

TASK FORCE MEETING-, FARIBAULT STATS SGHCOL AED HOSPITAL

November 20, 1959

Mr. Nafaftalin: I have been preempting the role of chairman at each of these meetings and there have been a lot of them. We are organizing 49 Task Forces during- this phase of self-survey. I tend to lose count. I think this is the 34th or 35th of the 49. We leave here at noon to go to Owatonna to organize the Task Force there. So if this sounds like I have been through it before, I have. Unfortunately, there is a tendency for it to become a little longer each time. I do want to try to keep this statement brief and give you a general report on the nature of the project, its history and its progress by way of indicating what we are attempting to do here in what we call Phase III,

We started the Minnesota Self-Survey project four years ago in August, 1955. At that time we were having some difficulty installing the new pay plan that had been adopted by the 1955 session. Mr. Langley and Senator Sundet—I guess you were in the House that session—will recall that the 1955 session had straightened out the entire Civil Service pay structure to provide equal steps within ranges and between ranges and this meant that we needed to find a rather small amount of money in each of our salary accounts. It was not a big problem in terms of total financing, but was a sticky problem in terms of all of our many individual accounts. The representatives of the employees were demanding and urging that we install that pay plan immediately. We were very much concerned that many of our salary accounts would not be able to take the modest adjustments which were required. The employee representatives were saying at that time—picking up a theme that I had started in the legislative session about economy and efficiency in government—that "you know and we know there are inefficiencies in this government and that if you just bear down real hard you can find these pockets of inefficiencies, achieve the savings and be able to pay for the pay plan". And I was saying, "Well that's all very well and good but it's one thing to talk in large, general terms about economy, but I have been in office long enough to know that it is quite a different thing to actually find these pockets of inefficiency, to locate them and define them and then get the departments and agencies and institutions to follow through with the necessary remedies." So they said, "We know where they are, we can help you find them."

Well, this was what triggered the idea of the self-survey, the notion being that if the employees would join with the administration, and then we would invite the legislators in too, we would go on a search across the board to examine and evaluate what all of you are doing administratively in state government. The idea was appealing and we were not quite sure where it was going to lead or just how we were going to do it, but we did then launch what we now call Phase I late in 1955.

In Phase I we put in the field 33 operating Task Forces. We call them operating or operational Task Forces because each Task Force dealt with one of our agencies or a group of our smaller agencies. There were 33 of them in all. Each Task Force consisted basically of five members: The first, the administrator in charge of the agency; the second, an employee drawn from the agency; third, a technician drawn from an agency other than the one being surveyed; fourth, a member of the legislature; and fifth, the service chairman—the budget examiner who handles the accounts of the particular agencies. In each case that budget examiner service chairman would provide us with a small group from our own staff in the Department of Administration to serve as an integrating group for the entire project.

The 33 Task Forces were launched in this first phase and then we faced a rather sticky problem and that was to determine how to go about this matter of appraising and evaluating the work of an agency. Well, to meet this problem we developed this very

substantial work manual. The budget staff, I, and our department worked together and developed this work manual, which consisted of 161 questions relating to all aspects, everything we could think of with respect to administration. We began, for example, by asking what do the State's statutes provide with respect to this agency, what does this agency do that is not authorized under law, and what is it failing to do which is authorized. Then we proceeded to a whole battery of questions pertaining to personnel, the table of organization of the agency, the Civil Service classifications, the use of personnel and assignment, policies such as overtime, sick leave, vacations, absenteeism, tardiness—all the different kinds of things that would have reference to financing of salaries. From there this manual turns to the question of the operating procedures, the use of machines, space problems, how a supervisor spends his time. I know some of our commissioners and others were a little annoyed because we were kind of pushing them around a little to find out what percentage of time they spent in interviews, etc., but everybody entered into it in good spirit. Throughout the whole second section of this book we deal with various aspects of the operations of the agency, such as procedures, transportation, communication, etc. The third section deals with a look to the future, what does the future hold with respect to the operation in terms of population trends, the trends of resources, etc. They say there are 161 questions but I don't dare spend time going through the entire list of questions; it would take much too long. But, as you can understand, we spent hundreds of hours, thousands really, in terms of all 33 Task Forces, in gaining this basic data. Much of this is still useful and we still have many occasions to refer to basic data. For example, in the matter of car-pooling, although it's four years old, the basic information is still of value in terms of how extensively we use private automobiles and how extensively we use state vehicles.

I can assure you at this point that Phase III does not call for such an undertaking as Phase I. Phase III is a much more limited activity, and I'll come to that in just a moment, but the central activity in Phase I was the use of this work manual. We filled in, I believe, something over 70 completed official work manuals. There are many others that were used for work purposes, but there were completed and on file something in excess of 70 work manuals. There is one for each of our institutions and, in time, this Task Force may want to look at the completed work manual for the Faribault institution, because I think a lot of that information would still be useful to you.

