

**STUDY OF THE NEEDS OF INSTITUTIONS FOR  
MENTALLY RETARDED IN MINNESOTA**

**LEGISLATIVE COMMITTEE  
and \_\_\_\_\_  
INSTITUTION COMMITTEE**

**OF THE  
MINNESOTA ASSOCIATION FOR RETARDED CHILDREN**

**2742 Hennepin Avenue  
Minneapolis 8, Minnesota**

**Prepared for the 1959  
Legislative Session**

## **INTRODUCTION**

## LEGISLATIVE PROGRAM, 1959

### MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

The following is the institutional legislative program of The Minnesota Association for Retarded Children for the 1959 Legislative session.

It has been authored by the members of the Association's Legislative Committee. These people have worked closely and cooperatively with Minnesota Legislators for the past ten years. For them, this has been a rewarding and gratifying experience. The committee members bring continuity to the **Association's legislative program. They attempt each session to highlight matters which are most likely to receive favorable consideration by the** legislators.

This year our number one objective is to ask for adequate staffing in our state institutions for the mentally retarded.

We understand how the money mechanics of a balanced budget for the operation of all state agencies dictate the items in the administration's budget. Both Democratic and Republican administrations have had to contend with this unpleasant reality.

But we humbly submit that humane considerations must take precedence over the book-keeping approach in the matter of adequate Staffing.

In particular, we feel that we must especially spotlight the staffing inadequacies at the Faribault State School and Hospital. Indeed, we confess negligence for not spotlighting these inadequacies sooner. Because of the book-keeping approach in balancing budgets, the Faribault Institution has been neglected over the years to the point where it presently enjoys the dubious distinction of being the oldest institution, the largest one...and the one with the most overcrowding, the least adequate staff, and the most ancient buildings.

We know that the budget must be balanced. But the time has come when, if need be, funds must be taken from something else and given to the operation of the Faribault institution.

Our second objective naturally follows from the first. We ask that positive steps be taken to replace the antiquated dormitories now housing 700 patients at the Faribault Institution. We do not ask that this be done all at once. We ask only that it be done over the next ten years. We suggest that the buildings housing these patients be torn down, one by one, in succession; that these buildings be replaced or that the population of the Faribault institution be reduced accordingly. We must point out that no plans relative to these antiquated dormitories appear in the Ten Year State Building program.

This concern for Faribault further stems from the fact that with the Brainerd institution for the retarded now coming into the picture, the Department of Welfare intends to have each institution...Faribault, Cambridge, and Brainerd..accommodate the retarded from a geographic area surrounding the institution location. Thus, the populous part of the

state, southern Minnesota and the Minneapolis area, will be served by Faribault. Faribault must meet standards which will apply elsewhere.

Our third objective is to ask that the food allowance for mentally retarded patients be made equal to the food allowance for the mentally ill patients. We understand that there is no logical basis for this discrepancy. In short, we are asking for an increase of \$66,000 per year in the food budget to overcome this discrepancy.

Minimal...dull...uninteresting is a fair description of the diet now fed to the mentally retarded patients. The \$66,000 per year asked for will allow more fresh fruit and vegetables in the diet and a more varied menu.

Our fourth objective is to ask for an interim commission to study specific problems relating to the Mentally Retarded.

Other requests by the association's legislative committee will include;

- The addition of one social worker and one clerical person to the state's section on mental deficiency and epilepsy. The section now has three social workers who must work with more than 8,000 mentally **deficient and** epileptic cases.

Building of an educational and rehabilitation building at the Brainerd State School and Hospital, using money appropriated in 1957 for the institution but not spent because bids were lower than estimated costs.

- An increase in transportation aids from \$160 to \$225 per year for each retarded child attending special classes. The present figure is not enough, especially in rural areas where children sometimes travel as much as 60 miles round trip to attend school.

- \$40,000 to continue state scholarships to train special teachers for the retarded.

Addition of three more consultants to the division of special education who will work with retarded, emotionally disturbed and crippled children.

The interim commission the association is requesting would study the future development of programs for the retarded in Minnesota.

