

THE CASE AGAINST CLOSING THE STATE'S
REGIONAL TREATMENT CENTERS

by

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MINNESOTA CHAPTER

CONGRESS OF ADVOCATES FOR THE RETARDED, INC. (MnCAR)

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PORTION OP STATEMENT

OF

MINNESOTA CHAPTER

CONGRESS OP ADVOCATES FOR THE RETARDED, INC. (MN CAR)

INTRODUCTION

My name is Mel Heckt, I am President of MN CAR, a Minneapolis lawyer and father of Janice, age 36, whose home for the past 30 years has been the Faribault Regional Center. Jan is severely retarded, has psychomotor and grand mal seizures, severe scoliosis and severe behavior problems, all of which are being expertly treated by FRC.

Jan lives with 12 other women in a separate living unit which has a kitchen, dining room, living room, bedrooms and bath; she works part-time, goes to DAC, receives physical therapy, psychological counselling, nursing care, medical and dental care and drug monitoring by experienced and highly trained experts. She frequently goes downtown for meals, treats, bowling and church. Every waitress at Wimpy's knows and likes Jan; they know she will order chicken and cherry pie alamode. Some of her direct care staff have been with her since she arrived at Faribault.

From 1953-1985 I have been active in the ARC movement. In the past, I have served as president of Minneapolis ARC, Minnesota ARC, Regional Vice President and Secretary of NARC and as a member of the President's Committee on Mental Retardation. I have advocated for almost every community service in place today and for improvements in our State's Regional Treatment Centers. I currently serve on the Faribault Regional Center Advisory Board, and the Laura Baker School and Mount Olivet Rolling Acres Board of Directors.

MN CAR is a non-profit corporation and a member unit of CAR, a national organization consisting of State Chapters whose members are primarily parents, relatives and friends of citizens who are mentally retarded and who reside in State owned and operated Regional Treatment Centers. Some of our members have relatives residing in community institutions which are defined as residential facilities having more than 15 residents.

MN CAR has 153 members and a board of directors consisting of at least one parent or relative member from each Regional Treatment Center area.

MN CAR'S purpose is to defend, promote and enhance the interests of people with mental retardation; to advocate that they

receive quality care, education, treatment and training in the State of Minnesota. We are dedicated to securing quality care in Regional Treatment Centers, Community Intermediate Care Facilities and in other community residential facilities large and small. We believe there is no single mode or series that best meets the needs of all people who are mentally retarded. We support a system of choice and an important role as parents and guardians in the decision making process when determining where the needs of our relatives can best be met.

The ARC and MM ASH want to close the RTCs to all people who are mentally retarded. MM CAR wants to improve and prevent closure of RTCs in order that those whose needs can best be met in or those who have no alternative which can meet their needs for life, liberty, safety, care and treatment will not be denied admission to nor be dumped out of RTCs that meet their individual needs into waived services community houses for one to four residents which waive services, do not meet their needs and endanger their lives, health, safety and liberty. MM CAR also wants to protect those profoundly and severely retarded and physically disabled and behaviorally affected RTC residents who have no parents or relatives living or able to fight against such dumping.

I.

Regional Treatment Centers must be preserved, maintained and improved to provide care, treatment and needed services for those persons who are mentally retarded and irrespective of age who;

A. Will receive more appropriate and higher quality medical, dental, psychiatric, psychological and nursing care and treatment in the RTC than in their community.

B. Need protection from danger, injury, or sexual molestation when that protection is not available in the community.

C. Have no other alternative in their communities because their communities are located in sparsely populated areas of Minnesota which do not and can not have available necessary professional personnel and services.

D. Who have lived in their RTC homes for many years and prefer to live with their friends and peers and associate with their RTC staff.

E. Who benefit from living in an RTC located close to their parents and/or relatives and therefore must live in an RTC because of unavailable programs or lack of quality programs within their communities.

F. Although teenagers, cannot live at home with their parents, and who, because of their disabilities cannot live in their communities but with short term or temporary care and treatment at a RTC could be returned to their communities.

G. Need expert respite care and treatment not available in their communities.

H. Need expert diagnostic and programatic evaluation not available in their communities.

I. Are demitted from a community residential facility and have no appropriate placement available in their community.

J. Are elderly and need nursing care by persons experienced and well trained in caring for persons who are mentally retarded.

K. Have severe behavioral or mental illness problems which could be treated expertly at a RTC thereby enabling some of them to return to their communities.

L. Have severe hearing or sight problems which prevent them from being able to receive education, treatment and habilitation in their own communities.

M. Have chemical dependency problems and need expert treatment not available in their communities.

N. Have criminal or sex offender problems and need correctional and expert treatment not available in their communities.

O. Have rehabilitation needs the services for which are not available in their communities.

Regional Treatment Centers' small group homes should:

A. Be able to utilize the expert and experienced professional and non-professional staff of the RTC and not be prevented from doing so by rules or regulations.

B. Be able to easily return a resident to the RTC without a court recommitment proceeding, if the person does not fit in well with the other residents, or is not able to receive necessary services and protection in the small group home or is most unhappy with the transfer to the group home.

C. Be increased in numbers not only for those few from the RTCs who in fact could be appropriately placed therein but those from the community who are on waiting lists for residential services.

III

Our Thanks to Minnesota

Minnesota has some of the best RTCs in the nation. over the years Minnesota has substantially improved its RTCs. Increased staffing and training has vastly improved the RTCs programatic services; over crowding has been substantially eliminated; the living environment has been substantially improved by renovation of the buildings which now have a maximum of 15 residents per separate residential living unit. Some have 10 residents per unit. It has some of the most knowledgeable and experienced professional and direct care staff to be found and 90 to 95 per cent of the parents, guardians and relatives of the RTC residents who are mentally retarded are most grateful for the substantial progress that Minnesota has made. We have in the past appreciated the stability of and progressive changes made in our State owned and operated RTCs.

IV.

Our Concerns with the Present Minnesota State RTC System

A. It unreasonably restricts admission of people who are mentally retarded to RTCs.

1. It denies admission to or limits the admission to a short stay for some teenagers and others under 18 years of age whose needs can best be met or only be met in a RTC.

Although babies and little children should be encouraged to live with their families or foster families, some teenagers' needs can best be served in an RTC.

2. It now has a County Case Manager System with almost unlimited power to place people in small waived service homes when the individual needs the care and treatment of an RTC.

a. Each county is assigned a quota of waived service dollars. If it doesn't spend these dollars, it loses them. This type of funding which takes dollars away from RTCs and community ICFMR facilities and transfers them to waived services homes is as discriminatory as our past system which erroneously gave a financial incentive to counties to place people in State RTCs.

b. Many case managers are inexperienced and illtrained or untrained to know the needs of profoundly and severely retarded persons.

c. Many case managers are under severe pressure from the State and private providers to fill the small