I might just say, in passing, that at the time we started this we didn't think there was anything especially original or imaginative about this work manual, but it has become a very well known document in the field of public administration. The International Cooperation Administration is using this extensively in their overseas program and we have been receiving requests literally from all over the world as a result. I should say, for the benefit of taxpayers present, that we charge \$1.50 a copy and have had several very large orders from the federal government for this. The Federal Bureau of the Budget has used this extensively in their management improvement programs. I addressed their senior staff last May on the subject of self-survey and they have adapted many aspects of it. Next Tuesday I am going to be in Massachusetts to talk to the executive heads of the departments there, called together by Governor Furcolo; they are going to adopt a similar self-survey plan. This has been very gratifying to us, stemming not entirely, but in a large part, from the systematic and comprehensive way in which we approached all of our operations,

Well, this was Phase I. Now, when these work manuals had been completed, they were

summarized in a brief statement which appears in this report. The 33 reports of the Task Forces are given in this covered book. We have some copies of it and also of our second report, which we are happy to let the public members have. Our supply is limited and that is why we do not have too many of them here, but we will make them available to anyone who is interested. We ask only that, before you ever throw a copy away, you return it to us, because our supply is dwindling. We summarized all of this material and then we faced this problem; How that we have been through our activities, our agency operations, what do we do with this information. We decided at that point that we would enter a Phase II, which consisted of locating and defining 10 areas on a horizontal or across-the-board basis. Where the Task Forces in Phase I had concerned themselves with particular agency operation, we asked the second group of Task Forces to organize on a little different basis, to concern themselves with across-the-board problems; for example, the problem of employees salaries in terms of statewide implications; the problem of transportation, communication; the problem of recruitment, selection, training and promotions of employees; the problem of intergovernmental relations, in particular with the federal government; the problem of seasonal peak load; the problem of research reports and public information, etc. We identified 10 areas on this across-the-board basis and then developed the second series of Task Forces, known as functional Task Forces.

These functional Task Forces were organized on a little different basis, as they varied in size from about 12 to 20 and consisted of 3, 4 or 5 administrative persons, some additional legislators (usually about 4 or 5) and then, for the first time, public members were invited to participate in this self-survey. We tried to include in the functional phase, in Phase II, persons who were reasonably expert—not only reasonably expert but who had executive experience in private industry. For example, on our transportation-communication functional Task Force we had Leonard Bailey, who is vice-president in charge of all physical plant and transportation problems at Minnesota Mining. For our employees' salaries Task Force we had Philip Pillsbury of Pillsbury Mills. People of this sort, of this caliber, of this standing in the community were invited to participate with our legislative and administrative personnel. The functional Task Forces then took all the information which had been gathered by the operating Task Forces. For example, the employees' salaries Task Force took all the information pertaining to personnel and the financing of salaries and wages, and then worked a further evaluation and further recommendation. I refer to employees' salaries because I believe that this is probably the most significant single finding and recommendation that came from the self-survey: that the state should pay comparable wages to what are paid in private industry and other governmental Jurisdictions. Task Force after Task Force had found that we were lagging very badly on this account. Dr. Engberg knows that this is still a problem, but we did make a major push ahead in '57. After the functional forces recommended that the salaries be made comparable, our Civil Service Department reclassified and reassigned positions almost across the board, affecting about 80% of our employees, and we incorporated that into our biennial budget which went to the 1957 session. Mr. Langley will remember that there was hardly any opposition to the salaries accounts that were proposed; we make a very substantial improvement in the position of our employees. This is not to say that this is still not a problem.

The functional Task Forces, of course, covered all aspects of adminis

of these functional Task Forces recommended that we study intensively the use of high speed electronic equipment for the processing of our huge paper flow in state government, and this led to our request to the '57 session for an appropriation to study electronics. We did receive a \$50,000 appropriation from the '57 session for a feasibility study. You probably know that this has been completed and we have plans for the development of an electronic computer center. We like to think of this only as being delayed temporarily until we can get legislative authority to fully establish it. In the process of this feasibility study we have gone into the systems and procedures of our large departments, in particular Highway and Taxation, also Welfare. So much has been accomplished even before the actual establishment of the computer center,

The findings and recommendations of the two groups of Task Forces, of course, are so extensive that I won't dare enumerate them. They touch all phases of government, ranging from use of inmate labor in our correctional institutions all the way through the forms we use in state government, space problems, supervisory systems, etc. There is, of course, in self-survey, a great deal of unevenness. Among the operational Task Forces, at one end, there were some, like the Task Force on Conservation, which met 35 times and toured the entire state and examined every Conservation installation in the State. They did a superb job, fully comprehensive and extremely intensive. Similarly, the Department of Health Task Force, I believe, met 29 times and very carefully went into all aspects of the Department of Health's operations. At the other end, without mentioning which Task Forces, there were a few that did a once-over-lightly job or at least much more lightly than we would prefer. But this is done, as you understand, without any professional staff, without any appropriations for work which is developed along side of the main responsibility, so we are not surprised when some of our Task Forces do not do as effective a job as some of the others. I do believe most of our Task Forces did fall towards the end of the spectrum of the Conservation and Health Task Forces, because most of them did an excellent job.

Well now, these two reports contain all of the findings and recommendations. We regard self-survey as an ongoing and never-ending activity; this is sad news to some of the people in government because they sometime feel there is more surveying and more studying than they really have time for, although I think they always enter into it in good spirit. They know that there is real profit in it, even though they are very busy and it is hard to always keep up with, the requests for information. We think the time is at hand now for a third phase of the project and in this phase we would like to update and reevaluate the work that has been done to date. By this, we mean a statement of the current problems and the current needs of the institution. As indicated earlier, we are not going to go through such an extensive activity as we did in Phase I. We don't think this is necessary at this point. We prepared, instead, a supplementary work manual which is much less ambitious and poses 6 questions, most of which go to the heart of the problem—namely, what are the needs and the problems of this institution,

I should indicate here that where we had 33 Task Forces in Phase I, we have now expanded the number to 49. That is in order to permit us to have a Task Force for each of our institutions. In Phase I we had just one Task Force on all of the children's institutions, one on the mental hospitals, one on the correctionals. We changed that now so that we have one Task Force for each institution, so some of you will probably also be involved in, or would like to attend, the meetings we will hold with respect to the Braille School and the Deaf School. You are certainly welcome, both public

and legislative members, to attend both of those meetings or, for that matter if lea are interested, we can provide you with a full list of all of our Task Force meeting, many of which are already going into second meetings. We are happy to have you attend as much as possible.

