

STATE OF MINNESOTA

# Office Memorandum

DEPARTMENT Faribault State Hospital

TO: Advisory Board Members

DATE: February 25, 1985

FROM: <sup>WCS/pmw</sup> William C. Saufferer, Chief Executive Officer  
(Acting)

PHONE: 312

SUBJECT: Advisory Board Meeting

This is just a reminder that the next Advisory Board Meeting will be held on Monday, March 4, at 6 p.m. in the Administration Building Conference Room.

Agenda: Mission Statement

WCS:pmw

Fairbault State Hospital  
Advisory Board Meeting  
February 4, 1985 - 6 p.m.

Advisory Board Members Present: Tom Scaglia, Dean Thomas, Connie Burrill, Harriet Burrill, Janet Cameron, Mel Heckt, John Holahan, Verna Johnston, and Nancy McCarthy  
Staff Present: Bill Saufferer, Arnold Madow

Dean Thomas opened meeting.

- Bill Saufferer reported on recent visit to F.S.H. by Commissioner Len Levine and Rep. Tony Onnen. Conversation was open and uninhibited during the campus tour. Both visitors were interested in observed activities. Arnold Madow agreed that the visit was warm and positive.
- Board decided that thank-you letters should be sent to the Commissioner and to Rep. Onnen extending an invitation to meet with them at a later date to continue discussion of F.S.H.

Tom Scaglia chaired the session on his arrival.

- Discussion was directed to legislative priorities.
- Board supported Statement of Philosophy for F.S.H. Copy attached.
- Board voted to oppose proposed new Commitment Act which would restrict all commitments to 12 months.
- Future bed reduction of state institution population should be designed so that if parents, guardians, responsible relatives, state institution staff, and county social workers agree, community placement should be made when appropriate space is available. However, if the above agree that there is no suitable alternative for placement in the community, the mentally retarded person should not be forced out of the state institution. Board unanimously approved.
- Board agreed that cap on ICF/MR beds should be removed. If there is no ICF/MR space, appropriate alternative care must be assured.
- The Board recommends a halt to current piecemeal approaches to placement in community and state hospitals in favor of a long term service plan which accounts for specific handicaps and provides for parent, family, and guardian involvement in placement decisions and broadens the continuum of care system to include and allow for movement between alternate placement facilities.
- Board agreed that the service plan for the mentally retarded population should not discriminate against those mentally retarded persons now living in family homes who need supervised living facilities in the community.
- Board would like to see state operated community services developed and tested during the 1986-87 biennium.
- Board will present these positions to Com. Levine, Ass't. Com. John Clawson and to appropriate committees of the legislature, prefaced with a copy of the Statement of Philosophy.
- Section concerning legislation should be included in next issue of the Round Table.

Next meeting will be March 4, 1985, 6 p.m. in the Conference Room of the Administration Building, F.S.H.

Respectfully submitted: Verna E. Johnston, Secretary

pmw

CC: Advisory Board Members  
Jim Walker, DHS  
FSH Executive Committee

Attachment

## Statement of Philosophy for Faribault State Hospital

Faribault State Hospital is a residential facility which, as part of the State of Minnesota's array of services, provides specialized care, treatment, developmental and habilitative services to persons with mental retardation whose needs are currently being inadequately served elsewhere and re-integrates those persons with the community when possible. In conjunction with these direct services the Faribault State Hospital supports families, other agencies, and facilities in understanding and meeting the needs of persons with mental retardation.

In serving such clients the Faribault State Hospital recognizes the following key principles:

A person with mental retardation is an integral part of society and possesses a fundamental value and dignity equal to other persons. He or she is entitled to all the rights and responsibilities of citizenship.

A person with mental retardation is a growing, maturing, and feeling human being with awareness of his or her own existence and potential for adapting to the expectations of society.

A person with mental retardation has the right to appropriate care, treatment, and developmental opportunities.

A person with mental retardation has the right to positive personal regard, to consideration as an individual, and to express choices.

When restrictions or curtailment of rights are considered necessary for protection or for the provision of special treatment or training services, the principles of: 1) least restrictive alternatives practical; 2) due process under the law, and 3) culturally normal environment and practices, shall be applied.