

TASK FORCE MEETING
FARIBAULT STATE SCHOOL & HOSPITAL

March 8, 1960

The meeting was opened by Mr, LaVelle, who called on Dr. Engberg to outline the day's schedule.

Dr. Engberg: I thought that if this morning we could complete one of the tours that we have planned and do that before lunch, then have lunch, and continue with the tours then immediately after lunch and then following that reassemble here when there could be the continuance of the matters that should come up for consideration. I know Mr. LaVelle has planned on the nurses making a presentation but I think right after that, if it's agreeable with all of you, we would then start this what I have indicated as Tour I. I'll mention what these tours are so that each of you will know what we're planning on. The Tour I is a general tour in which all will participate with Mr. Krafve, the director of administrative services, in charge. It will include the Administration Building, Laundry, Service Building, and central Kitchen. We should have like to have included the Tailor Shop, the Shoe Repair Shop, Dairy, Grandview, Power Plant, Shops and Sandrock Cellar for storage of farm crops. However, time will not permit all of us to do so but anyone who wishes to see any one or all of these or other areas *bay* do so by special arrangements with Mr. Krafve or with me.

Then Tour II which will be following lunch will include the Rogers Memorial Center the Ivy Dining Room, Daisy, Poppy, Pern, Rose, Laurel, Birch and Research Laboratory and return to the Canteen to Join those taking the other tours. Then I've indicated those who will be taking Tour II. I won't read what Tour III and IV will include because we have tried to arrange it so that all of those taking the tours will see comparable areas, but I'd appreciate/^{it}if you would make a note of, those of you who are included in the various tours, so that after lunch those who are assigned to a Tour II for instance will meet with the one who is conducting Tour II, III and IV etc. Those in Tour II will include Mr. LaVelle, Mr. Holahan was to have been included, Representative Langley and Kucera, Senator McGuire and Mr. Swanberg. Mr. Bailey if you can be here for the tours than you would be included in Tour II. Tour III will include Mr. Estlund, Representative Jensen—he's not here—, Mr. Wangensteen,—I might mention that Mr. Wangensteen has another appointment so he could not be here today—, Senator Sundet, Mr. Endres and Mayor Duncan, Tour IV will include Dr. Berglund, who is not here, Rev. Van Kirk,

who had planned to be here and may come yet, Dr. Studer, Mr. Walsh and Mr. Dragsten. Well we may have to modify this if there are not enough to make up the tours. But if you will *keep* this in mind and the Tour I as I indicated will be directed by Mr. Krafve, Tour II will be directed by me and Mrs. Blomquist, Director of Nursing Services, will be with us, Tour III will be by Dr. Smith, Director of Clinical Services, and he will be assisted by one of the graduate nurses supervising one of the five divisions of the institution and Tour IV by Mr. Krafve who will be assisted by one of the nurses in charge of the in-service training program.

Mr. LaVelle: Since I had a request from Mrs. Myers who wanted to present a statement to the Task Force. Do you want to at this time? Mrs. Myers: Yes. Due to the fact that my representation to Minnesota Nurses headquarters was not able to be here, the psychiatric nurses of the Faribault State School & Hospital have asked me to present this report. I have copies of it so that you might follow along with me if you wish, as I read it. I will read this report and if there are any questions, we will be glad to answer them if we can.

Psychiatric nursing is a highly specialized field requiring special ability and training. Psychiatric nurses are few in number so each must necessarily assume administrative, teaching and supervisory duties in addition to usual nursing duties of direct care of patients, carrying out doctor's orders, charting, rounds, etc. The State of Minnesota is financing scholarships for psychiatric nurses to increase the number of nurses in state hospitals. It was pointed out at the last Minnesota Nurses Convention by Julia Thompson, American Nurses Association, Washington representative, that because of the shortage of nurses, the federal government is financing education at the teaching and supervisory levels. The psychiatric nurse has responsibility/number for greater of patients, numbers of patients in State institutions. Nationally, the average salary for psychiatric nurses is \$32.00 per month higher than the average salary for General Hospital nurses. The salary of psychiatric nurses in Minnesota State Hospitals has been based on average salary of nurses in General Hospitals and nursing homes, which is lower than that of General Hospitals. The last wage increases granted by Legislature, the psychiatric aide was granted a 5 range increase and the registered nurse only a 3 range increase. This appears to be discriminatory toward registered nurses. When the Legislature grants wage increases to State Hospital employees, we recommend that a 3 range increase be granted to registered nurses in addition, in addition, to any raise that is granted to all