let me now just say, by way of summarizing my introductory remarks, that we have a triple objective in self-survey. The first objective is to keep our administrative people on their toes, a kind of gentle needle or prod to all of us, and I should indicate that this reaches from top to bottom. Just last week or the week before I organized a Task Force that deals with the constitutional officers including the governor, state auditor, state treasurer, etc. It is slightly embarrassing, to advise them that we are coming in to do an analysis of their operations, but even key enter into this in good spirit. They feel there is something to be gained by this. We don't do this with the sense that any particular agency or institution is act properly administered or properly managed. We just assume that they are all properly managed, but that no matter how well managed they are, they can be better managed. I think Dr. Engberg will agree he has a well-managed institution here, but they have the need to state once again its problems and its needs. This is a whole-icme thing, particularly when done in the presence of legislators and public members. so our first objective is to keep cur own administrative people constantly reviewing their needs and constantly restating their problems.

The second objective is to offer an opportunity to the legislature, individual members of the legislature, to see close-up what are our administrative operations. The legislators here know that the session is always so short in terms of the many things hat must be encompassed, that it is not always possible for them to see very clearly the problems that are involved in our administrative agencies. This is no perfect solution to the problem by any means, because seeing just one institution or just one agency does not tell the whole story. Bat there are enough recurring problems that seeing up close one operation will be very helpful. I should indicate here that we have invited each member of the legislature to serve on at least one Task Force. We have one this quite arbitrarily, but with this one thing in mind—to try to provide an assignment which would be reasonably probably wonders why he has not been assigned to the Red Wing institution. I should maybe just make a quick explanation. That is the one place that we have not had a Task Force for the reason that we wanted to keep all of our correctional program under one Task Force. All the juvenile correctional institutions and adult institutions do not have separate Task Forces, With the new Commissioner of Corrections, We thought this would be a good opportunity for him to take the same group to each of the institutions. Also it turned out to be just a horrible problem to try to assign eoT>le reasonably close to where they live, and I apologize to the legislators if we manhandled them a little bit in these assignments. We did send to each legislator a full copy of all the Task Forces, urging them, if they wished, to attend as many E they might have time for, whether they were in their community or not.

ell, that's the second objective, namely to reach the legislators and to provide them with this opportunity. It's not altogether unselfish on our part for the obvious reason that the more the legislators know about administrative problems and our needs, the easier time we will have of it in the session when it's time to act on our legislation or budgets. But it's really not quite that selfish because we do feel he legislators have a lot to contribute in terms of management improvement and particularly, of course, in terms of legislation.

the third, and of equal importance, is the matter of reaching the public. We are

increasingly concerned, as I am sure everyone is, about the developing gap between on the one hand, the mounting costs of government (and this, of course, is at all levels—municipal, school district, county, federal and state) and, on the other hand, the fact that the public is growing weary of the tax load. We feel this presents to all of our governments a serious problem in the present day. We don't really know what we should be doing about this. We don't say that the self-survey is necessarily the solution to this problem but it's at least one effort in the direction of involving the public in the problems that state government is facing. On some of our other Task Forces, for example the ones involving Department of Agriculture and Department of Health, etc., we deliberately invited persons who are presidents of and represent large organizations like the Medical Society, Farm Bureau Federation, etc. to participate, because we are hopeful that they will work through the agency which is closest to them and try to make a genuine evaluation of what is taking place. One thing we in government must do is to provide complete and full assurance to the public that what we are doing (I don't mean just this administration, I mean governments generally) is appropriate and is efficient. I figure that this is the minimum that we can do by way of trying to acquaint the public with the problems that modern government is facing. If what we are doing is not appropriate, then I think the organizations representing large community groups should be interested in this and make recommendations for modification. If there are areas of inefficiency or bad service or over-expenditures, then they should help us find this and help us state the priorities. I'll be surprised, not disappointed but surprised, if Dr. Engberg does not tell you that most of his problems stem from the fact that his budgets are not large enough. This is what we have found without exception in each one of our self-survey Task Forces. This ranges all the way from the Livestock Sanitary Board, to the labor conciliators, to our children's institutions, correctionals, health and conservation, etc. It's a very serious problem. We just feel that the time is at hand for the public to be intimately involved in the governmental process. We try somehow to get community groups such as agriculture and labor to enlarge their own vision and their own interest beyond their particular area of service. As I say, I don't expect that self-survey is going to solve this problem but at least it has this aspect, this dimension, of trying to reach the people.

Finally, I should just say that this is essentially a kind of low pressure activity. We're not saying to the Task Force, "We want a blueprint for action from you". We are saying, rather, "Here is an institution which is of vital importance to the state. It has 3200 patients here and another 100 at Lake Owasso. This involves not only these families but families of employees, etc. We ask you to look at the present situation with respect to this institution." As I say, the information itself will be fairly limited but enough, at least, for you to be able to review the problems. We don't have in mind that you necessarily have to meet a great number of times as we would like to leave this for your final determination. We think in many cases it will be possible for the Task Forces to complete their work in four, or maybe three or five meetings. If you found, as you get into this, that there were further things you wanted to study and would want to meet more times, this is perfectly all right and we will be happy to have you do so. We don't have any preconceived idea of a report either. It may very well be that a completed work manual, with certain notations by the Task Force, may be sufficient. On the other hand, if, after cataloguing the problems, the Task Force would like to isolate 2 or 3 or 4 major problems, -problems that you feel should have top priority, we would like you to concentrate your attention on those. I don't think that there is likely to develop in a Task Force like this any serious controversy or divided opinion, but if it should develop that there are two philosophies or two points of view, we would be happy to have both of them expressed, because we recognize that the Task Force is not going to be in a

position to institute and implement the changes. This will fall upon the institution itself, on administration, and upon the legislature for any new legislation necessary. But we would like to get your experience, your wisdom, and your insight into these problems. We think in terms of completing Phase III towards the end of February or early March, but even this is not a hard and fast rule. You do not have to be operating against any real deadline. We do this mostly for your consideration. I know you would like to know when you can expect to be through with the assignment and that is roughly what we have in mind. We would like to finish this by the 1st of March.

