

60-LRP-DUV  
DHS-Vail

DEPARTMENT OF PUBLIC WELFARE

TO: Mr. Arthur Naftalin  
Commissioner of Administration

FROM: David J. Vail, M.D.  
Acting Medical Director

SUBJECT: Long-range Proposal for Institution Planning

DATE: June 13, 1960

At the meeting of June 9, at your office, you mentioned that you were still awaiting a report from our Department about the long-range plan for the various institutions in our program. I must apologize for contributing to this delay. Mr. Hursh has spoken to me once or twice about the necessity for such a report. I have delayed this to enable myself to become somewhat more conversant with the facts of the situation. It also seemed advisable to await the laying out of the Hastings Master Plan, since in many respects Hastings is the key to the puzzle. In view of the apparent urgency, I am now proceeding to outline some of my own ideas. It must be understood that these are my own suggestions. My views diverge from those of Mr. Hursh in some instances, and therefore this report is not to be regarded as the official statement of our Department. It should also be pointed out that the Mental Health Medical Policy Committee, by law, has the responsibility of making recommendations to the Commissioner about the mental health program. This Committee therefore should properly be part of any such long-range policy considerations. The Committee has given consideration to some elements of our future needs in this regard; their recommendations to date concern the presumed benefits of embarking on a program of multiple 500-bed units surrounding the Twin Cities area, plus some other considerations stemming from this basic proposal. For various reasons outlined below I think that the Committee may wish to reconsider this idea and possibly embark on a somewhat different line of approach.

I have organized this report into three major sections having to do with the hospitals for the mentally ill, the hospitals for the mentally retarded, and some special considerations having to do with the state sanatorium and the possible accession of the Glen Lake Sanatorium to the state system.

I. Hospitals for the Mentally Ill

We enter here a field of complex and unpredictable factors. An immediate question which presents itself is whether we may have reached an end of the declining curve in hospital population. There is some evidence to suggest that the curve

is beginning to flatten out. Experience in some other states does suggest that we may have reached the end of the declining hospital population trend which has been so marked -- at least in some states -- during the past five years. On the other hand, no one can predict what may happen in this regard. One hears considerable discussion about the possibility of a major "breakthrough" in connection with solving the riddles of mental illness. I think it would be unwise to gamble on this at this point. There is some evidence to suggest that we may be on the verge of such a development; on the other hand we may not have real answers for many decades, or possibly ever. A factor of considerable importance which must be borne in mind is the general increase of the population at large. This is particularly marked in our state in the suburban areas. It has strong implications for our program in that a "bumper crop" of wartime babies, which is coming along to pose problems for institutions of higher education, is also available for our consideration since these young people are now entering the stressful period of adolescence and early adulthood.

The very progressive proposal of Dr. Dale Cameron in wishing to embark on a program of building small intensive treatment units around the Twin Cities area, appears to have floundered to some extent. The reasons for this are various and complex. In general, the idea appears to be far in advance of its time and in short it appears that our state is simply not ready to become involved in such a venture. There has been for the past few years considerable discussion at the national level about the necessity of making the death pronouncement and burial arrangements for the large state mental hospitals. Again, this is more easily said than done. It appears that the large mental hospitals are with us and will continue to be with us for some little time. From my observations at the recent meeting of the American Psychiatric Association I would say that state people are looking into other ways of making the hospitals which we have more dynamic and meaningfully related with the needs and resources of the community at large. I think generally that it is probably wise to pursue the more conservative course and see what we can do to develop further the facilities which we now have.

The three problem hospitals at this point are apparently the St. Peter State Hospital, the Anoka State Hospital, and the Hastings State Hospital. I will return to these in a moment. With respect to Fergus Falls, Moose Lake, Willmar and Rochester, I would suggest that the plans already laid out in the proposals before the Building Commission are entirely reasonable and should receive our support.

With respect to the three problem hospitals, I would suggest that a sensible plan for St. Peter would be to renovate the institution, replacing and refurbishing old structures as

appropriate, with the intent to achieve an ultimate size of 1500 beds for the mentally ill population. (I am not for the moment speaking of the Minnesota Security Hospital.) I would suggest that a sensible plan for the Anoka State Hospital would be to expand it to approximately a 1500-bed size, with the additional intensive treatment facilities already described in the proposal for the Building Commission. This readjustment in size of the two institutions would imply a corresponding adjustment in the receiving areas of the two hospitals. This refers specifically to Hennepin County. The readjustment which I am suggesting implies that a somewhat greater proportion of Hennepin County would then be incorporated into the Anoka receiving district, with a corresponding reduction in the Hennepin County area reporting to St. Peter. Such a readjustment is consistent with the apparent population trend, which appears to indicate a rapid increase in size in the northwestern areas of Hennepin County and the suburban areas of Anoka County.

