

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

OFFICE MEMORANDUM

TO : State Institutions Serving Mentally
Retarded Persons

DATE: May 14, 1970

Faribault State Hospital
Cambridge State Hospital
Brainerd State Hospital
Minnesota Learning Center, Brainerd
Moose Lake State Hospital
Minnesota Valley Social Adaptation Center
Hastings State Hospital
Rochester State Hospital
Fergus Falls State Hospital
Lake Owasso Children's Home

FROM : Morris Hursh
Commissioner

SUBJECT: Unit Organization of Mental Retardation Programs

The attached is now official. It will be included in the Institution Manual as mental retardation program policy.

I would like to extend my appreciation to staff who have participated in preparing this plan, and to those of you who have offered suggestions and comments about the draft that was sent to you. Your suggestions were incorporated to the extent possible.

Standards should have uniform application, whether mentally retarded persons are programmed in private, community or state-operated facilities. For this reason, Child Welfare Rule No. 7, Standards for Institutions Serving Individuals Who Are Retarded, is applicable as minimum standards to state institutions operating programs for retarded persons.

This will influence future efforts in staff training, living accommodations, budget planning, involvement of the community, and professional department services in training, treatment and social development of the retarded.

It is expected that this policy serve as a working document by unit directors, department staff, and others.

Medical Services Division staff will assist in implementation, and you may call on them to help in solving any problems related to this.

cc: Division Directors
Medical Services Division Staff
Civil Service Department
State Planning Agency
Minnesota Association for Retarded Children
Willmar State Hospital
Anoka State Hospital

UNIT ORGANIZATION OF MENTAL RETARDATION PROGRAMS

Mandate:

State-operated programs for mentally retarded need to carry out a public concern for the training and treatment of those mentally retarded citizens who cannot function to their capacity in their community--for reasons of family situation, lack of appropriate services, and/or need for training and treatment. Such needs are viewed as generally temporary until resolution of such problems (appropriate services to the person, his family, neighborhood and community) will result in return to community living.

Such efforts require the agency and its residential components to be a functional part of the community it serves and responsive to the community capability to accommodate the mentally retarded at their level of social ability.

The historical role of benevolent custodial care, with little expectation of self-improvement of the resident, has to accommodate to the more humane expectation that mentally retarded persons can have a satisfying, contributory and productive life in his community if given the training, experiences and love they need to develop normally. The individual's functioning is only a part of the problem. His life in relation to family, friends, neighbors, and the neighborhood and others he comes into contact with needs to be harmonious to insure continuing growth and development.

Related to Planning for Mental Retardation Programs for State Institutions

The purpose of this plan is to outline the goals of the Department of Public Welfare and define the appropriate general organizational structure of mental retardation programs.

This includes:

1. Adoption of Child Welfare Rule No. 7, as applicable to all state institutions conducting mental retardation programs and services.
2. Establishment of program units and appointment of program directors.
3. Staff training.
4. Program Advisory Committee.
5. Program evaluation systems.

I. Standards for Institutions Serving Individuals Who are Retarded, April, 1969.

Standards should uniformly apply to public and private institutions, including state-operated residential facilities and special-care unit. Child Welfare Rule No. 7 is, therefore, applicable to state institutions conducting programs for retarded children and adults, and should be used for purposes of planning, determining priority in correcting deficiencies, staffing and staff training programs, and evaluation of unit programs.

II. Establishment of Program Units by Ability Grouping

A program unit is defined as a functional grouping of residents based on some common program needs, and of such size that it can deliver individually-planned services and is organizationally sound.

The department's goal is to have an individual plan and program for each resident. All residents will be included in unit programs. Each unit shall have a full-time unit director, with his duties, responsibilities and authority clearly stated in writing, so that the mission of the unit is clear.

A written program plan for the unit should be prepared by the unit director, for review and approval of his supervisor. This written plan should include:

- a. Performance objectives of the unit, stated in measurable terms.
- b. Description of plan to reach goals and objectives.
- c. Intra-unit evaluation system.
- d. Types of individuals served, housing decision, living condition.
- e. Describe the system of planning the program for each individual resident (what is our team and how is a resident plan developed by the team?).

- f. Staff organization, including those supervised directly, and those assigned to the unit by the service department.
- g. Services to be provided by each department based on program needs.
- h. Special services, such as medical health services, dental, religious, consultation, volunteers and other agencies.

After review and approval at the institution, the program plan will be forwarded to the Division of Medical Services for final review and approval in that office.

Responsibilities of Departments for Services to Units

Departments are responsible for the delivery of services needed by each resident and for supervision of staff in the professional methods and techniques used. This clarifies the need for department organization of services but clearly re-focuses this responsibility in relation to delivery of services to program units. Department heads assign staff to one or more unit programs for purposes of participation in planning the unit program, delivery of services in or out of the unit. Such assignment of staff shall be arranged between unit director and department head, based on the service needs of that unit and the capability of the department.

The balance of authority between unit director and department head is crucial to satisfactory programming on each unit. Staff assigned by the departments are assigned for the purpose of helping in planning, carrying out, and evaluating the program of that unit, and are responsible to the unit director for delivery of their services. Staff of the department are responsible to the department head for skills and methods used, and the department head is responsible for supervision of the technical quality and appropriateness of services in unit programs.

III. Unit Staff Training

Unit staff training shall be planned by the unit director in matters related to carrying out the unit program and should have the institution-wide training program available for assistance in organization and content of the staff training program. Unit directors should keep the training office informed about unit staff training programs. In other matters of general orientation, study of mentally retarded, dynamics of training retarded, etc., the institutions training program should take the initiative.

The unit director and unit staff should be acquainted with and knowledgeable of practices that have dehumanizing effects and discuss these with unit staff in order to eliminate dehumanizational practices in the unit.

IV. Regional Participation

Mental Retardation Programs staff should participate in regional planning for the purposes of:

- a. Making the institution's unit programs more relevant and responsive to community need in the facility's receiving region.

- b. Reviewing program needs of the mentally retarded in the community and in the institution.
- c. Development of local, state and federal resources.

In addition to regional planning, the following could be helpful in a program advisory capacity: Area Mental Health - Mental Retardation Center, volunteers, Vocational Rehabilitation, Special Education, medical, ARC chapter, county welfare department and day activity center.

V. Regional Review of Unit Program

Each institution should establish a system of reviewing unit program through participation of local professional, lay, and other institution representatives. Unit plans, department standards (Child Welfare Rule No. 7), NARC Residential Care Standards should be used as guides for evaluation and assistance in making program improvements. Reports should be made and records kept regarding the evaluation program.

VI. State Review of Unit Programs

The Department of Public Welfare, together with appropriate representatives, including the Minnesota ARC, should establish a state-wide evaluation system (possibly include private institutions) to evaluate a unit program or institution-wide program system on invitation or random selection basis, to keep informed and acquainted with local problems, and to help in solving them.