

FARIBAULT STATE SCHOOL AND HOSPITAL  
Governor's Bus Tour  
March 11, 1964

Faribault State School and Hospital is the oldest and largest of Minnesota's institutions for the mentally retarded, with nearly 3,000 residents. It was founded in 1879 as an experimental department in the Minnesota School for the Deaf and established as a separate unit in 1881. The institution was initially devoted to the education, training, and social rehabilitation of the mildly retarded, but soon absorbed increasing numbers of moderately and severely retarded individuals and many having diverse physical and mental problems. A "colony" for epileptics was also established as the numbers of such individuals increased. Overcrowding in the institution and long waiting periods for institutional space were constant problems.

Faribault was nationally renowned, however, for its institutional program, directed by Dr. A. C. Rogers, and for its research program, directed by Dr. Fred Kuhlmann. The former, though an advocate of "wise and kindly segregation" for the retarded, developed a host of institutional programs that were far in advance of their times. Dr. Kuhlmann is recognized as one of the pioneers in the development of intelligence tests; his studies of Faribault residents yielded important basic information regarding the growth of intelligence in the mentally retarded.

The three decades following the death of Dr. Rogers in 1917 saw a steady decline in the institution's position of leadership. Continued overcrowding and understaffing, public disinterest intensified by years of depression and war, and the prevailing philosophy of "protective custody" for the retarded produced little incentive to develop new approaches and techniques toward training and rehabilitation. When, in 1945, the Owatonna State School was converted into a specialized facility for educable retarded children, large numbers of Faribault children were transferred there. Although Minnesota's total program for the mentally retarded benefitted with the addition of this program, the heart of Faribault's then-existing program seemed to have been removed.

From that low point, recent years have seen vast changes in the institution. During and following the administration of Gov. Youngdahl many new facilities and programs were begun. In the 1950's a program to replace old, hazardous, inefficient buildings was inaugurated. One of the most successful products of this building program is Rogers Memorial Center, in which many of the active training and rehabilitation programs take place. Scheduled for occupancy this spring is Linden building, a dormitory for male residents that will replace several "turn-of-the century" residences. Plans are now being drawn for a new central kitchen and improved food service, for which an appropriation of \$1,600,000 was made by the 1963 Legislature.

The development of active local and state Associations for Retarded Children has greatly influenced the present direction of the institution's program, as has the recently developed emphasis on community responsibility and programs for the retarded. A program for utilizing volunteer services has yielded vast benefits in increased activity for residents and in public regard for the retarded as individuals with needs common to all people. Increased legislative interest and support has greatly improved living conditions for the residents and has provided gradual increases in staffing.

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Faribault

Changes in the resident population, in community programs, in treatment resources, and in public interest have all affected the institution's program. There has been a long-term trend to admit increased numbers of severely retarded, multiply-handicapped patients who require considerable medical and nursing care. There are fewer mildly retarded, due to their lower admission rate, increased discharges, and transfers to other institutions. The more intelligent residents today generally present greater problems than in former years through having one or more additional disabilities, such as psychosis, emotional problems, epilepsy, or chronic physical disorders. Medical, psychiatric, rehabilitation and special school programs have been developed to meet the needs of this diversified population.

In actively seeking improved methods of rehabilitating its residents physically, emotionally, and socially, the institution has inaugurated or extended many programs in the past few years, including:

- a "patient privilege" system which extends varying degrees of freedom to residents and encourages development of responsibility; this has resulted in increased numbers visiting in the local community;
  - a volunteer program bringing service, personal friendship, and good will from a great many individuals and groups;
  - patient councils which insure residents a voice in the total living and treatment programs;
  - programs of group therapy and remotivation to foster emotional well-being and reduce dependency;
  - schooling for more than 200 trainable children;
  - an orientation program for all employees, in addition to the intensive training of new psychiatric aides;
  - the use of consultants in most medical specialties, including plastic and orthopedic surgery;
  - basic and applied research;
  - use of community resources for vocational rehabilitation.
- Some of these programs will be demonstrated today.

