

Faribault State Hospital

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Department of Public Welfare

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Regionalization Plan for Faribault State Hospital

First of all let me say that the staff at our institution agrees with the concept of regionalization, and we generally feel this will allow more effective provision of mental health and mental retardation services to Minnesota residents. As we understand the plan, it implies that:

1. Part of the current receiving district of Faribault State Hospital would be allocated to Rochester, St. Peter, and Willmar, and these institutions would develop full services for mentally retarded persons in their areas.
2. Faribault State Hospital, in conjunction with Anoka and Hastings, would develop mental health and mental retardation services for the metropolitan area.

Related to these considerations are the following problems that we see:

1. The distance of Faribault State Hospital from the metropolitan area may preclude our involvement in certain programs. Examples of this would be day hospitals, night hospitals, etc.
2. There is the danger that the other hospitals will not develop a full range of services for the retarded. A beginning example would be programs at Hastings and St. Peter in which profoundly retarded and multiply handicapped individuals are excluded. If each institution is not required to provide a full range of services, there is the possibility of Faribault State Hospital becoming a "wastebasket" for the severest type of behavior problem.
3. Faribault State Hospital under the regional plan is the only institution that does not serve the area in which it is located. To promote continued local involvement and support, we would recommend adding Rice County to the metropolitan area. Rice County is contiguous with the counties in the proposed metro region, and, if this were done I am sure we would have much more local support.
4. We feel there is a need for an additional mental retardation facility in the metropolitan area. This center should provide a full range of services for the retarded as close as possible to their homes.

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5. We would also wonder about the use of other resources in the metropolitan area. For example, Lake Owasso is currently an annex of Cambridge but might appropriately be located as part of the total MI/MR program in the metropolitan area. The second possible resource would be the Oak Terrace State Nursing Home, Lino Lakes Sanitorium, and the Cooperative School and Vocational Rehabilitation Unit at Glen Lake. Perhaps beds at these facilities could be converted for in-patient MI/MR vocational use.

I hope our comments will serve to help the Department of Public Welfare and other mental health-mental retardation facilities to provide a more comprehensive and convenient service to the State of Minnesota.

RAJ:jn

cc: Mrs. Hiltz

Mr. Wrobel

Cabinet members, Faribault State Hospital