P A R T    O N E

STAFF NEEDS FOR  
THE  
FARIBAULT STATE SCHOOL AND HOSPITAL

## I. INTRODUCTION - STAFF NEEDS

In this section, the understaffing of the Faribault State School and Hospital will be spotlighted.

This will be done by the use of a number of **tables and comparisons**. This approach greatly oversimplifies the problem because the needs of 3250 patients cannot be neatly reduced to all encompassing numbers and tables.

Indeed, the inadequate staffing problem at Faribault has been brought about by looking at its needs strictly in terms of numbers. For at least ten years now, Faribault has simply been regarded as a cost unit in the State of Minnesota total cost picture. It has been receiving **its** proportionate share of the governmental dollar, not according to **its** needs, but according to how much it received during the proceeding bienium.

Such a system continues to penalise a facility which has never been adequately provided for. It continues to reward any facility which has been adequately provided for. It doesn't properly adjust to changing times and conditions.

Obviously, neither the Department of Public Welfare, the Governor, nor the legislators have the time or the facilities to **scrutinize** in detail **the** needs of the hundreds of individual units which add up to our State Government. It is easy for a facility such as the Faribault State School and Hospital to get lost in the shuffle. Indeed, even the Minnesota Association for Retarded Children should be criticized for not waking up sooner than it has . to this staffing problem.

We have reviewed our analysis of the Faribault staffing inadequacies with Dr. Dale Cameron, Director, Medical Division, Mr. Ray Lappegard, Deputy Commissioner of Welfare, and Dr. E. J. Engberg, Superintendent. All agree that Faribault is alarmingly understaffed. Dr. Engberg, of course, has known this for years and has had to live with the problem year in and year out. These gentlemen agree that the problem has to be spotlighted, sooner or later. They feel that it is our duty to present our analysis, according *to* our own lights, *to* the legislature. They will be **glad** to **voice** their own opinions to the legislators as requested.

We submit the following explanation for the present condition of inadequate staffing, and why it has never been picked up by the overall budgetary procedure of establishing costs (and, hence, needs).

1. Faribault came into the post war era understaffed. During the war years it was not always possible to fill all authorized positions.

2. Up through 1957, seven new dormitories, housing approximately 700 patients, were added. These have not been staffed according to standards established by the Department of Welfare in 1956 and which now apply to all new buildings added at other institutions. Thus Faribault fell further behind in its staffing needs.

3. Because of an increasing desire on the part of parents not to institutionalize their children if there is some other more desirable alternative, there are somewhat fewer mildly retarded patients at Faribault than formerly. These are the patients requiring the least attention. Conversely, there are more patients now in attendance who require a great deal of attention.

This can be seen by referring to Table VII.

## II. THE ANALYSIS

In Table I is listed the authorized staff for Faribault, the number of patients served per employee, and the number of U.S. Institutions which ask its employees to handle a lighter patient load than obtains at Faribault.

The understaffing at Faribault is dramatically spotlighted.

817. of U.S. Institutions have a lighter patient load for the psychiatric aids, the employees who directly watch over the retarded patients. Faribault very keenly feels the need for more aids.

73% of U.S. Institutions have a lighter patient load for their doctors.

50% have a lighter patient load for their nurses.

The statistics for teachers are presented somewhat differently. A more meaningful figure is to quote Faribault figures for 1956, In that year, 120 patients were in school. With more teachers, Dr. Engberg would have placed 216 patients in school. The situation today is about the same.

68% of U.S. Institutions have a lighter patient load for their social workers.

56.5% have a lighter patient load for their psychologists.

We have no figures for comparing "The Other" employees. These are the office, supervisory, other professional, and maintenance employees.

In Table II, the understaffing of Faribault is shown another way. Here we show the number of patients handled by the designated kind of employee and compare the Faribault numbers with the U.S. average. We show the number of employees required to bring Faribault up to the U.S. averages. We also cite another set of figures, which are the number of patients which institution superintendents themselves think they ought to handle.