Now let me come to the introductions. The Task Force officially consists of 13 persons, 5 from administration, 4 from the public and 4 from the legislature. There will, no doubt, be a certain fluidity to the membership of the Task Force because I am sure that Dr. Engberg will want to involve members of his staff, and I am sure that the public members will want to bring with them other members of the public. We urge you to do this. If there are others in the medical profession or in education or in any aspect of community work that you feel would be able to benefit from this, by all means have them come. All members of the Task Force similarly are urged to bring their colleagues or other members of the public. As I indicated earlier, the chairmen of these Task Forces are budget examiners and in this case it is Thomas LaVelle, who sits here to my left. Tom is just going on to the welfare accounts in our department. He leaves the education account for this purpose. This certainly is a good opportunity for him to become acquainted with all of the welfare activities. He has been, next to Ove, my most faithful companion on our various tours because he has both education and welfare. Representing the administration is Dr. Engberg, Superintendent of the hospital, and, sitting next to him, Mr. Ove Wangenstein, Deputy Commissioner of the Department of Public Welfare, Mr. Wangenstein has been deputy commissioner since July 1, so he is still relatively new in this work, and I think he has been appreciating the opportunities to sit in on all these Task Forces. Then the representative of the employees is Mr. Robert J. Endres, psychiatric aide. Mr. Endres we are happy to have you with us. The technician is Mr. Bertil Estlund, accountant with the Department of Health. Those are the administrative members. Dr. Engberg, I think you have some other members.

Dr. Engberg: Mr. Krafve is our Director of Administrative Services, with the Civil Service title of Assistant Hospital Superintendent; Mr. Thurber, who succeeded Mr. Erafve as the Business Manager; Dr. Thorsten Smith is the Director of Clinical Services; and Mr. Madow is our Public Education Officer in addition to the Director of Psychological Services. I might mention that Mr. Bailey is the representative of the local press, the Faribault Daily News. Dr. Stickney is the councillor for the First District of the State Medical Association and we are happy that he could be here, Mr. Naftalin: I am not sure which of the gentlemen from the public are here. Dr. Donald Berglund? Dr. Engberg: I think he is not able to be here. Mr. Naftalin: Dr. Berglund is the president of the Minnesota Association for Retarded Children. He is from Northfield. Mr. Frank Duncan, Mayor of Faribault. We are happy to have you here with us. Dr. Donald Studer. Rev. Wayne Van Kirk, Pastor of the Congregational Church. Those are our public members. Then our legislators—I am happy to see at least three of them here, Senator Michael McGuire from Montgomery, Representative Robert Kucera from Northfield, Representative Clarence Langley from Red Wing and I don't see Representative Carl Jensen. Member: Carl has a meeting at Thief River Falls today, I believe. Mr. Naftalin: We have Senator Sundet here. You're on another Task Force but you are welcome here too, of course. Which one are you on? Senator Sundet: School for the Deaf. Mr. Naftalin: School for the Deaf, I see. Fine. And the two ladies, one is my wife and the other is Mrs. Ludwig who is a volunteer worker at Sheltering Arms School in Minneapolis, They are very much interested in programs here, so I brought them with me this morning. Did we miss anybody now by way of introduction?

Let me just make one final comment with respect to newspaper men being present. I know many of you saw the sports pages the other night carried a big expose to the effect that a secret probe in the Department of Conservation had finally been exposed to public view. This had to do with our Task Force meeting, which had been held about 10 days previous and for which we had prepared a special news release to the press, inviting and begging them to come and cover this meeting. But they had been a little bit fatigued by the number of them we have been holding in the Capitol, so they haven't been coming to all of them, so we were quite nonplussed when this was exposed as a secret meeting. If anything, the Task Force operations are much the opposite. We call it "operation fishbowl" and we are very eager and delighted to have the press here. I understand radio station KDHL— Dr. Engberg; Mr. Madow has contacted them and we are keeping in contact with them. Mr. Naftalin: Well, that concludes my introductory statement. I am happy to answer any questions and then I shall turn the meeting over to your bonafide chairman, Mr. LaVelle.

Mr. Lavelle: Are there any questions at this particular point? Well then, following usual procedure, we ask the head of the institution to make some opening remarks.

Dr. Engberg: I have prepared a statement that we will distribute. There won't be enough for all who are here but we will distribute them to the members of the Task Force and mail them to those who are not here. This report is about as concise a statement as we can make if it is to be meaningful. I thought I would make some comments with reference to it and in my comments cover some items that are not in the report or emphasize some things that are stated there, but this will give you an opportunity later to look it over more carefully. I think it will give you a pretty good picture of what we feel is important with reference to the institutional program here. I might mention first of all, because I think you should have the information, that immediately after the legislative session we appointed a self-survey committee here, with Mr. Thurber as the chairman of the committee and with the understanding that Mr. Krafve and I would sit in with the committee as they meet. We plan to make that a standing committee so that, when they once get through with all departments, they will start in again in whatever area they or we feel that some study should be made.

