

FARIBAULT STATE SCHOOL AND HOSPITAL

February 29, 1960

We wish to welcome you and to express the hope that your visit today will be interesting and informative, both as to the nature of mental retardation and to the program, facilities, and needs of this institution.

This is the largest state institution in Minnesota. Together with the Lake Owasso Childrens Home, which is operated as an annex, we care for approximately 3300 patients. An attached table indicates the sex, age, and mental status of these patients as of June 30, 1958, the last date for which complete data are available.

Our patients, except for those who came in on application prior to passage of the commitment law in 1917, have been committed to the Commissioner of Public Welfare and as such are permanent wards of the State, Their status differs from that of patients in the State hospitals for the mentally ill, who enter as voluntary patients or are committed to the superintendent of a specified hospital.

In common with national population trends for similar institutions, we are admitting an increasing ratio of young, helpless patients. Therefore, our work load is becoming increasingly heavy and patient helpers fewer and less capable than in former years. There is a need for an increasing number of paid employees for the same number of patients. Our experience differs markedly from that of hospitals for the mentally ill, as relatively few of our patients can return to their communities as entirely or partially self-supporting, and most will spend the rest of their lives here. Our desire and objective is to provide a community setting that will establish a manner of life that is as complete and satisfying as possible. We believe our patients have the basic needs of all other human beings, including not only food, shelter, and clothing, but an opportunity to develop physically, mentally, and emotionally to their full capacity, even for those who are severely retarded. Though understanding is limited and learning capacity reduced, our patients need and respond best to understanding, acceptance, and affection. We believe such a policy not only serves the welfare of our patients and meets the state's responsibility to her wards but also reassures and comforts members of their families when they cannot adequately meet the needs of dear ones in their own homes.

Education and Training

In response to the population changes that have occurred in the institution, as well as to a philosophy emphasizing training rather than mere custody, great strides have been made in extending education and training to more and more patients. Our objective is to make our patients as self-sufficient, as well adjusted, and as socially useful as possible, regardless of whether they may one day return to live in their home communities or whether they will continue to reside in the institution community. However small the contribution they may make, we want each patient to have the satisfaction of being appreciated.

To teach our children self-care, good social habits, and the rudiments of useful occupation, our School Department conducts classes for 174 "trainable" youngsters (whose IQ's range from 20 to 50). There are also 34 "educable" children (IQ's 50 to 80) in school, receiving academic training to whatever extent they show themselves capable of profiting. These latter would ordinarily have gone to the Owatonna State School but for the fact that their multiple handicaps (sensory,

motor, or emotional) require the use of facilities such as ours.

The teaching staff (8 special teachers and a principal) is only able to provide schooling for approximately two-thirds of the trainable children in the institution. Those who are in school attend only half-days. Of special interest is the class for deaf or hard-of-hearing children who are also mentally retarded. Because of the teacher's special training, her interest, and ability, these children are receiving an education that far surpasses what could have been offered in years past.

The Rehabilitation Therapies Department serves many training functions through its programs of recreational, occupational, and industrial therapy, and attempts to reach all patients, young and old, active or helpless. Recreation programs carried on in the wards, in the auditorium, or outdoors are designed not only to amuse or provide activity, but to teach the social skills which are essential to personal adjustment. Among the varied activities are weekly movies, athletics, games, social dances, community sings, parties, picnics, bus rides, and volunteer entertainment programs. Patients are encouraged to participate, whether as spectators or as active participants. Individual talent is encouraged and trained.

Industrial therapy is now provided for 1537 patients. Nearly every part of the institution is used for vocational training or activity, and occupations vary from very simple housekeeping duties to fairly skilled work in the tailor shop, laundry, dairy, etc. While the use of patient labor is essential to economic management of the institution, the gradual change in population has made it increasingly difficult to find patient helpers who are capable of carrying out some of the jobs. We have attempted to meet this problem by utilizing every available patient and by emphasizing the need to train even the most handicapped to the highest level possible, but lack of staff handicaps us in providing the training necessary. Through the industrial therapy program, however, we are developing job skills, a sense of responsibility toward others,, and an attitude of helpfulness, which are essential to the patient who is to return to his home community.

Since the opening of Rogers Memorial Center last year, school and rehabilitation programs have been accelerated and greatly improved. Art and craft training have especially benefited by the new facilities, and there are approximately 300 patients in specific craft classes at the present time. In addition, by the recent addition of a registered Occupational Therapist, we are now providing medically-directed occupational activities for emotionally and physically handicapped patients. Initial response to this program has been most favorable.

Medical and Psychiatric Care

Medical, surgical, and dental care is provided by our staff of physicians, dentists, and consultants either in the patient dormitories or, if necessary, in our modern, well-equipped hospital.