I made the comment above that Hastings is the key to the puzzle. The ultimate size of Hastings, I should think would have to be determined by the capacity of a rebuilt St. Peter and an expanded Anoka, to deal with the metropolitan and suburban populations. The attractive feature of the Hastings plan, as outlined, is that it would allow for an appropriate size in relation to the needs and demands of the population group being served. Thus, Hastings might ultimately serve the southeast portions of Hennepin County, together with its present Ramsey and Dakota area. I generally concur with Dr. Reitmann in his wish for a hospital not to exceed 500 or 600 beds in size. It appears however that this proposal has been unacceptable to the Building Commission. The present Hastings plan would allow for an ultimate size of anywhere between 600 and 1200 beds as the situation might demand. In other words the Hastings plan is sufficiently flexible that it can be phased out in an appropriate manner. It should be noted also that the Hastings plan is based on the primary assumption that the present patient buildings are at best not functional, and at worst, potentially dangerous.

A word about the Minnesota Security Hospital. There has been considerable discussion about this facility and the proper location of these services. My own mind is not entirely made up as yet. I think generally that my attitude is somewhat conservative. It should be pointed out that a new facility abutting the State Prison, if suitably constructed for 200 maximum security cases, would probably cost somewhere in the neighborhood of \$3,000,000. I should think that such a sum of money might be more suitably invested elsewhere, if only to enlarge the activity area of the present Minnesota Security Hospital.

An additional word about the Community Mental Health Program. One always hopes that establishing such a program will ultimately lead to a reduction in the size of hospital populations. Experience indicates generally that hospital admissions increase following the establishment of community programs; this is related to the increased incidence of early case finding and proper diagnosis with referral to the appropriate facilities. Ultimately one would hope that a full-fledged community program would actually bring about a reduction in the need for hospitalization. In the latter instance, however, one would have to think not in terms of months or years, but decades. Therefore I do not think that we will see a real impact on hospitalization in virtue of establishing community mental health centers, for at least another ten years.

## II. Institutions for the Mentally Retarded

The problems here are somewhat different and in many respects more vexing than those which exist in relation to the mentally ill. The same problems exist with respect to the general increase in population, which together with better case finding and increasing medical knowledge allowing for prolongation of life, tend to bring about an apparently increasing case load for our consideration. At the same time the prospect of a "breakthrough" is very remote indeed, although progress is being made in areas of genetics and prevention of mental retardation as a result of better nutrition during pregnancy and more refined obstetrical techniques. The process of any reversal in the production of mental retardation will be a very long and slow one. With respect to the mentally retarded patients whom we have, and will continue to have, there apparently exists a somewhat narrower margin of preventability and rehabilitation capacity than is true with the mentally ill. Still it is safe to say that for various reasons we have not begun to test the limits of what might be done in the way of rehabilitation of the mentally retarded.

The practical application of the various factors involved will be in the decision as to how much institutional space will be needed following the completion of the Brainerd State School and Hospital. (I might add that by completion, I mean just that, namely development of a facility which will not only have bed space but will have the necessary buildings and services for optimal education and rehabilitation.) We have estimated that by 1967, upon the completion of the Brainerd SSH in relation to all of the factors which enter into the equation, there will still be a waiting list of some 800 patients. It is clear that we must rapidly expand the community resources for the mentally retarded. This includes provision for financial aid for boarding care, establishment of day centers, and implementation of preventive and treatment services for the mentally retarded through the Community Mental Health Program (which has this charge under law). It has been

estimated that with suitable augmentation of a widespread and dynamic community program, we might actually by 1967 have "crossed the hump" and be in a position where we will finally have caught up with the apparent need for institutional space. Another factor which would influence this optimistic state of affairs would be increasing development of the rehabilitative capacities of the institutions with a return to the community of the many mildly and moderately retarded children and adults who are now institutionalized.

For these reasons our staff has for example been conservative about the real necessity for building an institution on the Iron Range. Another factor which enters in is the somewhat more urgent necessity to rectify the rather bad housing conditions which exist in some areas of the Faribault State School and Hospital. If an institution on the Iron Range is to be built, I believe that it should somehow be coupled in with a simultaneous demolition of unsuitable structures at Faribault and a transfer of patients, with the ultimate result that Faribault would be reduced in size to a more manageable 2500.

I will speak in a moment about the prospects of state use of the Glen Lake Sanatorium. In this connection it might be mentioned that Glen Lake offers some natural advantages in connection with the mentally retarded. It has in the core institution, suitable facilities for nursing care plus extensive general medical and surgical as well as laboratory facilities. From this point of view the institution would lend itself very suitably to an intensive research and treatment program in mental retardation. Its location next to the Twin Cities is ideal in this connection. Remaining areas of the Glen Lake plant, such as the convalescent cottages and the children's unit, could lend themselves quite appropriately to housing of long-term self-supporting adults who could help in the daily work of the institution, for day care facilities for retarded children, for half-way facilities for youngsters such as those from the Owatonna State School who might need a period of adjustment beyond the schooling which they have received.