Ours is the largest institution in the group of mental hospitals and you can see why, under those conditions, it is necessary for us to make a much more lengthy report than would be necessary otherwise. We have 3,200 patients here in Faribault and we also operate, as an annex, what was the Ramsey County Preventorium and which is now called the Lake Owasso Children's Home, where we have a hundred girls. It is rather interesting to see what changes occur in programs. We took that over as a replacement for the Sauk Centre Children's Home, which was operated as a temporary program by the Department of Public Welfare. That program was for boys. There were about 20 crib patients that we moved to the hospital here, and the rest of the patients were placed in three buildings at Lake Owasso. (There are 2 large dormitories and one smaller dormitory in connection with an administration building.) The transfer was made about this time of the year on a day that was almost as stormy as the one we had last week. The very first week almost every window in the building was broken. The dining room was over in the administration building. You can see what a problem that meant in trying to meet the situation as it was. We then found that our money was insufficient to pay for the laundry that was accumulating because of the untidy patients so we began to exchange untidy patients for tidy patients from here. That is, we moved the untidy patients down here and the tidy patients up to Owasso. We then got to a point where we no longer had any tidy patients here that we could move up to Owasso, so we decided that the only thing to do was to convert the one building into a building for girls, which we did. But then these boys, who had been

young boys, grew, and it became a problem having the two sexes mixed so far as recreational activities were concerned and also objectionable to female aides and nurses to be bathing these older boys. Also another problem was arising. The waiting list and patients that were coming to us were essentially boys. We had no place to put them. So we transferred the remaining boys at Owasso down here and made that a girls' or women's institution. It has made a better program and an easier program to administer. It has also made it possible for us here, following the razing of the administration building, to convert two buildings that formerly were girls' buildings to serve as buildings for boys.

How the population trend in all institutions for the mentally retarded has been that the patients admitted are more severely retarded and are younger than was true previously. That is even more true here in Faribault—it is true at Cambridge and will be true in Brainerd as they develop—in view of the fact that Owatonna is set up as an entirely educational program for educable children. As a result of that, we do not get the educable group unless they have other serious handicaps. The patients at Owatonna are expected, when they complete their program, to go back to their communities and be entirely self-supporting or at least partially so. But the individual in the educable group who is blind, is deaf, is seriously crippled or is a serious behavior problem comes to us here. I mention that because so many feel that the educable program is at Owatonna. Here we have an educational program for what is a very difficult group, and then, of course, we have the educational program for the trainable, for children with I.Q.'s of less than 50.

The commitment differs in the case of the mentally retarded from the commitment for mentally ill. The commitment for the mentally retarded is to the commissioner of public welfare, and the individual then becomes a ward of the state. The status continues to be in effect unless the individual is restored to capacity or the guardianship is released through a Probate Court hearing. In other words, the commitment as mentally defective does not mean that the individual necessarily comes to an institution, but the commissioner decides whether the individual needs institutional care. Now you can see, in view of the type of patients we are receiving, that most of them are going to spend the rest of their lives here. We try to be on the alert for those that need not remain here and we are reviewing our population systematically and regularly so that, for the individual who does not any longer need institutional care, some other plans are made. You can see that it takes staff if we are going to do that. This summer—we are short-staffed in our Social Service Department—we had the advantage of two college student trainees who are interested in social service work and one graduate student, who came here and spent their time, practically the entire time, on patients that our staff had studied and felt that they might return to the community. There were something over 200, I think, and the studies were completed on about 100 of those. How we should be able to do that as a regular procedure. We would like to be staffed to the point that any person who falls into a group where community return might be possible could be studied at the end of a two year period. We would then determine those that could go out, recommendations would go to their local county welfare boards and to the central office, and an effort would be made for them to be returned. Some of them might be self-supporting or partly self-supporting. Some of the older patients that come to us have I.Q.'s of over 50 but have gotten into some difficulty. Under proper supervision, they could return to their communities. Those that are not going to be able to return to the communities except some unusual situation develops, would be placed in the group that we look upon as requiring permanent institutional care. There would be another group where we feel that they are not ready now, but six months from now or a year from could come up for study again. In other words, that way you could feel

that you actually are not overlooking any person who might be able to return to community life.

We have an excellent immunization program here. We had included in it the administration of polio vaccine for all patients up to 20 years of age. We want to increase that to all patients up to 40 years. We want to give all of our patients the -polyvalent flu vaccine each year. If you do have an epidemic you are not going to be able to create an immunity unless you give the immunization in advance or they have a natural immunity. Last year, fortunately, we arranged so that all of our employees who were willing to pay—I think they paid something less than \$1.00—were immunized. We did that because we felt that, if we did have an epidemic, we would at least have the help to take care of the patients. We had a good many buildings where at one time we had as many as one-third of all of the patients down in bed with flu.