Table II shows that just to bring Faribault staffing up to U.S. Averages for all institutions would require the addition of 561 less 417 or 144 people exclusive of "The Other" employees. This seems to be a realistic figure and agrees, in order of magnitude, with what Dr. Engberg has been requesting. Table VI shows that Dr. Engberg requested 153 new employees in 1957, and 136 this fall (1958).

Table III spotlights the understaffing problem as it pertains to the psychiatric aids. In dealing with gross shortages, it may not be quite fair to single out one area of need and say it is the most acute. But Certainly,

Faribault suffers most keenly because of its shortage of aids.

The Department of Welfare has asked the institutions to classify the patients into three groups, according to how much staff attention each type of patient requires. Further, the department has established staffing standards for these groups.

In column A is given the number of patients in each classifications In table B is given the number of aids attending these patients. In column C is given department standards. In column D is given the number of aids required to meet these standards. Thus we can calculate that Faribault needs 529 less 378 *or* 151 aids to come up to Department of Welfare Standards

Table III also shows that the Department Standards are slightly more than met for the Group II and Group III patient classifications. One explanation for this is that Faribault, with 89 buildings spread over 1200 acres, has to give each ward minimum coverage regardless of any other consideration

Table IV establishes a cost relationship between staff salaries and total costs on a cost per year per patient basis. In the Faribault budget request, staff salaries account for approximately 75% of the total expense budget. It can be seen that the Governor's budget differs largely in the reduced allowance for staff salaries.

In Table V are given the per patient per year costs prevailing at Faribault, and elsewhere, for the year 1957. It can be seen that Faribault costs fall below general Minnesota costs for all institutions for the retarded, below those for the neighboring states of Michigan and Wisconsin, and below the average U.S. cost. Since approximately 75% of these costs are for staff salaries, and since the other data presented has shown the inadequacies of Faribault staffing, we concluded that understaffing is the basic reason for the lower operating costs at Faribault.

Finally we come to Table VI which shows how the Faribault request\* for staffing have been handled currently and in 1957. This is typical of the ten year period we are familiar with.

This typical handling of the Faribault requests has been dictated by fiscal and budgetary considerations, not from an analysis of Faribault needs.

We strongly urge, therefore, that the actual needs of Faribault now be strongly considered.

### III. EXAMPLES OF THE PRIVATION CAUSED BY UNDER STAFFING

(Paragraphs from unsolicited letters sent to the Minnesota Association for Retarded Children)

"The only thing I have against the place at all is the shortage of help in the Cottages. I've been wondering since I wrote you, if all the Cottages are that short or if it just happened to Mohawk because it was converted from a working boys cottage to a school boys cottage."

"There are about 65 boys in this cottage and only one woman on a shift to care for that many boys. About 3/4 of the boys are severely retarded, I'd say. They are not able to help with any work there. About 12 **or** 14 are even unable to dress themselves. Ronnie is dressing some of these and he sweeps the floor and tries to help. I don't object to his working at all, but the difference in this place and the one at Owatonna is showing on him a great deal. He used to always have a big smile and talked a lot and was always excited about everything that was going on around him. Now, he doesn't talk much, only answers what we ask, seems depressed; he is pale and has lost weight. We were there Friday afternoon and had a chance to talk to two of the matrons, the one going off at 3:00 P.M. and the one coming on duty. Both are very discouraged and said that if they didn't need the work so badly, they would quit."

"It appears now that they have less patient help **and** no more aids are being put on. How can we expect to get the help they need when they are so over-burdened? In my daughter Elaine's cottage, much **of** the time one person is left to supervise and do the other necessary duties for 71 people. The Aids are not complaining, but simply state that they would like to do more of the necessary things, if possible. (They can't complain.)"

"The clothes are grimy, unironed, torn; the hair is cut so short it makes them look hideous, branded I would say, like convicts! This no doubt is done **for** convenience sake, but how can these girls take any pride in themselves? They know how they look. They all like nice looking clothes and hair. They do not get the exercise they need, most of the winter days are spent inside; no doubt for the reason that clothing them for outdoors is a chore and the shortage **of** help does not permit this activity."