The Minnesota Association for Retarded Children is at the present time expressing some interest in the Glen Lake Sanatorium for such purposes. The problem would still remain as to the proper disposition of the present tuberculosis population.

Again I would like to point out for emphasis that Glen Lake could allow us to develop a very fine research program in mental retardation and the neurological diseases. It is worthy of note in this connection that Wisconsin built a special unit for these purposes in proximity to the campus of the University of Wisconsin; Tennessee has such an institution in more or less proximity to Vanderbilt University.

Thus one could envision ultimately Faribault of 2500-bed capacity, Brainerd completed to about a 2000-bed capacity, Cambridge at its present 2000, a special 500-bed intensive research and rehabilitation unit at Glen Lake, plus (maybe) an institution of 1000 beds or thereabouts on the Iron Range.

One final comment about the Glen Lake possibilities. It should be pointed out that the need for this exists right now, in view of the very serious condition of the older buildings at Faribault. I note that the Faribault Task Force has recommended that there be an emergency request before the 1961 Legislature for demolition and replacement of these structures.

### III. Glen Lake and the State Sanatorium

I have already commented at some length above about the possible use of Glen Lake as an institution for the mentally retarded. This would, in my mind, be making the best of what I consider a very bad bargain. It appears very much that the state is going to inherit Glen Lake whether it wants to or not. I would like to say here and now that in my opinion Glen Lake will prove to be a white elephant unless it can be used for such a purpose as outlined above. I am unalterably opposed to the accession of Glen Lake on the basis of a combined TB and nursing home facility. There are various reasons for my saying this. For one thing the institution will be expensive to run on this basis. The \$4 per diem of the mental institutions does not refer to the very high cost of nursing home care. I would estimate that an adequate nursing home program at Glen Lake would cost somewhere in the nature of \$8 to \$10. (The present per diem at Glen Lake is upwards of \$25.) Studies of the true cost of maintaining adequate services for geriatric patients in our mental hospitals suggest that a figure of \$8 would be, if anything, conservative. The State Sanatorium is providing good care for both TB and nursing home cases, at a per diem of around \$11 for a combined program, and I see no reason why we should not take advantage of the experience of the staff and the known economy of the operation. I would personally be in favor of consolidating the TB operations for the state at the State Sanatorium. In this I disagree with Mr. Hursh, who prefers to go in the other direction.

I think that the conversion of Glen Lake to what would essentially be a nursing home operation would be a process fraught with many difficulties. The tradition in this state is that nursing home care has been provided privately, or at the county level, with state aid. In view of the strength of private nursing home organizations in this state, I think that such a conversion would be politically awkward. Furthermore, with the exception of the care of residual cases from our other mental hospitals such as is provided at the State Sanatorium, such a program would be a rather radical departure in policy and for this reason should receive the very lengthy

consideration of the Mental Health Medical Policy Committee. So far this Committee has taken no position with respect to Glen Lake, beyond the statement based upon an inspection of the premises, that it is not suitable for a mental hospital in its present form. Viewing Glen Lake also from the point of view of an administrator who would have responsibility for it, I would simply comment that our program is already complicated enough and I could foresee only problems and agony in such an arrangement. Conversion to an institution for the mentally retarded, on the other hand, could be carried out with reasonable ease, would not constitute a radical departure in policy, and would be administratively consistent with programs which now exist. The inevitably outsized per capita cost of running Glen Lake would not be justified in my opinion, if it were to be run as a combined tuberculosis and nursing home establishment. It would be justified, on the other hand, if we are thinking along the lines of a research institution for the mentally retarded, which would have the potential of making really outstanding contributions to medical science.

I have not given consideration in this report to the prospects for emotionally disturbed children. Let us hope that the institution at Circle Pines will be built and suitably staffed for at least a beginning in this area. Any expansion in size which would be appropriate could then be accomplished at this location without the necessity of embarking on new or different hospitals for the emotionally disturbed children. I might add parenthetically that I favor administrative separation of the services for emotionally disturbed children from those for the correctional section of this institution. I think that your plans for a combined operation are well in advance of their time, and I think that the kind of integration which you quite correctly hope for would be best obtained by a process of cooperation, collaboration, and cross-consultation, rather than by an administrative combination at the outset. A final word about the emotionally disturbed borderline brain-damaged child. These cases are very vexing and so far there are no suitable facilities for them, since they tend to fall in a kind of administrative limbo. Again I should think that some portions of the Glen Lake Sanatorium could very suitably be developed as a special study section for this very perplexing group.

In this report I have tried to develop in a general way some of my own ideas about what to me would be a reasonable future plan for our institution program. Again let me emphasize that I am here expressing my own opinions. Surely such plans would have to receive the serious consideration of the Mental Health Medical Policy Committee. I have tried to be very scrupulous in pointing out those areas where some lack of accord exists in our Department with respect to these matters.

cc Mr. Hursh  
Mr. Wangenstein  
Mr. Chapado

Superintendents  
Mental Health Medical Pol. Com.