We also have started a research laboratory and there is a study being made here which I think is extremely significant. It's with reference to one type of mental deficiency that is due to a metabolic error. These individuals are not able to metabolize certain proteins. I won't go into the details of it, but we became interested in this about 15 years ago when the statement was made that there was a simple laboratory test of urine for what is called phenylpyruvic acid. As a routine, we made that test on all newly admitted patients. At that time the general belief was that these individuals in a family—it is an inherited condition—who had phenylpyruvic acid in the urine would be mentally defective and usually severely so, Those who did not have it would be normal so far as their intelligence was concerned. As a result of these tests, we had something over 30 patients that we knew had this condition. Then the new information came out that, if these conditions could be recognized early, preferably in the first months of life, and these individuals were put on a special diet, they would not develop mental retardation or at least not to the same degree as was true previously. The University of Minnesota is making a study of these young children. We are making a study of the older group and these two studies complement each other. Out of it we are going to get a better understanding of some of these metabolic processes, and naturally one wonders if this is going to open the door to certain other conditions that are due to metabolic disorders and that require exploration. We cannot elaborate on that, but these funds have come from the state research funds and have been assigned by Dr. Cameron through recommendation of the Mental Health Medical Policy Committee. Those funds have not been adequate entirely and the Association for Retarded Children has supplemented them. We would not have been able to carry it on this fiscal year if it were not for that assistance.

Now, I don't think there is going to be any difficulty in getting funds for research. I don't want to be misunderstood. This doesn't mean that the state should not be doing something, but there are federal funds available. The problem is this. We'll have to arrange so that there is the provision for research people who are qualified to do it. We are fortunate here that Dr. Bruhl, who is our pediatrician, is a man competent to do this. He is doing a good job in addition to taking care of about 600 patients. Well, you can see that it means that he is doing a job that is more than one can expect of him to do. I mentioned that this is a hereditary condition. We are hoping that, during the reasonable future, we are going to be able to discuss this with members of the family because the problem here is going to be to find out, if you can, who are the carriers. That is, theoretically, out of four children where you have a father and a mother who are normal but each a carrier of this gene, one child would be phenylpyruvic and would become mentally defective, two children would be carriers of the condition, one would not be a carrier and would be entirely normal. There is some reason to believe that the carriers have a higher level of phenylalanine

(which is the product which ultimately results in phenylpyruvic acid) in the blood than the normal. If that is true, then the carriers can be recognized. In a family where the person knows that a brother or sister had this condition, they can have this test made and the prospective mate can also have the test. If neither of them carry it, or if only one carries it, their children are not going to have the condition. You can see that there is a tremendous amount of work that's going to be necessary to answer some of these questions, but I think they are extremely important. We know of another metabolic disorder, galactosemia, where these individuals are not able to metabolize milk sugar. If they are kept on milk, some of them die; many of them, if they do not die, become mentally retarded. If they live through this period, after a time they can take milk without any harm. If the same thing is going to be true with reference to this particular condition, if they can be kept on the special diet for a certain number of years (and that number would have to be determined by research) and then can go on a regular diet, then the problem of mental deficiency developing from this particular condition will have been solved.

I should mention here that mental retardation is not a diagnosis, no more so if you were speaking about lameness. There are I don't know how many different causes of mental retardation, and for that reason there has to be medical study. Your whole program and your whole outlook is going to be determined upon what the basic condition is that has resulted in a mental retardation or will result in a mental retardation.

Our organization here has been strengthened very materially when, in 1955, Dr. Smith came to us as Director of Clinical Services. In July, 1958, we were able to create and fill the position of Director of Administrative Services, which I mentioned has the title of Assistant Hospital Superintendent. Mr. Krafve, who had been our Business Manager for many years, was promoted to that position. The position of Business Manager was vacant for a year. Our policy has been this. If a position cannot be filled by a person that we feel is qualified, we let it remain vacant. In our key positions we take this position, the person first of all has to be qualified. In the next instance we want him to know what he is getting into. We are poor salesmen in that we paint a dark picture. "There's a lot of work to be done here. Mentally retarded are mentally retarded, and we want you, before you make a decision, to know whether you are going to be happy to work with this type of patient in this institution." Then we want them to meet the others that they are going to work with, asking, "Are you going to be happy to work with these people?" Then we find out if those people they are going to work with are going to be happy to work with this person. We try to make a careful selection. It's taken us a long, long time to build up the staff, but I think that we have a staff here that we can justly be proud of. I think they're doing a good job. It reduces the anxiety of the superintendent tremendously if he can know that if he doesn't hear anything from the various areas that things are going along all right; and if they're not going along all right, that he is going to be told about it.

Our in-service training program has been increased. We had one nurse instructor until February of '58, when we added another, and our program has been increased from 80 hours to 125 hours. How that presents some very serious problems, because the individuals come to us as trainees. They do not come to us as psychiatric aides. It presents some problems in recruitment because, first of all, that means passing an examination that we administer here. If they pass, they become trainees. They go into the training program and, at the same time, do ward work. At the end of a year they take the examination for psychiatric aide. If they pass it, they become probationers, and at the end of another six months period they receive full Civil Service status, assuming their work performance is satisfactory. Other employees spend six months

in a probationary period, and you can see how this presents some difficulty. Hot that we're not happy with it. I am sure that we are getting a better quality of aides than was true previously as a result of the training program but we ought to have additional staff in view of the fact that they are spending a great deal of their time in training programs. You can see that if they're spending the time in the training program while they are short on a ward, that presents serious problems.

We are particularly happy that the last session of the legislature placed us on the same basis as the hospitals for the mentally ill so far as food allowance is concerned. Previously there had been a differential between the two. Now we are on the same level and the food allowance was increased from 60 to 63 cents in the last session. We were very happy about that, until we found that surplus butter no longer is going to be available, so that we are going to spend during the balance of this year about \$27,000 for butter that formerly came to us from government surplus without cost. Next year the cost will be higher because of the longer period of time we shall have to purchase it. One of the big problems we have had here has been that the original type of food service was by underground tunnels. We won't go into the details of it. Those of you who are interested, we can bring you into the kitchen to show you what that old method is. But today we are replacing that to a large extent by over-ground delivery. During the past two years we have eliminated eight dining rooms that were provided their food through underground tunnels by creating two cafeterias, one on the male side and one on the female side. They present tremendous problems because in the one we are feeding almost 500 and in the other we are feeding over 600 patients.