#### IV. RECOMMENDATIONS

1. Through its board of Directors and Local Parents' Associations, the Minnesota Association for Retarded Children strongly recommends that the **Minnesota State legislature take immediate steps to Alleviate the serious understaffing at the Faribault State School and Hospital.**

2. , **The Minnesota Association does not presume to spell out these needs in detail. This is a professional matter which can be most competently handled by Dr. E. J. Engberg and Dr. Dale C. Cameron.**

3. We strongly recommend that the Minnesota Legislature call these men before them to make recommendations pertaining to the adequate staffing of the Faribault State School and Hospital.

TABLE I

## AUTHORIZED STAFF FOR FARIBAULT (3250 PATIENTS )

	<i>NUMBER</i>	NUMBER OF PATIENTS % OF U.S. INSTITUTIONS WITH SERVED PER EMPLOYEES BETTER STAFFING RATIOS
AIDS	378	8.6 (x4.75**41) <b>81%</b>
DOCTORS	6	542 . 73*
NURSES	19	171 <b>50.0%</b>
TEACHERS	8	<b>405</b>
SOCIAL WORKERS	3	1083 68%
PSYCHOLOGISTS	3	1083 56.5%
	417	
OTHERS	234	141
TOTAL	<b>651</b>	

\*\* The Staffing of Institutions for Mental Defectives, Fact Sheet #7, September 1958, pp 6-11, Joint Information Service, American Psychiatric Association, National Association for Mental Health

\* The Average number of patients served by one teacher for all institutions is 163

\* With a 40 hour work week, vacations, paid holidays and sick leave, it requires 4.75 employees to fill one position around the clocks.

TABLE xr

SPOTLIGHT COMPARISONS PERTAINING TO PMIMULT STAFFING

(3250 FATXFNT3 -. \$& EMPLOYEES )

A	B	C	*' 1 E I	F	a	
ACTUAL SUMBEH	At Faribault	Average	Recommended (2)	Requested by Faribault 1	TOTAL EMPLOYEES HEFBED To Meet Recommended leys	
AUS	378	(xlu?5*ia)	(xl 07^31>	7,0* \$ •• (xlu75«33) I	500	675
DOCTORS	0	&2	?&	2 'i ' 9		17
NURSES	It	17X	3ii9	3 1 22		hi
TEACHFRS	8	IOS	163	k 1 20		38
SOCIAL WORKFRS	3	1083	m	3 . I 6		6
PSYCHOLOGISTS	3	1083	M	2 I		9
TOTAL DIRECT PATIFNT STAFF	1?1?				561	792

\* With a 40 hour work week, vacations, paid holidays, and sick leave, it requires lu75 employees to fill one around the clock position <ai\*r)

(1) The Staffing of Institutions for Ifental Defectives, Fact Sheet #7, September 1958, pp 2, Joint Information Service, American Psychiatric Association and National Association for Mental Health, 22,271i employees, caring for UJ5,000 patients covered in the survey

(2) ibid\* These are the ratios recommended by the institutions<sup>8</sup> staff

(1) Calculated by dividing column "C" into number of Faribault patients (3250)

(U) Calculated by dividing column "D» into number of Faribault patients (325Q)

1

TABLE III

SPOTLIGHT COMPARISONS PERTAINING TO FARIBAULT STAFFING

(3250 PATIENTS - 378 AIDS)

PERSONNEL NEEDS	A	B	C	D
	TOTAL PATIENTS CLASSIFIED IN GROUP	ACTUAL AIDS IN ATTENDANCE	DEPT. STANDARDS PATIENTS TO ABB (1)	TOTAL AIDS NEEDED (2)
			<b>X hoTS</b>	
GROUP I	1126	149	3 (aii)	375 }
GROUP II	538	86	9 (1*3)	60 {
GROUP III	1587	143	17 (STL)	94 i
TOTAL	3251	378		529

(i) Established, for reference purposes, by Dr., Dale Cameron, Department of Public Welfare\*