state employees. The following statement is taken from the Bulletin of the Joint Commission of Accreditation of Hospitals (Psychiatric). For accreditation of a psychiatric hospital, graduate nurse coverage on a twenty-four hour basis for all patients is required. There must be a graduate nurse on duty at all times to assume responsibility for care of patients. This requirement of the Commission is based on the fact that judgment is required to insure the safety of patients and only a graduate nurse has the knowledge and educational background to exercise this judgment. This means that if a nursing aide or licensed practical nurse is on duty during the evening and night hours on a ward with patients who do need skill nursing service there must be a graduate nurse supervisor who makes rounds and is available at a moments notice to give skilled nursing care.

Our Institution has registered nurse supervision as follows:

In the Acute Hospital, we have 186 patients with 24-hour registered nurse supervision. In the: Bast Grove Division, we have 767 patients housed in eight buildings. In the morning, we have one registered nurse supervisor with no registered nurse relief. In the afternoon, we have no registered nurse supervision and at night we have one registered nurse supervisor. In the Skinner Division, there are 750 patients housed in six buildings. In the morning, we have one registered nurse supervisor with no registered nurse relief and afternoon and night, no registered nurse supervision. In Sunnyside Division, there 825 patients housed in eight buildings. In the morning, one registered nurse supervisor with no registered nurse relief, afternoon and night, no registered nurse supervision. In Greenacres, there's 719 patients housed in eight buildings. In the morning, we have one registered nurse supervisor with no registered nurse relief; in the afternoon and night, no registered nurse supervision. There are two other buildings, Grandivew housing 70 patients with no registered nurse supervision except occasional rounds by the Director of Nurses and at the Dairy 26 patients with no registered nurse supervision except for occasional rounds by the Director of Nurses. We feel that the above statements point out that 3,157 patients have no afternoon registered nurse supervision and 2,390 patients have no night registered nurse supervision. Our institution has 32 buildings housing patients with no registered nurses assigned to individual buildings. We think that this points up two facts, first, a great need for additional registered nurse positions and secondly, a greater incentive for registered

Mr. LaVelle: Do any of the members of the Task Force have questions? Mr. Langley: May I ask a question, Mr. Chairman? How does the academic training of a psychiatric nurse differ from that of a registered nurse in a general hospital? Mrs. Myers: Well, they are—have special training in psychiatric nursing— Mr. Langley: Prior to registration or is xx that— Mrs. Myers: Prior to registration—both prior and following registration Mr. Langley: How long is that period of special training? Mrs. Myers: Six months of training prior to Mrs. Blomquist: after they are registered, they must have six months more training in psychiatric nursing Mr. Langley: Does a psychiatric nurse now have a different range in Civil Service classification than any other? ___: No. Mr. Langley: What's the starting salary in that range? Mrs. Blomquist: From \$316 Mr. Langley: \$316, How far—how high may you go?

I'd like to Mr. Krafve: \$316 to \$385. Dr. Engberg: I'd like to ask one question. Where you speak about morning. Does that mean morning shift? Mrs. Myers: Yes. Dr. Engberg: And afternoon shift. I think there may be some confusion on that, Mrs. Myers: Yes, morning shift or regular day shift, and then the afternoon— Dr. Engberg: You might indicate the hours of the morning shift. Mrs. Myers: Our shift is till 2:30 and 2:00 to 10:30 in the afternoon that we speak of/and 10:15 to 6:15 is the night shift that we speak of. Dr. Engberg: Does this include Owasso or is this the main institution only. Mrs. Myers: This is the main institution only. We did not include Owasso. Dr. Engberg: But at Owasso the situation is varied, there's a 24-hour coverage by graduate nurses. Mrs. Blomquist: Dr. Engberg: Yes, but I mean that except in emergencies. Yes. Mr. Langley: Mr, Chairman, may I ask another question? Do you have other registered nurses than psychiatric? Mrs. Blomquist: They are general duty nurses until they have experience in psychiatric nursing before they're classified as a psychiatric nurse and that is six months, the Grad. I., are without psychiatric experience when they come to us as they must be trained in psychiatry after they get to us. Mr. Langley: How many registered nurses do you have altogether? Mrs. Blomquist: I have 2k including myself. Mr, Sundet: How many are psychiatric

nurses Mrs. Blomquist: They all are. Mr. Langley: They work a 40-hour week? Mrs. Blomquist: Yes. Mr. LaVelle: Are there any further questions from the members of the Task Force on this particular point? Mr. Kucera: Mrs. Myers, do you have any opinion added to the as to the number of additional nurses that you should have added to the staff to bring it up to a reasonable level? Mrs. Myers: Mrs. Blomquist has-I think you're working on that-have you. hot.