Our School Department has been increased in staff very materially. We have a principal and ten teachers now. There are three vacancies. Those teachers, however, are people that have been carefully selected. The staff includes one who is a teacher for the deaf who is a graduate of Gallaudet College (a college to train teachers for the deaf) and who also has taken special work in mental retardation. We are fortunate to have her as she has a delightful personality, does a tremendous amount of work and has been a tremendous asset to us. I think one of the things that has startled us in a pleasant way is that deaf children who were serious behavior problems are today getting along very, very nicely. Communication has made a world of difference for them. We should have a similar type of teacher for the blind mentally retarded. We are handling those in the regular classes at present. We have 192 who are in our classes and most of these are classes for trainable children, of course.

Mr. McGuire: What would you say the ideal size of an institution would be?

Dr. Engberg: Some place between 1500 and 2500 would be an area that would be looked upon as acceptable. If you have it too small, your program is going to cost more, because you are going to need just as many things, maybe not quite of the same size, but there are certain minimal services that you will need whether you have a large institution or a small one. We operate here in divisions and, though this is one institution, it is broken down into divisions of about 600 to 800 patients with a supervisor of each division. They operate pretty well as a unit, and then the Lake Owasso Children's Home, with about 100 patients, is operating on the same basis.

Mr. McGuire: I was just wondering, if there will be need for additional facilities, would it be better to enlarge our present facilities here or some other place rather than create new ones? Dr. Engberg: What ought to occur here is this. If we reduced our overcrowding, we would be back to about 2500, that is with the same facilities that we have. Mr. McGuire: On that theory, rather than increase the

facilities here to accommodate 3200 patients, your feeling is that it is better to start a new institution. Dr. Engberg: Yes, but I think we've got to be practical in this. This institution is running in a pretty satisfactory manner and, until you no longer have a waiting list, I don't see how you could do anything except to continue to use the present facilities. But it's one of the things for the future that should be considered. Now it may be that, as a result of improved community programs, certain of the older patients can be moved out. If that occurs, it's going to mean that you're going to need less institutional space in the future than has been true in the past. One has to think in the terms of the total program and plan accordingly. For instance, one of the things that I think could be considered is, where we have certain buildings here that ultimately are going to need replacement, whether an arrangement could be made whereby a number of patients could be taken care of in one of the new institutions (Brainerd for instance) so that you can raze a building and have some ground on which to put a new one. Unless you have available ground, that's almost what you have to do to continue the program as is. That's the reason I think that this Building Commission is so very, very important; they can give thought to all of these aspects. We have certain buildings here that ought to be replaced. One of these is this building five miles from here. It has about 60 elderly men. How many of those men could go into an old men's home in the community, if there were one, but until there is one there is no other thing to do except to take care of them here. When the time comes, we have other buildings that ought to be razed. Let's build a new building large enough so that we can take over several of these buildings. How large a building should be depends upon the types of patients you are going to have in the building. For the patients at Grandview and some of the Colony buildings, I think we could have at least 150 patients in the building, if you could have it planned properly. Breaking it up into units, you could have 200 in the building, with further economies in dining room space, in personnel, etc. but you have to be planning pretty carefully in advance. You have to know what your problems are and a Commission like that is going to be able to make those decisions.

I was interested in seeing the new building at Rochester which will take care of 250 patients. Ordinarily I have not felt that we should have in the future more than the one story building. After seeing that building, I think that one building of that type possibly would be of value here. I don't want to make a commitment and I'd want to think it over carefully, but if you could do that, you would reduce the number of buildings you have, and conserve on ground area, which is going to be one of the problems. I'm just citing that to show how a good deal of thinking has to go into these building replacements. It isn't simply a matter of deciding you are going to build a building for 100 patients. What type of a building it should be and where should it be located, should be pretty well determined even before the appropriation is made.

I can remember one Sunday evening I got a call from Senator Goodhue from Dennison. He called and said, "Dr. Engberg, how would you like a new building?" Well this was on Sunday night, after the clocks had been covered, and I said, "Well, do we have to like it", and he said, "Yes, I think you do, because you are going to get one." Well, I said, "Then I think you better get in touch with Mr. Swanson, because we'll have to think in terms of getting some additional property, of enlarging our kitchen, of increasing the capacity of our Power Plant, etc. Well, he did contact Mr. Swanson and he called me. As a result of it we got this property-Sheridan property these buildings are located over to the south of us. The question had been before them whether there would be another new institution and it had been decided there

wouldn't. They were just going to enlarge Faribault. The point I am making here is that, unless there had been enough time to think of this, I don't know where in the world we would have put the buildings. Now with the Building Commission and the coordination there is with administration and all, these things can be thought out in advance. Mr. Langley; I have another question, Dr. Engberg. I notice at the end of your report that you asked for 136 positions, the department reduced it to 70, the governor to 30 and the legislature to 29. Then you stated that you turned back \$175,000 because of positions you could not fill. Dr. Engberg: Well, I think I stated that but that's not in the report. It was a comment in regard to this publicity that was in the Twin City papers. I don't know whether you saw it or not. Mr. Langley: How did you hope to fill 136 if you couldn't fill 29? Dr. Engberg: Well, it's a good question to ask. The approach that we make to it is this. We feel that, in making our requests to the legislature, our responsibility is to give a picture of what our needs are. Then it goes through the regular channels and the ultimate decision is made. We made a study here, not on the basis of ratios, but on the basis of our honestly thinking in terms of the minimal number we ought to have to be doing the job in the various areas, I can very frankly say this: We didn't expect that we would get 136 positions, but we were portraying what our needs actually were, and they were not padded. We stated what we felt we actually needed.