A continuing problem is that of the control of shigellosis, of hepatitis, and of staphylococcal infections, all involving good personal hygiene and sanitation. These diseases are a special threat to our severely retarded patients, who must be taught the habits of hand washing after toileting and before going to meals. Many are unable to learn this thoroughly and therefore require constant supervision of these necessary activities. Proper isolation techniques have been made a very important part of our in-service training program, in an effort to control these

infectious diseases as effectively as possible. The problem of severe behavior disorders has been materially reduced since the use of tranquilizing drugs was started in 1956. With minor fluctuations, about 10% of our population is receiving such therapy.

patient Deaths, Discharges, and Transfers

The year 1959 saw a rather sharp rise in the number of deaths occurring among patients. Many of the 59 deaths result from the increasing number of long-term, aging patients and from the hazardous condition of many of the recently-admitted, severely retarded youngsters.

There were 3k patients discharged during 1959 who, under supervision of their local county welfare boards, were expected to be partially or fully self-supporting. Eleven others were discharged to members of their family for home care. At the end of the year there were an additional 13 on extended visit as trial placements in the community. Of these, 11 were working. The increase in community placement activity is a direct result of the establishment of a staff review committee. We would like to review each patient's status with regard to possible discharge not later than two years after admission, but staff shortages make such a goal impossible of attainment at the present time,

During the past two years we have transferred 300 patients to Brainerd and to Cambridge, and have admitted a similar number from the waiting list. This month we began transfer of 210 patients to Brainerd, of whom all but 20 bedfast patients will be ambulatory men and women. Replacements will come to us from the waiting list, which will necessitate a re-adjustment of the types of patients within the institution, since one-fourth of the waiting list of about 1300 consists of non-ambulatory patients and three-fourths are under the age of 10. These population trends have implications for our future building program also, in that, when our old, large, congregate, multi-story buildings are replaced, this should be by smaller units, preferably on the ground floor, in order to provide facilities for an ever-increasing number of physically handicapped patients.

Buildings and Services

We wish to express appreciation to the Legislative Interim Commission to Study State Building Needs appointed in the 1955 session which submitted recommendations to the Legislature in January of 1957 and to the Legislative Building Commission appointed in the 1957 session which reported to the 1959 Legislature. Both did an excellent job in studying the needs of the institution with the result that we gained much in acquiring new and improving old facilities.

Personnel

The attached organization chart shows how the approved personnel complement of 727 positions is distributed, including the 29 additional positions authorized by the 1959 Legislature. Our staff has been strengthened by the creation of two assistants to the Superintendent, the Directors of Clinical Services and of Administrative Services, and by careful selection of supervisory personnel. We have recently been fortunate to fill the positions of Volunteer Services Coordinator and Occupational Therapist, and to add a Physician II, three Graduate Nurse II's,

and two Special Teachers. We believe the Volunteer Services program to be very significant as a means of bringing to our patients services and community understanding that they otherwise would not have. Approximately 100 volunteers are now coming on a regularly-assigned basis, serving in the chaplaincy program, handicrafts, housekeeping, library, and other services.

Recruitment of personnel has improved considerably in the past few months. An attached list of vacancies as of this date indicates only 2% of the approved complement of positions at Faribault are vacant. Most of the vacancies appear in the professional staffing, where recruitment continues to be a problem.

POPULATION STATISTICS

FARIBAULT STATE SCHOOL AND HOSPITAL
(including Lake Owasso Childrens Home)

June 30, 1958

<u>TOTAL PATIENTS:</u>	3255	Male 1702	Female 1553
<u>AGE:</u>	Under 10	123	
	10-19	650	
	20-29	684	
	30-39	629	Median Age: 31.3
	40-49	569	
	50-64	476	
	65+	121	
	Unknown	3	
<u>MENTAL STATUS:</u>	Mental Deficiency, Severe	882	27.1%
	" " , Moderate	1751	53.8%
	" " , Mild	606	18.6%
	" " , Unclassified	15	
	Not Mentally Deficient	<u>1</u>	
		<u>3255</u>	

VACANT POSITIONS AS OF 2-29-60

- 1 - Barber
- 1 - Clinical Psychologist II
- 1 - Custodial Worker I (on leave of absence)
- 1 - Graduate Nurse I
- 2 - Graduate Nurse II
- 1 - Laundry Supervisor II
- 1 - Medical Specialist I
- 1 - Medical Specialist II
- 1 - Patient Activities Leader II
- 2 - Psychiatric Aide II (on leave of absence)
- 1 - Special Teacher (Elementary)
- 1 - Special Teacher (Music)

FARIBAULT STATE SCHOOL AND HOSPITAL
 and Ramsey County Preventorium Annex
 E. J. Engberg, M.D., Superintendent

Population: F.S.S.H. 3,200 patient's
 R.C.P.A. 108 patients
 Total 3,308 Patients'
 Approved Complement 727 Positions