Mrs. Blomquist: I'm working on it but I am not through with it yet • on staffing for the request to the next request to the legislature

and to get our accreditation back, we are going to have to have more nurses out in our areas to cover the 24-hour areas and it would take at least four in each division and we have four division that do not have that, Mr. Kucera: In other words, you'll have to almost double your-

Mrs. Blomquist; Yes, better than double because in our hospital unit we do not have enough nurses to have nurses on both the morning and afternoon shifts on our floors either.

Mr. Duncan: How many nurses are assigned to the hospital technically now? Mrs. Blomquist: There must be 14 in our hospital. And we have 8 different wards.

_____: You have 14 nurses to cover three shifts.

Mrs, Blomquist: Well, see this is the floors we must have nurses on and we have four floors in our hospital. Also over and above the supervision nurse, we should have charge nurses on each one of the floors morning and afternoon especially,

Mr. Duncan: You wouldn't recommend that there be a nurse in each building at all times, would there,

you? Mrs. Blomquist: I would like to have one there. Well, some buildings could be without but I think even in your working patient building where they need counseling and training in the

place of your community. and I feel that the nurses are more qualified for this type of thing.

And in our infirmary ward, I think it is very essential to have nurses on all shifts cause those are physically ill along with being physically handicapped

Mr. Duncan: Was it the purpose of some of the training which is given to psychiatric

aides--isn't the purpose there that they would in some way supplement

supervision by

Mrs. Blomquist: Well, we have to have aides--that is very important because they're the lengthening of our arms to carry out the things there aren't enough nurses to do. Mr. Duncan: Even for good supervision of the psychiatric aides themselves.

Mrs. Blomquist: Yes, we should have more nurses because the aides aren't getting the training they should have without having nurses out to do the training. MRS. Myers: I think the point that could be brought up in that respect also is that since the trainee program has been instituted, it has sprung from the nursing personnel that possibly before was used for patient care and use the nurses now for teaching.

with the same amount of positions, you still have to draw from the nursing to do the teaching. Mr. Duncan: That would still be mandatory that you have teaching staff?

Mrs. Myers: Yes. Mr. Duncan: You still need that. Mrs. Myers: We would need that, oh yes.

Mr. Langley: A criticism has been made that the nurses are spending a great deal of their time on paper work which could well be done by clerical help in a much lower classification. I

think you had made some answer to that Mrs. Blomquist: That would help. Ward clerk would be a great help. Mr. Langley: You'd welcome such an arrangement. Mrs. Blomquist: Yes.

Mr. Langley: Then you are doing a great deal of paper work that could better be--

Mrs, Blomquist: Not any more than we have to. There are records you must keep on the patients and all and your time sheets and all do take time because it's a thing that has to be done. But a ward clerk in each area would be very beneficial. Mr. Langley: When you speak of an area

what do you mean? Mrs. Blomquist: Division. We have our institution divided into divisions and have five including the hospital. That does not include Grandview or Dairy. They are not in the division. They have separate buildings. Mr. Duncan: There are specific types of records that you must keep though that consume time

Mrs. Blomquist: Well, they could supervise and check them but ward clerks would be a great help in time sheets, all those things that do not need--like medications and all that the nurse would always have to check.

Mrs. Myers: Ward clerks are used--mostly in general hospitals

so really the nurses duties, a lot of the nurses duties as answering telephone and all that sort of thing

and it seems to me that if in general hospitals, certainly

Mr. Langley: Do you have any General Nurse III

classifications here? Mrs. Blomquist: Not general, psychiatric. Mr. Langley: Psychiatric.

Well, then you'd have some in the \$400 to \$500 classification, don't you? Then your salary

isn't \$316 to \$385. Mrs. Blomquist: That's the starting salary of the Grad Nurse I. Grad Nurse II starts at \$356.

Mr. Duncan: Those salaries that you gave there are starting salaries, not necessarily-

Mrs. Blomquist: Those are starting salaries and then there is five steps in each range--there are five steps. Mr. Estlund: That's a Grad Nurse I level.