\*.....C2> Calculated by dividing Department Standards Column C - into Patients, Column A<sub>c</sub>

Group I Chronic bed, acute bed, disturbed bed patients<sub>0</sub>

Group II Feeble, regressed, untidy, and continued treatment closed=>ward patients,

Group III General ambulatory, regressed, clean, continued treatment open=>ward patients,,

FARIBAULT FEB PATENT GPEMCTG CCBTS^

	ME I i	3&&Q»^	S f i W. n^ssggE	
Staff <b>Salaries</b>	Sl>000 <sub>o</sub> ee {?\$\$)	1,020 <sub>o</sub> 00	1 910 <sub>o</sub> 00	f 930*00
Expenses	2fT <sub>a</sub> 00(22^)	29?*QG	2<<0 <sub>o</sub> 00	289*00
Special Equipment	1350 (JS)	12.10	10 <sub>o</sub> 00	' 8 <sub>a</sub> \$0
Repairs	Uj <sub>e</sub> 8o (1%)	Hu30	Hu8o	<b>Uu&amp;Q</b>
<b>TOTAL PER PATIFHT E3EPFNSP</b>	<b>\$ 1 ^ o 30</b>	<b>\$1,3i*3.90</b>	<b>f 1,22^80</b>	<b>\$1,2li2<sub>o</sub>70</b>

(1) Obtained by dividing total cost figures by 3250g the number of patients<sub>a</sub>

TABLE 1

SPOTLXGHHG FARIBADLT OPERATE© COSTS - 195? ^

Faribault	\$ 1,080 <sub>o</sub> 00 ^
Michigan	1,380 <sub>o</sub> 00
Wlaconsia	1,590 <sub>o</sub> 00
AH Minnesota	1,150 <sub>o</sub> 00
Uc3o Area®	1,230 <sub>o</sub> 00 (2)

(1) KsEtal Health Statistics, U3<i D@pt> of Health, Education & Welfare«, Saries WB»l»U<sub>t</sub> August 19\*3

(2) Data from filas of Mianasota Association for Retard Childs-sa

TABIE 71

SKTODBTDKI HBTOHX OF ?ABIB\|VW STAFF HEQTJESTS

	19&	1957	ia
Institution Request	106	153	136
Dept, of Welfare Bequest	(-11)	86	70
Governor Budget Request	(-11)	2t	30
Legislative Allowance	(.*)	16	*

SABIB Til

CUSSIFICATION O? PATIENTS (%)

		3 #7	195312).	19\$0(3)	191*2 (3)
Severely Retarded	2J%	28£	28%	29%	3 »
Moderately	£!\$	53*	5W	US*	20t
MXdly	is*	19*	2\$	2\$	i*^e

- (1) Minnesota Beapartssent of Public Welfare j, 1958
- (2) Minnesota Department of Public Welfare, March 19\$h<sub>8</sub> pd2
- (3) A study of Institutions! Meeds for the Mentally Batarded,, Minnesota Association for Retarded Children, July 1951\* Section Vf<sub>t</sub> Figo 3

**P A R T    T W O**

**THE FARIBAULT LONG TERM BUILDING PLAN**

## I. FARIBAULT BUILDING PLAN

In 1955, the Legislature passed a bill creating a Legislative Building Commission to study the long term building needs of the state. Behind the act was the deeply felt conviction on the part of several of the bill's sponsors that we must not allow such going concerns as the Faribault State School and Hospital to deteriorate or become antiquated. One of the bill's authors, for example, felt that this might very well happen if building funds were used almost exclusively for new buildings and new institutions.

The Minnesota Association now feels that these fears were well founded. It is ironical that the Long Term Building Needs of the Faribault State School and Hospital are not currently being presented to the State Legislature even though this was one of the reasons for wanting a Legislative Building Study Interim Commission.

In 1956, Association members studied the building needs of Faribault, and inspected many of the buildings. It was concluded, with agreement from the Faribault administrators, that dormitories housing some 700 patients were badly in need of replacement. It was further concluded that this could be done on a priority basis over a ten year period. We have been negligent in assuming that this plan would be submitted to the Minnesota Legislature. We find no mention of these needs in the Long Term Building Plans now before the 1959 legislature.

