

REGIONAL FACILITIES, SMALL UNITS NEEDED

Increased attention is being focused by state administrative and legislative leaders on two proposals that would, if adopted, mean greatly improved residential care for Minnesota's mentally retarded people.

These proposals call for the establishment of a network of small regional state facilities and for the construction of small living units.

Minnesota's three major institutions for the retarded — Brainerd, Cambridge and Faribault State Hospitals — are obsolete and overcrowded. The present design of buildings, whereby as many as 100 people live or sleep in a single room, does not provide a healthy environment or one conducive to individual development. Most patients are regressing rather than progressing.

The total population of these three institutions is 5,560, yet recent studies have shown that only about 3,375 people can be adequately cared for in them.

It is the consensus of various experts and agencies that care for about 1,400 patients should be provided on a regional basis in order that more patients, particularly children, may be located closer to their homes and that the services of the institutions may be available to communities in their region.

Another recommendation is that small living units be built to replace the obsolete institution buildings and that all future construction be of small unit design. Children's units would house eight youngsters and 16 people would be in the adult units.

The small unit concept is being received with enthusiasm and acceptance. The Minnesota State Legislative Building Commission has endorsed the concept in its recommendation that \$2 million be appropriated by the 1967 Legislature to build small unit facilities as replacement beds for male patients at Faribault State School and Hospital. Plans also are being drawn by state officials to construct small units at Faribault with the \$1.2 million appropriated in 1965 for dormitory facilities for that institution.

MORE NON-STATE FACILITIES NEEDED

In addition to new state facilities, more privately operated community residential facilities are needed for the retarded or else the state will be faced with an even greater need for new construction. Advocates of the regional plan envision that the state would care for no more people than it does now — in other words, the new regional facilities would, in effect, represent replacement beds for the present institutions, whose capacities would be cut down in accord with accepted treatment standards. Therefore, population increases and waiting lists would have to be accommodated by non-state facilities. These burdens already are being placed on the private facilities because of the overcrowded conditions of the state institutions.



RECOMMENDED LEGISLATIVE ACTION

In order that the small unit concept and the regional plan become realities, the following legislative action is needed in 1967:

- * Authorization to build 200 replacement spaces at Faribault as recommended by the building commission.
- * Restoration of the \$530, 000 cut made by the building commission in the Cambridge request and authorization to use the total \$1, 060, 000 to construct new small patient buildings and to remodel one or two old buildings for patient activity and occupation centers.
- * Passage of a bill intended to encourage development of non-state community residential facilities by providing for the reimbursement to counties for care of the retarded in such facilities.
- * Appropriation of funds to study and acquire sites for small regional institutions,
- * Enactment of a law providing that state hospitals for the mentally ill also may serve certain ambulatory adult mentally retarded.

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN
6315 PENN AVENUE SOUTH MINNEAPOLIS,
MINNESOTA 55423

