

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN, INC.

MEMORANDUM

December 8, 1965

TO: Residential Facilities Study Committee  
M.R.-M.I. Committee  
Governmental Affairs Steering Committee  
Clayton Kick - NARC  
Jim Gavenda - NARC

FROM: Jerry Walsh, Executive Director

On the Governor's Bus Tour to Cambridge State School and Hospital, November 30, 1965, copies of the attached were distributed. You will note that in almost every building the level of care for November 1 is below that of June 30, 1965. You will also note that in Cottage 11, the Mental Health Treatment Service building, there has been a very significant increase in staff. It is apparent that this has been accomplished by moving patient-care workers from other buildings. For instance, Building 7, which is probably one of the lowest level care buildings, has a ratio now one worker to each 4.7 patients and in June it had a ratio of one worker to each 4.4 patients. There has been at least as much change in some of the other buildings.

Evidently, it is the intention of the institution to build the patient-care level back to where it should be as soon as new positions can be filled. But in the meantime, there is serious hardship and this has caused considerable dissention among the other psychiatric technicians (those not in Building 11) at Cambridge. According to John Stocking, the administrator, seven of the 37 special school counselors, as they are now termed, in Building 11 are financed with federal funds under the H.I.P. grant.

During the tour, I pointed out that additional staff for institutions was made available to meet the severe problems of understaffing and it didn't appear this was being done; I feel this was a breach of confidence with the legislature.

GFW:mlk

CHARACTERISTICS OF THE PATIENTS WHO WILL BE IN THE SIX BROAD PROGRAMS BEING ESTABLISHED IN  
THE INSTITUTIONS FOR MENTALLY RETARDED

6-14

PROGRAM 1 - Child Activation Program:

This program is for children from birth to puberty who are non-ambulatory or bedfast. These children certainly usually suffer from major degrees of central nervous system damage and also often have gross external physical abnormalities. When in a setting that provides a large amount of physical care and a high level of environmental stimulation, often a significant number of these children become able to progress from a bed to a wheeled conveyance, may become able to crawl or walk with assistance, and show the development of a high level of affective responsiveness to others.

PROGRAM 2 - Child Development Program:

This program is for ambulatory children up to the age of puberty. This is a varied group and includes children who may be withdrawn and passive, may be overly active, or show evidence of cerebral dysfunction, and who show all degrees of intellectual handicap. These children do not have gross physical anomalies but may have mild congenital malformations. To be work with effectively, this group needs to be broken down into a number of subgroups, but all these children benefit greatly from warm understanding relationships with adults and from various types of special education and activity programs.

PROGRAM 3 - Teen-age Program:

This program is for ambulatory children from puberty to approximately 16 years of age. This is a large and somewhat heterogeneous group, including adolescents who have various degrees of cerebral dysfunction and a wide range of intellectual handicap. In a state institution this group includes a high proportion who may be delinquent or borderline delinquent. These children require a special program because of the unique characteristics of adolescence, but the basic treatment modalities are much the same as for those in the child development program.

PROGRAM 4 - The Adult Activation Program:

This program is for bedfast and non-ambulatory patients who may be late adolescent, adult, and aged. These patients benefit greatly from care somewhat similar to that described for the child activation program. This group includes "grown-up" cerebral palsied children who may have had considerable assets overlooked because of their expressive difficulties. Needs in the orthopedic area may also be great. Many of these patients are able to be physically habilitated to the point of not requiring total care in bed but being able to get about in wheeled conveyances.

PROGRAM 5 - Adult Motivation Program:

This program is for ambulatory late adolescent, adult, and aged patients. The intellectual range of patients in this group is from "not testable" to around 35 to 40. They are characteristically passive and withdrawn and manifest peculiarities of behavior such as rocking and making odd noises. Many of these patients show evidences of congenital cerebral underdevelopment and external congenital anomalies. They are, however, given adequate stimulation and opportunity and are able to enjoy a large number of occupational therapy and recreational activities. Occasionally a patient in this group is found to be able to participate in a sheltered work program.