This is the attitude I take as superintendent: My responsibility, when the legislative session approaches, is to give an honest picture of what I think our needs are. That applies in all areas. I realize that the commissioner will have to make modifications and they have discussed these modifications with us when the proper time has come. We know that ultimately the governor will have to make some recommendations which may or may not be in accordance with what the department finally has recommended. The legislature finally acts. If I have given them all the information or have made it available, and if there are any deficiencies, at least I personally should not be charged with the failure to make the needs known. In the same way, when the legislature has made its appropriations, I feel that I have a responsibility to use that money in the very best way that I can. If there are deficiencies, I should see that our patients don't suffer any more than is necessary because of those deficiencies. I think that's the only way we can operate. We are already building up our requests for the next session. We have a list of what we need in equipment and everything else that we submitted two years ago. We'll pick up that list, those things for which appropriations were not made. Sometimes we find that the needs as we saw them no longer exist. We drop it off. However, if it's still needed, we then carry it forward. We then are on the alert for new things that may be needed, and those things are added. Our final recommendations are made after very, very careful consideration and, of course, we try not to be unreasonable in what we make requests for.

Mr. Langley: I've sat on the Appropriations Committee a number of times. Whenever a request comes in and I see these unfilled positions, I say, "Why hasn't he filled the positions they have the money for?" Mr. Endres: May I inject a thought here? Possibly the reason you can't hire a person for the job is because the pay is too low. Civil Service ran an extensive survey and reclassified many of the positions. For example, our food service supervisors' pay was graduated according to what waitresses get throughout the State of Minnesota. But they forgot one thing, that a good waitress will double her pay in tips. Mr. Langley: The patients don't tip very well. Mr. Endres: No. Your custodial workers and your maid service, as they check the list throughout the State of Minnesota, will usually be someone working in a maid category in a hotel. She might be an old widow who possibly has her home paid for little in reserve, but wants something to do, so she accepts a low paying just for something to do. We can't base the classification on what goes on through

someone who is going to earn his salary. Maybe he should earn more, as Mr. Endres has said, but he should at least earn it. Well under those conditions, you're going to be slow in filling vacancies even at your low levels. Supposing you have a food service supervisor position. Well, you want someone who is neat in appearance, someone who is going to maintain good sanitary standards, and for that reason, you have to be careful with the selections you make even at your lowest levels.

Also, you always have some vacancies even if you have people available right away. You're going to have a certain backlog because we can't fill a position until it's vacant. We send in our requisition to Civil Service, indicating when the position is going to be vacant. They then certify names to us, we interview the candidates, and check on their references. Then, when we make the appointment, it has to go to Civil Service and clear through the proper channels. Until the report comes back and we know that they can be appointed, the appointment is not made. So there is bound to be some loss of time just for that reason alone.

I do think it's a splendid thing for us that the legislature at the last session did set up the money that's going to be adequate to meet the schedule they set up. They provided that there were to be no cost of living increases, they provided for one merit increase in each year. And then they set up enough money so that, with those limitations, every position can be filled. Well, that gives us no need to worry about whether a cost of living increase is going to come into effect a few months from now and whether we're going to have that much less money to spend than we have thought that we would have. If the appropriation is made on that basis, whatever money is not expended is going to go back into the general revenue fund so that the state is not losing any money. Mr. McGuire: Approximately how many unfilled authorized positions do you have at the present time? Dr. Engberg: About 34 out of a roster of 727. We have been running about 3%. Mr. Krafve: Last year it ran just slightly over 2%; the last payroll period it was almost 5%. Dr. Engberg: But, you see, if you have some high salaried positions, it counts up pretty rapidly. Mr. Krafve: I think some very serious consideration should be given to that aide training program, because when a person comes in here he has no assurance that he will have a permanent position for 18 months. Mr. Langley: Is that a regulation? Dr. Engberg: Yes. Mr. Langley: In other words, you're on a year's training program plus six months probation. You're actually here 18 months. Mr. Endres: That could even be extended to 24 months, the training period, and they don't have any assurance. Mr. Langley: No assurance that they have a permanent job until they have been here 18 months. Mr. Krafve: They start at \$240 as an aide trainee. Dr. Engberg: They can be given a merit increase after 6 months. Mr. Krafve: When they pass their aide examination they go to \$270. Mr. McGuire: But they still have no assurance that they have a permanent job until they have been here 18 months. Mr. Langley: What other benefits do they get? Mr. Krafve: Well, they get their sick leave and annual leave. Mr. Langley: Do they get meals here, too? Dr. Engberg: No, they're charged for that. Mr. Endres: Everything else other than sick leave and vacation. You gain a day sick leave and a day vacation per month, and after five years you gain an additional three days vacation. Other than that, everything is paid for and comes out of the check. We not only have Social Security but we have our retirement program that we pay into, and by the time you take out hospitalization (and if the aide wishes he can deduct \$3.50 for meals, I believe it is) by the time all the deductions are taken out, the check is pretty small. I believe it is 9% we put in for retirement, both categories, or is it 8 1/2%? Mr. Madow: 5 1/2%. The state makes a contribution makes a contribution too, to match what the employees put in. Mr. McGuire: I really have to go now. Dr. Engberg: Well, we're very glad you could be here. the next time you come you can see some of the buildings.