Mr. Kucera: Mrs. Blomquist, how many nursing positions are authorized here. Mrs. Blomquist:

There are 27 right now, Mr. Kucera: You're three short. Mrs. Blomquist: We Just had one transfer to Rochester a short period of time ago. Mr. Kucera: Is it difficult to fill those

because of salary or-- Mrs. Blomquist: Yes, and I-- you have a salary that's even with a general hospital, you aren't going to get nurses that will work in an institution

for either the mentally ill or the mentally retarded because I think the work is a great deal harder myself in the mentally ill and mentally retarded institutions. Mr. Kucera: How does

that salary compare with the nursing salaries, for example, with your hospital

Mrs. Blomquist: I haven't been able to find out what they're paying over there yet.

: You aren't alone. Mrs. Blomquist: I knew they were trying to get a director for a very low sum but--at the time they tried to get one of my nurses away from me.

Mr. LaVelle: If there are no further questions on this particular point I think we might keep this in mind when it gets to the point of writing our report and I think probably now

we could start on the tours. Dr. Engberg: Yes and we probably shall need some more transportation than we have available. We have the station wagon here but and we'll be glad to take

as many as we can, __: I have my car. Dr. Engberg: You have--all right. Well, then we'll have no difficulty. And we'll go first I think to the--over and park near the

administration building but let's go to the laundry because it would be better for us to see that while they're still in operation. They'll be through pretty quickly and then we should

plan to be back here not later than a quarter after twelve and then have our lunch and then we

will continue on the other tours that I had mentioned earlier. Then reassemble here for the purpose of further discussion that may be had,

Mr. LaVelle; I was wondering what the members of the Task Force had in mind as far as the final report goes. Dr. Engberg has this one statement that he gave to the members this morning and I believe everybody has a copy of it. And he has quite a good outline of various items there and this opens a suggestion as to which you would want to consider. First of all the form and then second of all the contents of the report, Task Force. I might comment that the final report that the Task Forces that I know of have taken various forms, some of them more or less a summary of certain-what the Task Force considered the most critical or the most major points that they felt they were adequate to comment on. In certain cases problems or objectives can be rather technical. An issue was brought up that the Task Force as a group felt that they were incompetent from a professional standpoint to evaluate. In other cases, the-in one particular case, the Task Force adopted the report of the superintendent of his problems and his means of solving them so I'll just open to any suggestions as to what form the members feel the report should take. Mr. Langley: How have the Task Forces arrived at some degree of opinion-how do you get down to one report. Mr. LaVelle: It's happened in several cases that the areas that they decided to include in their report were agreed upon. Then there was a little discussion as to just what they really felt they should include as far as recommendation or observation-to go along that particular point. This was then developed into a rough form and in one case a further meeting was held in which this was reviewed. In another case, this was sent by mail to individual members of the Task Force for their comments and it's in the process of being re-assembled or will be re-assembled with all of their various comments and again this will be sent out through the mail to the members to see if they all agree. It would take a couple mailings that way in order to arrive at a final report. In one case the rough report was sent out to members and a further meeting was held at which time there was final agreement as to the exact wording that was to be used. The rough draft is more in the form of a suggestion based on various comments that had come up in the various meetings

the rough report?

Mr. Langley: Who starts it, who draws the rough report? Mr. LaVelle: I have in some cases and in other cases—one particular case one of the public members offered to do this for which I was extremely grateful. Mr. Langley: How long does it take

Mr. LaVelle: How long? Well depending upon how soon—you mean through this mail process. This depends upon just how soon the material can be put out in the mail. Now that again depends upon who draws up the material. It might take roughly a week to two weeks to prepare the first rough draft, to get in a more or less a comprehensive form, send it out to the members, they would review it, and return in a period of roughly a week; so then all of the comments would be assimilated attempt made to include all the various aspects in the report. Then it would be sent out again so this would cover a period of oh about a month or five weeks. Mr. Langley:

all of these Task Force* reports are compiled, are they not, into an overall report? Mr. LaVelle: Well, that point hasn't been reached. Each individual report will be filed with the materials that were presented to the Task Force. This will be in a separate book up at our office. Then what the next step will be will depend upon what Mr. Naftalin considers at that time whether there should be a summary evaluation, the report similar to that which was done four years ago or just what further steps would be made. A couple of Task Forces that I'm not connected with—they actually made their manual their report. They worked it a little bit differently in that they agreed on what items were going to go down as problems for the particular agency and what was the cause of these problems and what steps should be taken. And they combined it all in the form of a manual but in the way—majority of the reports have been—the manual has presented should we say the administrative viewpoint of what they consider their problems, what they feel are the major issues facing them and then the Task Force summarises their recommendations, observations in a public letterhead form. Mr. Langley: Could we arrive at a report in some such manner as this. If we agree as a group as to what areas of interest we would like to express our reactions upon and then have that go around in round robin form; have each one fill it in—in those areas of interest and then you or someone common compile it into a report? Mr. LaVelle: That could be done. In other words each member would write down their ideas or suggestions— Mr. Langley : We should not go off on tangents in all different directions. Perhaps no two of us will be

thinking of the same things. If we agreed on certain areas of interest and concern here and then on a form or just on plain paper confine ourselves to impressions in those areas so that we have some degree of—

