

ANALYSIS OF SENATE AND HOUSE WELFARE BILLS

SENATE: This bill provides for 321 new positions at institutions for the mentally retarded:

Cambridge	40
Brainerd	115
Faribault	164
Owatonna	2
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	321

No new positions are provided for central office mental retardation personnel. The Department of Public Welfare had requested ten (10). \$ 750,000 is recommended for 1967-69. This is 50% of the Department's request and about 20% of the Governor's recommendation.

The Senate bill is simple and does not mention transfers of the mentally retarded to institutions for the mentally ill.

Only 40 new positions are recommended for Cambridge State Hospital.

HOUSE: This bill provides for 427 new positions at institutions for the mentally retarded, as follows:

Cambridge	121
Brainerd	153
Faribault	153

The House should recognize that Faribault State Hospital, which is poorly staffed, is twice the size of Brainerd and, therefore, needs more new staff.

Interpretation of this bill is not easy. There are many unanswered questions, especially regarding transfer of the mentally retarded to institutions for the mentally ill.

The following special provisions appear in the House bill:

1. The Department of Public Welfare shall, to the fullest extent, practically utilize all available bed space at hospitals for the mentally ill. (The reference here is only to bed space and is not related to staff and program.)
2. Hastings State Hospital -- total complement of 287 for 1968 and 297 for 1969 (25 new). Provided that 29 of the approved positions shall not be filled until a plan is developed to transfer 100, at least, patients from Faribault State Hospital to this Hospital. (An additional 100 might be transferred. This is not in the bill.)
3. St. Peter State Hospital -- total complement 1967-69, 570.5. Provided that 20 of the approved positions (20 new) shall not be filled until a plan is developed to transfer 450 or more patients from Faribault State Hospital to this Hospital.
4. Fergus Falls State Hospital -- Total complement for 1967-69, 487.75. (One new part-time position). It is contemplated that 120 mentally retarded would be transferred to Fergus Falls from Cambridge State Hospital. (No mention of this is made in the bill.)

5. Transfer of Patients. Notwithstanding any other law to the contrary, the commissioner of Welfare may transfer authorized positions between institutions for the mentally ill and/or the mentally retarded and epileptic under his control in order to more properly staff the institutions because of changes in population. (Although not spelled out, this is probably to make it possible to transfer positions from institutions for the mentally retarded to hospitals for the mentally ill. Certainly, it is not contemplated that the 20 new positions at St. Peter will be enough for 450 mentally retarded patients. However, some transfer of patients out of St. Peter is planned.)
6. Notwithstanding any provision of law to the contrary, the Commissioner of Public Welfare, upon approval of the Governor, with the advice of the Legislative Advisory Committee, may designate portions of hospitals for the mentally ill under his control as special units for the mentally retarded, or as nursing homes for persons over 65. (Special units -- no integration is spelled out here. There needs to be a definition of what a special unit is, how it is administered, etc.)

UNANSWERED QUESTIONS RE: USE OF MENTAL HOSPITALS FOR THE MENTALLY RETARDED

1. What criteria has been used to determine the number of patients and which patients will be transferred?
2. Will these be just those adult ambulatory patients with associated mental illness?
3. If patients are transferred, will staff also be transferred?
4. How will any possible staff transfers affect the already seriously understaffed state institutions for the mentally retarded?
5. How can these major shifts of population be made without central office staff necessary?
6. Won't addition of several special units for the mentally retarded make a Division of Mental Retardation more necessary?
7. What is the time schedule for transfers?
8. Why is it necessary to legislate these transfers?
9. Will the mentally retarded be regarded as second-class citizens in institutions for the mentally ill?
10. How will M.R. units be administered?
11. What special program staff is planned?
12. Wouldn't it be better to have some mentally retarded at each of the 7 institutions for the mentally ill, rather than at just 3?

FORESEEABLE PROBLEMS

1. The legislation calls for transfers of specific numbers of residents. Unless the total can be achieved, none can be transferred.
2. It is possible that some transfers would be made to fill quotas, not to meet patient needs.
3. Transfer of 450 or more mentally retarded to St. Peter will move these people farther from the state's population center. On a regional basis, we should be developing facilities closer to the Twin Cities.
4. No retarded are planned for Rochester, which is the state's newest and probably best institution.
5. We are perpetrating large, impersonal, institutions, when we know they are wrong!

Needless to say, this approach is unique. It could be interpreted to mean that the Department, which is recommending this plan, does not have the necessary authority, report and control to bring about changes without legislation.

WHAT SHOULD BE THE POSITION OF THE MINNESOTA ARC?

There are several possible positions:

1. Object to again using the mentally retarded to fill vacant spaces in state facilities which are not geared to or built to meet their needs.
2. Ask that no patients are transferred until questions are answered.
3. Not object if it is agreed that such transfers are only temporary until new, smaller institutions on a regional basis are constructed.
4. That no transfers be made without permission of parents or relatives.
5. Agree.

GOVERNOR'S COMMITTEE

The Governor's Committee, which studied institutions and Hastings, has said that "the question of whether the mentally ill and mentally retarded patients can or should be treated in the same facilities has not be resolved." (Governor LeVander, 4/28/67)

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