residing in mental retardation facilities. My present report elaborates further details and time tables for that proposal, and adds features incorporated from the recommendations of Dr. Hallvard Vislie in the summer of 1966.
3. The proposals herein move us in the direction of strengthening the regional concept by (1) establishing regional centers for mentally retarded children, which could dovetail quite nicely with proposals for regional child development (comprehensive diagnostic and assessment) centers; and (2) furthering the idea of the mental illness hospital as a multi-purpose resource for the region.
4. I believe that the proposals herein can save the state potentially many millions of dollars of construction of facilities for mentally retarded adults.
5. It is understood that changes contemplating the transfer of patients and the development of new programs should include additional staff to take care of increased caseloads and superimposed responsibilities. A legal provision for the transfer of complements and the redesignation of portions of facilities for administrative purposes would also be extremely helpful.
6. Chronological steps.

Roughly, the scheme would be as follows:

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- (1) Screening of the current St. Peter State Hospital population to repatriate the bulk of their caseload to Anoka State Hospital, Hastings State Hospital, and Rochester State Hospital, into their own home districts.
- (2) Screening of the current Brainerd State School and Hospital population to transfer to Fergus Falls State Hospital adult patients (Program V) and likewise to Moose Lake State Hospital (Programs V, VI) from the appropriate regions.

NOTE: On December 23-24, 1966, I visited Fergus Falls State Hospital, where I discussed the proposal in greater depth with Dr. Patterson and Mr. Hoffmann. We estimated that 120 newly remodeled beds would be available during 1966 for a special unit for adult retardates. However, some \$120,000-300,000 of new remodeling funds will have to be requested, to supplement an existing fund of \$160,000 for the purpose; additional staff would be needed also.

- (3) Screening of the Faribault State School and Hospital population to transfer to St. Peter State Hospital adult patients (Program V) from the West Metropolitan, South Central, and Southwestern regions.
- (4) Development of the beginnings of a central institution for the mentally retarded at Rochester State Hospital.^{2,7}

The above four steps could be accomplished during the 1967-69 biennium, with appropriate staff enlargements.

- (5) Studies on the future feasibility of Willmar State Hospital, Rochester State Hospital and Moose Lake State Hospital for the future location of significant numbers of mentally retarded adults of the Program V category, in a separate or segregated-type program.

6. Mental Illness facilities can be used in two ways: (1) The placement of selected mentally retarded patients, mainly from the Program VI category, using the criteria developed from the Cambridge-Moose Lake project, directly on the psychiatric services; these are adult ambulatory patients with psychiatric disabilities meeting the criteria; they would be on an integrated-type program. (2) The placement of selected mentally retarded patients from the Program V category who would be the core group of adult, ambulatory, severely retarded persons with superimposed psychotic or bizarre behavior; in the mental illness hospitals they would be in a separate or segregated unit.

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7. The enactment of legislation redistributing the cost of care for mentally retarded patients in the community is vital to this plan.
8. Among other advantages this plan will bring into play significant federal construction and very likely staffing funds.
9. The main problem here is one of timing. For those in the mental illness field, the pace will be seen as too fast. For those with deep commitments in the mental retardation field, it will no doubt be seen as too slow.
10. Schematically, the program for the mentally retarded is as follows:

Mental retardation facilities plan

Region	Central facility(S)(F) ²	Adult facility (S) ³		Affiliated(N-S)(F) ⁴
		Primary	Secondary	
E Metro	St. Paul vic. ⁵	GSSH	ISH	Numerous
W Metro	Mpls. vic. ⁶	FSSH	SPSH	"
NE	Duluth ⁷	BSSH	MLSH	Iron Range
NW	Fergus Falls	BSSH	FFSH	Brainerd, Thief River Falls, Crookston, East Grand Forks, Moorhead
SW	Willmar ⁶	SPSH	WSSH ⁸	Marshall, Worthington, St. Cloud
SE	Rochester ⁷	FSSH	TRSH ⁹	Winona, Austin
SC	Faribault ⁷	SPSH		Marquette

Legend: (S) = State operated

(N-S) = non-state operated

(F) = federal funds available

11. End results (examples)

(1) St. Peter State Hospital

- 400 mental illness beds to serve mental health needs of South Central region.
- remainder (400 relatively new beds) to serve mentally retarded Program V adults from West Metro, South Central and South-western regions currently at Faribault State School and Hospital.

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(2) Hastings State Hospital

- 300-400 mental illness beds to serve mental health needs of East Metropolitan region.
- remainder to serve mentally retarded Program V adults from the East Metropolitan region currently at Cambridge State School and Hospital.
- possibly a separate "children's village" as the central mental retardation facility for the East Metropolitan region.

(3) Fergus Falls State Hospital

- 700-900 mental illness beds to serve the mental health needs of the Northwest region.
- 120-200 beds to serve Program V adults from the Northwest region currently at Brainerd State School and Hospitals

(4) Rochester State Hospital

- 600 mental illness beds to serve the mental health needs of the Southeast region.
- 150 beds (50 existing, 100 new) as a central facility for the Southeast region.

(5) Anoka State Hospital

- 900 mental illness beds to serve the mental health needs of the West Metropolitan region.

* * * * *

Notes:

1

This could be enhanced by getting Anoka State Hospital entirely out of the surgery business, as I am now inclined to believe feasible.

2

The central facility will be a multipurpose (i.e., all types of disabilities) facility offering diagnosis, observation, short-or-long term residential care, etc., mainly aimed at children. For the East and West Metropolitan areas, they would

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3

The adult facility would be one offering rather a general psychiatric service, or a residential care service with heavy emphasis on work training, or both.

4

The affiliated facility would tend to be small (less than 60 beds) under non-state management offering a variety of services coordinated through the Medical Services Division regional office and the central facility.

5

The central facility for the East Metropolitan region might be at what is now Gillette State Hospital or it might be in a newly-erected "children's village" on the ground of the Hastings State Hospital, administered separately from the main hospital.

6

The central facility at Duluth would be a new facility.

7

The central facilities at Fergus Falls, Willmar, Rochester and Faribault could be established by new construction on the grounds of the state institutions there. Existing buildings could be used for a start at Rochester State Hospital and Faribault State School and Hospital (Rochester, geriatrics building, in conjunction with the Daytime Activity Centers Faribault, existing units).

8

The use of existing facilities for adults at Willmar State Hospital. should await further studies on the future of alcoholism programs.

9

The use of existing facilities at Rochester State Hospital should await further studies on the future of surgery programs and other factors.