Dr. Engberg: I'm wondering too if this might be fitted into an overall picture of the institutional services for mentally retarded. For instance, Cambridge, Faribault and Brainerd, though Brainerd is just in section in its total program now, but those three institutions apparently are going to be pretty much the same in the type of services that they will carry. Owatonna will be a specialized service for a strictly school program for educable. Then there is the annex for Defective Delinquents in St. Cloud which is a temporary program now so far as legislation is concerned—I believe I'm correct in that—but it is one of the things that should la thought—is it to be a permanent program or if that program is discontinued, then where is that program going to be picked up. For instance, the hospital for the mentally ill have the program of their psychopathic personalities especially the sex deviates. There is some talk as to what should be done with that group so that the—for instance, at the Stillwater Prison, these things tie up together. Then there also is the overall program from the standpoint of the department. I presume they are having a Task force too, are they not? Mr. LaVelle: Yes. Dr. Engberg: —on this particular aspect. I think that there should be some way of getting all of these together so that we're thinking in the terms of the total program for mentally retarded, though, of course, our responsibility here as members of this Task Force would be, reference to this particular program. Mr. Langley: But, there isn't as yet any uniform pattern so far as the report is concerned. Mr. LaVelle: Of the Task Forces, no there wasn't actually no standard method of preparing the final report. This was left up to the individual Task Forces to handle as they felt it would best suit their personal opinion.

Mr. Langley: Then the Department of Administration

No, I was thinking of the

Dr. Engberg: Department of Public Welfare, their portion of the—the community aspect—

that is the individuals before they come to the institution, the waiting list, the supervision of those who are returned from the institutional programs to community placements. In other words, I think that it would be desirable if the institutional program could be thought of as a part of the total state program rather than just thinking

in the terms of individual institutions without relationship to the others. For instance, it may be that in one of the institutions at Faribault, Cambridge or Brainerd may be in some particular phase of the work, all patients of that type should be in one—in the one institution. The problems of staffing and the other programs come into the picture. I don't mean that those things could be covered today but thinking in the terms of a program that is going to change. For instance, I think it's one of the matters that I have not mentioned here, but I think one of the important problems that is going to come up ultimate: is going to be this—are we going to get young, severely retarded children—that is the trainable group—are we going to get them. If so, we ought to have small units to take care of that group. That group maybe ought to remain in the community. If they're going stay there, then our needs, our space is going to be different. So that these things tie in together and it depends upon what your total program is as what the special feature should be in the institutional program. Mr. Duncan: Well, Dr. Engberg, perhaps a lot of you got more out of this than I did as to what we were actually supposed to accomplish. As of right now, I'm at a complete loss. Reading over the objectives of which we were supposed to have covered to keep the administration on their toes, as far as I am concerned personally right now, do you agree or do you disagree believing that in any institution or in any administration. there is always room for improvement which in this particular case the administration admits and they're going into a self-survey setup so that they are going to improve it. From the standpoint of the second objective, offer an opportunity for the legislature, legislators, to see the setup, I think that has been accomplished. Number three, public relations, I don't know. I would say this, specifically as far as I'm concerned, what did I gain out of it, what could I say. I could merely say this, that I concur with the administration that you do need probably more aides, in fact that you must have more aides. You'll agree that these building programs is a long-range one but it should be—that we should begin on it and get it going. Number three that your nursing staff is way below what you actually should have in order to accomplish the type of work which they can and should be able to do, Probably outside help for them and increased salaries to draw more nurses into the field of psychiatric hospital work. But I don't know. I mean if that's it, then that's what I've learned. We've listened to a lot of complaints, we've listened to things that I don't think we should have listened to, with all due respect to some of the rest of you, I'm little on

the fence as to what we can actually recommend and say that we justifiably can say that this is it unless it be those things that I mentioned. Mr. Van Kirk: My impression I think would be this. Understand it's my own. Mr. Duncan: I spoke mine, don't