It is bad enough to inspect these ancient dormitories and know that we must put up with them for up to another decade. But it would be truly disheartening if one had to think of putting up with these dreary places far, far into the future.

Also, with Brainerd coming into the picture, the Department of Welfare intends to have each institution...Faribault, Cambridge, and Brainerd... accommodate the retarded from its surrounding geographic area. The populous part of the state, southern Minnesota and the Minneapolis area, will be served by Faribault. We can certainly expect the articulate people from these areas to raise a hue and a cry if Faribault falls far short of the standards which obtain elsewhere.

Table VIII gives the Dormitory replacement schedule worked out in 1956. In the 1957 State Buildings Need study, only the three colony buildings have been scheduled for replacement...these in 1965. They are to be replaced by a single dormitory.

In the 1959 schedule, as outlined in the Report of the Legislative Building Commission to the 1959 Legislature, even the 1957 report was drastically cut. The replacement of the colony buildings is not mentioned, and many maintenance items have also been eliminated.

Another problem which concerned the Faribault administrators and the

Association investigators in 1956 was the problem of adequate food distribution. Food can be prepared adequately in the central kitchen...\* but getting it to the patients in dormitories spread over hundreds of acres is something else again. The underground system, designed when Faribault was much smaller, is no longer adequate. Nor does it conform, any longer, to modern-day standards of sanitation. At that time it was anticipated that a study of this problem would be undertaken.

This has not been done. Today, the food distribution problem is as acute as ever,

There might have been one bright spot to this picture. The 1957 Legislative Buildings Interim Commission did draw up a maintenance-repair schedule for Faribault, This schedule would certainly help to "Hold the Line" on the other buildings which comprise the Faribault institution. Unfortunately, however, even this schedule has been curtailed in the 1959 report.

### III, RECOMMENDATIONS

The Minnesota Association for Retarded Children recommends that the State Architect name a sum of money which will be added to the expense budget of the Faribault State School and Hospital.

This money will be used to hire consultants to study:

1. Whether or not it would be advisable to modernize any of the Dormitories listed in Table VIII as an alternative to razing them and replacing them.
2. Whether or not the service facilities at Faribault are geared to a patient load of 3250 and a staff load of about 800.
3. Whether or not some reduction in the patient load at Faribault is indicated.
4. How best can food be distributed to the patients. It should reach the patient's plate hot, clean, and not all mixed up.

We stress a careful study. All too often, Faribault is visited by whirlwind committees which dash around the institution, looking at a few things, asking questions for an hour or so of the Faribault administrators. This is no way to settle the fate of 3200 individual patients and some 600 staff members.

From this recommended series of studies, which we estimate might cost in the range of \$50,000 to \$75,000, would come the Long Term Building Program which the Faribault State School and Hospital is badly in need of.

We make this recommendation because we want Minnesota taxpayers to get value received from money spent. We do not approve of tearing down buildings indiscriminately if other more economical alternatives are possible.

The association also recommends reinstating the recommendations of the Legislative Building Commission to the 1957 legislature, rather than holding to the cut down version presented to the 1959 legislature.



**P A R T     T H R E E**

**PER DIEM FOOD ALLOWANCE  
FOR THE  
MENTALLY RETARDED**

In 1955 the food allowance for institutions for the mentally: retarded was 65 cents per diem. The institutions food requests were reduced to 60 cents in 1957 upon instructions from the Department of Welfare. The 60 cent amount was set by the legislature for the biennium ending June 30, 1959.

The institutions for the retarded asked 62 cents for the biennium ending June 30, 1961. It was the understanding of the mentally retarded institutions that this would place there at the same food budget level as mentally ill institutions.

Currently, the mentally retarded are being offered 62 cents, and the mentally ill, 65 cents.

We have asked the Department of Welfare to explain or to justify this difference. They are quite frank to admit that there is no real basis for this difference.