PROGRAM 6 - Adult Social Achievement Program:

This program is for active late adolescents, adults, and aged. It includes those residents who have become overdependent on the institution as a result of long-term hospitalization; those who have various "character problems," such as antagonistic behavior or other difficulties in forming constructive interpersonal relationships; those who are able to achieve a high level of independence within the institution but have difficulty in developing social or work relationships outside the institution; and those who are potentially able to establish a satisfactory extramural adjustment but who have not acquired the skills required for such an adjustment.

CAMBRIDGE STATE SCHOOL AND HOSPITAL

*of Patients*

Cott.	Book Population		Present Program	Level of Care 6-30-65	Level of Care 11-1-65	Assigned Nursing Personnel		No. of SSC Assigned	No. of Hskpg. Personnel Assigned	
	June	Nov.				6-30-65	11-1-65		June	Nov.
1	49	47	6	Group	Group	1 RN(PT)	7	-		
2	64	57	5 & 6	Custodial	Custodial	1 RN(PT)	12	11		1 PT
3	84	70	5 & 6	Survival	Custodial	1 RN(PT)	14	13	1 FT	1 FT
4	87	87	5 & 6	Survival	Group	1 RN(PT)	13	12		
5	76	56	5 & 6	Survival	Custodial	1 RN(PT)	15	13		
7	80	71	2 & 5	Survival	Survival	1 LPN(PT)	18	15	1 FT	1 FT
8	143	137	2,3,5 & 6	Custodial	Custodial	1 RN(PT)	24	24		1 FT
9	99	99	5 & 6	Survival	Survival	1 RN(PT)	14	12		1 FT
11	136	95	2,3,5,6 MHFS	Custodial	Group & Individual	1 RN(PT)	21	-	37	1 FT 1 FT
12	95	92	5	Survival	Survival	1 RN(PT)	17	13	1 FT	1 FT
14	98	108	5 & 6	Custodial	Group	1 RN(PT)	16	15		
Bos.	270	240	1,2,4,5 & 6	Survival	Survival	1 RN(PT) 1 RN(PT)	52	54	2 FT	2 FT
McB.	268	265	1,2,4,5 & 6	Survival	Survival	1 RN(PT)	61	59	1 FT 1 FT	2 FT
A & C	40	40	6	Group	Group	1 RN(PT)	6	-		
Inf.	59	52	1, 4 & 5	NA	NA	4 RN(FT) 1 RN(PT)	32	29	1 FT	2 FT
I.L.	14	12	5	Group	Group	1 RN(PT)	1	0		
T.U.	20	NA	NA	Group	NA	1 RN(FT)	** 10	-		
6	57	70	2,3 & 5	Group	Group	1 RN(PT)	8	16		1 PT

1739 1598

1799  
880  
140

Remotivation 2  
Marking Room 2  
Security Officer 1  
Tainees not yet Assigned -  
Total Psych. Techs. 329  
Plus Special School Connections 10  
339

324 299

8237  
1299  
96  
30 - 20

\*Shared Psych. Techs. with C#1  
Special School Connections

(PSYCH. TECHS. IN THE HOSPITAL)

CAMBRIDGE STATE SCHOOL AND HOSPITAL

11-30-65

Meals Covered By Food Service Help

Cott.	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	June	Nov.	June	Nov.	June	Nov.	June	Nov.	June	Nov.	June	Nov.	June	Nov.
1														
2						BD		BD		BD		BD		BD
3	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD		BDS		BDS
4														
5		BDS		BDS	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD
6		BD		BD		BD		BD		BD		BD		BD
7	BDS	BD	BDS	BD	BD	BD	BDS	BD	S	BD	S	BDS	BDS	BDS
8	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD		BDS		BDS
9	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD				
11	BD		BD		BD		BD		BD		BD		BD	
12	BD	BD	BD	BD	BDS	BD	BDS	BD	BDS	BD	S	BD	S	BD
14	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS		DS	
Bos.	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS
McB.	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS
A & C														
Inf.	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS	BDS
Total	24	26	24	26	26	27	27	27	25	27	17	26	19	26

B - Breakfast  
 D - Dinner  
 S - Supper

Goal: To be able to cover 294 meals with Food Service help.  
 June: We were covering 162 meals with Food Service help.  
 Nov.: We are covering 185 meals with Food Service help.