Rev. Van Kirk: I would feel so incompetent to write anything- evaluation. I would like an evaluation of the School and Hospital's problems by somebody from the staff which we looked at and concurred with or not according to the observation of things that we did see here. Then to write the things that where we might vary from the report, already having been written by somebody from the staff or by Mr. LaVelle's office. Now there are impressions that I have and perhaps these would come together, I have, I think, this impression for one thing. I'm not sure that the institution is doing as well as it could. At this point and with limited staff, I realize the problem here. Public relations with its importance, I'm not sure that all is being done that can be done in explanation to them so that they understand the importance and the significance of the decisions that are made. Then another thing I would like to be—these are things that came, these are values that came out of the discussion—I would like to be assured a little bit further on something that came out of Mr. Greene's testimony. That all is being done that can be done. I'd like to assure the public inasmuch as these questions did get the newspapers, did get the public press, etc. I would like to for the public to be assured that all is being done that can be done toward the integration of any patient who might be back into the community. Now I think I'm satisfied at that point but I do admit that I failed when a comment was made here last time in asking when it's so easily thrown out, I didn't pick up. They said, well, here's 25 patients which could be integrated into the community, I'm very sorry that I didn't say why, would you name two or three. And then ask for the folders on these two or three supposedly could be integrated and actually look at those folders, look at the patient and hear the report of the psychologist on this. I wish I had. We're coming to conclusion by study it would have helped me a little bit. Now maybe we ought to — and we may have done it when I wasn't here because there's been several times when I wasn't there. Maybe we should just—I know we did that with one, I think, at the first meeting that we had. Maybe we ought to just at random pick out a couple and say now could this person actually be integrated back into the community. Then the other

thing. These are impressions that I would get from—if I read a report from somebody by the staff. The other thing is I would like so heartily to be able to concur at something,

It seems to me to be so true, that with further nursing help and with further assistance on the part of people on

be drawn out from these patients themselves in their own self-help in the various dormitories. Now that costs money but I'm not sure that in the long run it might cost less. And as you transfer the patients who are able to assist in the dormitories off to other places and you get in people who haven't been trained at all, haven't been taught how to do these things, I can see that the problem becomes just almost insurmountable. I don't see how you can care for the patients when you transfer those who have learned how to do things away from here. Dr. Engberg: I might now we—I had felt that if the questions were raised here about some of these patients who might go out, I felt then it was proper for us to give the information. I haven't wanted to appear to be in the position that we were trying to defend ourselves. Rev. Van Kirk: No. I understand. Dr. Engberg: Now this one patient that there was a great deal of discussion about was ____. We have conferences with the Hennepin County Welfare Board three or four times a year. ____ was brought up for discussion at this last time and they told us very definitely they cannot place her at present. When they come again they will have studied to see what can be done, but they—right now they can't. I think that the thing that has to be remembered is this. These patients do not come here because I admit them nor do they leave because I discharge them. We discharge them but it's only after plans have been made that are acceptable in the community and that we feel are safe plans for the individual. Well, sometimes that's extremely difficult to accomplish. There was also the mention of this patient that had very much higher I.Q. Well that person is an arrested tuberculous patient, she's a severe epileptic. Well, you can see that here even though she's no problem to us here, you can't fit her into a community unless they have very special arrangements made. The other boy that is mentioned is an epileptic and committed as an epileptic. Well, it doesn't matter whether his I.Q. is 40 or 110 or 140 if he is having attacks or if he is having the equivalent in the way of abnormal behavior and that's essentially what his problem is. He simply cannot go back. But those are the things that can only come out as a result of the