Dr. Engberg, Dr. Wadsworth, and Dr. Cameron agree that the adjectives

"Dull....uninteresting....minimum standard.,"

adequately describe the diet now being fed to the patients....and the staff...at the Faribault and Cambridge institutions,

If the per diem costs were raised to 65 cents, as recommended by the institution heads, then more fresh fruit and vegetables could be included

in the diet. Dr. Engberg also stresses the fact that in his institution the diet would also be significantly improved if he could be granted the 9 additional "food handlers" positions he has asked for. These would aid in proper service of hot foods.

Our own studies indicate that the cost of food has risen by 6.2% since 1955. 6% of 60 cents is 3.6 cents. Thus, an increase to 62 cents will not even keep up with the cost of living price increases. We can only assume that a 62 cent diet will be even more

"Dull....uninteresting....minimum standard.." than was the case in 1957.

Calculations will show that to increase the food allowance from 62 cents to 65 cents per day will cost the State \$65,700 more per year for the 6000 mentally retarded patients.

This sounds like a lot of money, and it is. But the total amount of money to be spent by the state during the next Biennium out of both the General Revenue Fund and the Income tax fund is a little over \$588,152,000.

Surely within a five hundred million dollar budget, there ~~insist~~ be enough give and take to permit this small added luxury of more fruit and vegetables in the diet of the mentally retarded.

And surely, those of us on the outside who grumble and complain about our high taxes even as we eat our steaks and other fancy American foods really don't want to reduce the cost of government by such tactics as offering the mentally retarded

"...dull...uninteresting...minimum standard.." diets.

PART FOUR

EDUCATION AND REHABILITATION BUILDING  
FOR  
BRainerd STATE SCHOOL AND HOSPITAL

## **NEED FOR EDUCATION AND REHABILITATION BUILDING AT BRAINERD STATE SCHOOL AND HOSPITAL**

After many years of need and very careful study in planning the new Brainerd State School and Hospital, it was decided that there should be a recreation building and education building. These were included in the plan as developed by the 1957 Interim Commission on Buildings.

The school was to have cost \$394,000 and was to be built in 1961, and the recreation and chapel building - \$402,000 - to be built in 1959. Both of these have been eliminated from the plan by the Building Commission. The feeling of people who are aware of the needs of the mentally retarded in an institutional setting is that a proper program cannot be operated without facilities of this type.

To have only dormitory buildings without a center for rehabilitation, education, and recreation is to have an institution without a core for its program. It is a well known fact that with proper training a number of mentally retarded can be returned to the community to become useful citizens.

We understand there is approximately one million dollars which was not used as a result of savings on the first buildings constructed at Brainerd. We recommend that this amount, plus a small additional amount, be appropriated now to provide for a single education, recreation, and rehabilitation building to be constructed as soon as possible.

Since the institutions - Cambridge, Faribault and Brainerd - will be serving definite districts of the State, it is important that the institutions be comparable in facilities and program.

There has been and is now a waiting list of over 1,200 for space in our State institutions for the mentally retarded. We do not feel that construction of dormitory space should be curtailed and, thereby, extend the waiting period for institutionalization beyond the present two to three years. We recommend that the appropriations committee give careful consideration to this problem.,

PART FIVE

DEPARTMENT OF PUBLIC WELFARE

SECTION ON MENTAL DEFICIENCY AND EPILEPSEY

DEPARTMENT OF PUBLIC WELFARE

SECTION ON MENTAL DEFICIENCY AND EPILIPSEY

The Department of Public Welfare requested that the Governor recommend to the legislature two positions in the Section on Mental Deficiency and Epilepsy.

One social worker was requested who would be responsible for case supervision. The new social worker would also do case contact work with Hennepin and Ramsey Boards of Welfare. This would relieve the section head and allow sufficient time for general responsibility, community contacts and planning.

A request was made for one additional clerk. This would bring to three the number of clerks working with the over 8,000 cases handled through the State office.

Addition of the social worker would in effect divide the position held by Hiss Mildred Thomson into two parts, recognizing that the State's activity has greatly increased.

We recommend that these two positions be added.