

May 23, 1989

Regional Treatment Center Law

Department of Human Services Commissioner Sandra Gardebring established the Regional Treatment Center Negotiating Committee in July 1988 to determine the future roles and functions, if any, that the state's Regional Treatment Centers should play in the comprehensive array of services provided to persons with developmental disabilities, mental illness, chemical dependency and the elderly. The membership of the committee included persons representing the Department of Human Services, ARC, Minnesota Congress of Advocates for the Retarded, Minnesota Association for Persons with Severe Handicaps, state hospital employee unions, private service providers, county government organizations, communities surrounding the regional treatment centers and advocates for people with developmental disabilities, mental illness, chemical dependency and the elderly.

The Regional Treatment Center Negotiating Committee met for the last time on March 3. The 1989 Legislature acted on the proposal and the final bill contains the following important provisions for people with developmental disabilities:

- ◆ Community services for 1,250 people will be developed by the state and private providers. These services will be provided under Medicaid through ICF/MR (group homes of six or less beds), waived services, supported employment and developmental achievement centers. The majority of services will be developed between 1991 and 1999. In fiscal year 1990-1991, the Department of Human Services will develop 24 residential sites, and 14 day programs.

	Residential Sites	Day Programs
Brainerd Regional Treatment Center	2	2
Cambridge Regional Treatment Center	4	2
Faribault Regional Treatment Center	10	6
Fergus Falls Regional Treatment Center	2	1
Moose Lake Regional Treatment Center	4	2
Willmar Regional Treatment Center	2	1

- ◆ There will be a small capacity remaining at the regional treatment centers to provide long-term care to people with mental retardation and to provide crisis care in 4 person units. By July 1, 1999 the system will look as follows:

Brainerd Regional Treatment Center	57
Cambridge Regional Treatment Center	12
Faribault Regional Treatment Center	80
Fergus Falls Regional Treatment Center	35
Moose Lake Regional Treatment Center	12
St. Peter Regional Treatment Center	30
Willmar Regional Treatment Center	12

- ◆ The state may provide both residential and habilitation services for the same individual only until the year 2000. No later than 1994, the Department of Human Services will pull together a committee to begin planning to comply with this requirement.
- ◆ The community service system will be enhanced by allocating 150 professional staff for crisis management teams in each region of the state, and 25 professional staff to provide regional technical assistance. 16 crisis beds will be established in the metro area. Additionally, the state operated community services program will have enhanced staff-client ratios over the regional treatment centers.

- ◆ Existing community services will be increased to address the waiting list crisis, including increases in Semi-independent Living Services and Family Subsidy.
- ◆ Department of Human Services central office staff will be increased to plan and implement these changes and to evaluate the quality of services. The Commissioner's Advisory Committee on mental retardation and related conditions may be required to give advice on implementation of the plan.
- ◆ In siting new state operated programs the needs of the individuals with mental retardation will be paramount but the Commissioner will also take into account personal preferences, location of support services, appropriate grouping of persons, availability of qualified staff, need for service in the region and commuting distance of staff.
- ◆ A training program for all staff will be developed to fulfill preservice training requirements for private and state staff and continuing training for state staff.
- ◆ A process will be established to keep families informed and to explain how to exercise their rights in order to give families ample opportunities to address concerns.
- ◆ Discharge procedures from the Regional Treatment Centers allow active participation of the family including the right to appeal the discharge, even if they are not the private guardian. A majority of the team must agree to the discharge. Additional reviews are required for persons with overriding health care needs or with serious challenging behaviors. No person will be discharged before an appropriate community placement is available and discharge dates will be set well in advance.

- ◆ Regional committees in regional treatment center communities will be established to assist the Department of Human Services

The total cost of the proposal for people with developmental disabilities is \$13.4 million for the next biennium. The major funding provisions are as follows:

Case Management	\$ 4,860,000
Semi-Independent Living Services.....	1,653,000
Family Subsidy Program Grants	198,000
Staff Training	1,416,000
Quality of Community Care	86,000
Community Groups	170,000
Ombudsman	0
Licensing and ICF/MR Certification	100,000
Targeting Waiver	0
Personnel Mitigation	2,000,000
Community Treatment Services	2,622,000
Development Disabilities Program Management	129,000
Rate Setting/Auditing	170,000
Social Service Appeals	48,000
Licensing of new Community Facilities and Programs	0
TOTAL	\$ 13,452,000

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