discussion of these cases. Now these three cases were mentioned and today I know that not any one of those three can go out. Now that doesn't mean that sometime in the future it may not be possible. But right now it cannot be. With the one, I think that it's going to be possible after a period of time. But a person can realize that the local welfare board is going to be pretty careful about accepting a patient who's already had three illegitimate children. They're going to feel that they have to have a pretty good program and pretty good supervision before she can return to them. So that, I think the point that was made by _____ was badly-just what the I.Q. is that determines how they can get along. Well, we know that in our everyday relationships that there are certain people who are very much brighter than others and who are not getting along at all. So that it's true even within what we call the normal range. I think that one of the problems that's the reason the institutional program is only a part of your problem of your—of solution of the problem of the mentally retarded. Your local welfare boards, I feel, have got to be sufficiently staffed so they've got the time to go out and see where placements can be made and to give the supervision after the individual leaves here. So that it isn't only a problem of our staffing; it's a problem of the staffing in the local welfare board so that they can do the part of the job and if they and we together are functioning, we'll have the optimum situation existing. If they can't do it or if we can't do it, the program is going to lag, and it doesn't matter how good it is at one spot and if it is not acceptable in the other spot, your program is going to be a weak one because of that fact. Rev. Van Kirk; I concur with your comment on that so completely. I would be thinking of that especially when I read, _____ the newspaper reports but the report that came back, we saw in the papers concerning St. Peter and as I read that I thought how much better off we are here in what we're trying to do here than they are with what they're trying to do there, Dr. Bngberg: I think now this matter of the information through the staff. Certainly, we would welcome anything that would eurthe'rT I think that-I honestly feel that there is no institution that has made a greater effort to do that than we. I don't think there is any institution that has the number of conferences IBM* s<i>all groups aciax. all the way along to try to accomplish that. Maybe there is more can be done. If there is, certainly,

we're going to be very, very happy to have those things suggested and to follow them up, Rev. Van Kirk: But the overall picture, I think, is very impressive, very favorable. Mr. Endres: Mr. Chairman, I haven't brought this up before because Senator Wahlstrand's committee on employer-employee relations is making a special study of just the pay scale, the working conditions, fringe benefits and things like that, but I definitely feel that the Council 6 program which is now being studied by Senator Wahlstrand's committee is not a selfish program, we're not going way out on a limb trying to obtain far more than necessary but it is a very adequate program and I would like to recommend that copy of their committee reports be added in with the needs of the institution here. It goes along with this brochure that was presented by the nurses today. I realize that all of our people are underpaid, we're understaffed. The findings of this committee to coincide with what our findings here would certainly in my estimation be very, very good material to add in with our brochure to be adopted with it. There are many points for discussion that are now under advisement and from what I understand from the reports that the last Council 6 meeting Saturday, the members, senate and representative members that were on the Senator Wahlstrand's committee were quite amazed at the—they didn't realize the amount of work that was being done at the low wage and they were quite amazed at some of the things that are being done at the State of Minnesota at such a low cost, I don't have one of the lists. I think it's a sixteen point program the Council has adopted for all state employees. It fits right in with this—with the nurses plan here, it fits in with what we feel that is vitally important and I'd like to recommend that we get a hold of one of those copies and add that right in with our report because that would tend to give more incentive for people to come to work here. Also possibly higher class of people when the wages are up, the fringe benefits are up, that we could get people easier in the higher classifications—your nursing, your other classifications too. Our program is not limited to just the working people. This is an overall picture for all employees. In fact, for the benefit of the legislators here, the insurance bill that we are submitting includes the senators and the representatives and we included them in it, they are state employees too, hoping that we would get this through. It has its benefits and we feel it's an improvement as far working conditions

are concerned. Mr. Kucera: You think they're going to vote for it simply because they're included in it. Mr. Endres: Well, we hope that will help a little bit, sir.

Mr. McGuire: I might say that I oppose the inclusion of state legislators in the retirement program for that very reason. I don't think we should be deciding our own or putting the fate of the state employees retirement on the basis of what the legislators may feel they want for their own retirement program. Mr. Endres: We feel that you are

state employees like ourselves, you draw your monthly salary—that was changed where you draw a monthly salary—same as we do. We feel that you shouldn't be eliminated from any benefits that we derive and, therefore, we have included that all, we didn't say the senators or representatives, but we said all state employees. That includes the Governor too because he too is a state employee. Dr. Engberg: Well I'm wondering if calling

attention to the—this statement that I had prepared—doesn't paragraph four cover essentially; what you have said instead of referring it to a particular report. I'll just read it.

Salary scales in the professional classifications should be substantially increased to meet the competition of neighboring states. That is we're in competition with Iowa, the other states nearby here, and so that we have to recognize that there is that competition, to meet the competition of the neighboring states in order to attract and hold desirable psychiatrists, graduate nurses, psychologists, occupational and physio-therapists, social workers, co-ordinators of volunteer services, etc. Salaries for teachers should compare favorably with those of teachers in public schools having comparable special certificates. Other salaries—this would include all of the others, Mr. Endres—other salaries should compare favorably with those doing similar work in the local community and be revised as frequently as necessary to effect this standard of pay in order to assist in attracting and keeping good personnel throughout the institution. Now that's not referring to a specific program but it is calling attention to this matter and then any of those special reports that are made by Mr. Wahlstrand's committee, of course, would come up for consideration but we're indicating here what the problem is and the fact that we feel that there is a need here for careful study of that particular field of compensation,

Mr. Duncan: Well, Mr. Endres, did you make that in the form of a motion? If you did or if you hope to, I personally would be quite strongly against it, not that I don't feel that there isn't a need there. It is mentioned here but I don't believe we have a

right to include some other commission's report of which we know so little. As you suggested, you said something these would become reasons why you would be against it. We certainly have—there m

might disagree with it wholeheartedly. I would hesitate very, very long before I would ask to include some other report of which we haven't had time to study. Mr. Kucera: Mr. Chairman, I would suggest and I will put it in the form of a motion that as long as we have all these reports including the original report from Dr. Engberg on the Task Force work manual, and then we have the material that we got today from the nurses and then the two, at least two other reports from Dr. Engberg, and the report from the Minnesota Association for Retarded Children that Tom's office will go thru that and work up a report from all those reports including the transcript which you have and then you can—when you want to write it out to the essential elements, then you can pass that around on a round robin to all members of the Task Force and they can make their additional comments or suggestions and then you recompile it again. Mr. LaVelle; Well, there's been a motion made. Dr. EngbergJ I'll second the motion. Mr. McGuire: You think it might be well after that's been done to have another meeting of this committee to agree on the final report. Perhaps rather than put all the work on Tom's shoulders if he could start the ball rolling with a rough draft/^{report} and circulate it to us for our comments, suggestions, or remarks. Then with that information distributed to everyone, perhaps we could meet again and decide on ^{final.} If you'll ^{final.} Dr. Engberg: If you'll accept that as an a m e n d m e n t , I'll second the amendment. Mr. LaVelle: Well, actually we haven't worded it as motion, have we? Dr. Engberg: Well, I thought we'd save the time by having the amendment to it, that- Mr. LaVelle: We haven't got a vote on the amendment first. All in favor of the motion— Mr. Langley: Just a moment, I have just this to say about the suggestion Mr. Kucera's made. He's incorporating in that motion material which isn't an outgrowth of this committee's work. It's something that's been handed to us so that isn't our report. Mr. LaVelle: No, but possibly, I think in one area at least the report of the Minnesota Association for Retarded Children touched on one of the items that have been discussed by us and I'm not certain—there may be others in there too. Mr. Kucera: I didn't mean that they should all be automatically included, that we should

take from it the stuff that we feel that we want to agree with, the report of the Minnesota Association for Retarded Children, that's an excellent report there, that has a lot of things that I personally agree with, few of us of this committee also touched on and to that extent it would be useful ⁱⁿ preparing the report, not that we should incorporate the whole thing

Mr. Duncan: Well, I think that you suggested that this be a rough draft on which we would have a later meeting on to draft a final proposal. Mr. Kucera; Yes. Mr. McGuire; The trouble is we have to have some place to start, something to kind of guide our thinking. in final decisions, We spent the last half hour here—we've just been jumping back and forth. I think that if Tom or someone in his office would be willing to enable--to get us started on it *and* then perhaps through correspondence and stimulating our thinking between now and the time we would have another meeting, we could get a final report ^{without too much difficulty} at that time. Mr. LaVelle; I think one of the advantages of this—I don't want to appear negative—there are advantages to this and this is something that we did at the School for the Deaf, and seeing it written out in black and white, it's much easier to work from that than just in more or less of a round table discussion let's comment- let's make a recommendation on this particular item so we make a recommendation. If you ^{it} see/in black and white and somehow it doesn't quite fill the bill, this wasn't really quite what we had in mind. It's either too far or not quite far enough. It doesn't really pinpoint it. So it does have the advantage of having rough draft of something- I mean you throw it out the window afterwards but at least it starts picking out certain areas. We always run into problems of language, words and various things in different individuals.

Rev. Van Kirk: I think the biggest impact of the studies so far as I'm concerned is- I've mentioned other things along the way-is a long-term, necessary, consistent labor which, has been necessary, needed, to inform people, to ^{acquaint them with} the program, and develop) this fort whereby this institution is established and running with so great an effectiveness. it would take hours, days, months, years to accomplish.

Mr. LaVelle: We did have a motion made and seconded. All in favor?

Mr. LaVelle: Opposed? The motion has been made and seconded. I write a rough draft.

Rather than set a specific time for the next meeting, right now it's a little bit hectic at the office, I will wait until I get the rough draft prepared and then at the time I mail it