Despite many gains, there are still some major problems remaining:

a. Overdependency on resident labor to provide essential maintenance and patient care services. We believe that patients able to do so should work, that indeed they have a right to the training and sense of worth that a work program can provide, but we feel that the welfare of neither workers nor recipients of intensive care is best served by the proportion of patient care that other patients must give. With increased numbers needing intensive care, with higher standards set for ourselves to promote patient welfare and development, but with fewer capable residents to assist in giving that care, we do not have the staff resources to adequately meet the needs of our residents.

b. Individualizing treatment for 3,000 residents. Our major objective is to provide the type of care, treatment, training, and rehabilitation best suited to the needs of each individual. This requires intensive and extensive study of each resident, highly-developed communications, and the availability of a great variety of treatment skills. The very size of the institution, its staffing (not only of professional and nursing personnel, but in such vital areas as clerical, housekeeping, and maintenance services), and its physical facilities limit our ability to attain this goal, although much has been accomplished with the resources at hand. We would prefer, however, to be leaders,

rather than followers, in developing concepts and programs for the retarded.

c. Attracting and keeping professional and sub-professional personnel with skills that can contribute to the development of our residents.

d. Keeping pace with the changing concepts of institutional and community care for the retarded, adjusting our admission, treatment, and discharge concepts to the realities of available resources. We are concerned with such questions as: Where are trainable children to receive their education? To what extent should the institution provide vocational training or rely on other resources? To what extent should we provide a "vocational career" within the institution, and for whom? What constitutes a decent community-living plan for a retarded person? When does a retarded person need institutional care?

Faribault State School and Hospital does not exist in a vacuum. It was created to serve a set of purposes - purposes which are undergoing re-evaluation and re-definition. It will provide the type and quality of service that the people of Minnesota determine, and it will advise the people of its achievements and changing needs as they develop.

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 Governor's Bus Tour  
 March 11, 1964

We are pleased to receive Governor Karl Rolvaag and his party here today and hope they will enjoy our demonstrations.

In order to give our distinguished visitors the largest possible overview of our program in the brief time available, we have arranged to have the party divided into four groups, each group to see and (we hope) participate in three different activities in Rogers Memorial Center. The schedule is as follows:

2:30 Bus arrives - Greeting by Dr. Engberg  
 2:45 Activity demonstrations  
 3:45 Presentation by Owatonna State School, Mr. Henderson  
 4:15 Coffee, discussion

<u>GROUP I (Guides: Mr. Hormel, Mr. Roach)</u>	<u>Area</u>	<u>Staff Members</u>
Sioux Cottage Patient Council	Canteen	Mrs. Wangsness
Craft Classes	Craft Area	
Activities of Daily Living		Mrs. Good
General Crafts		Mrs. Sterling
Sewing		Mrs. Svieven
Woodworking		Mr. Johnson
Hospital Nursery	Hospital	Dr. Smith
Research Laboratory		Dr. Bruhl
<u>GROUP II (Guides: Rev. Nelson, Mrs. Stabbert)</u>		
Music Therapy for Blind Children	Music Room	Miss Hoem
Bible Study Class	Room 100	Rev. Streufert
Ivy Cottage Group Work	Canteen	Mrs. Casey
<u>GROUP III (Guides: Mrs. Kading, Dr. Koh)</u>		
School		Mr. Knack, Dr. Santos
Class for Deaf Children	Room 107	Mrs. Petersen
Pre-Kindergarten	Room 110	Mrs. Mahoney
Hickory Cottage Remotivation Group	Cafeteria	Mr. Meyers, Mr. Thomas
Industrial Therapy	Shrimp Room	Mr. Welsandt
Off Campus Privileges	Shrimp Room	Mrs. Healey
<u>GROUP IV (Guides: Mr. Madow, Miss Perkins)</u>		
Iris Cottage Volunteer Service	Shrimp Room	Mrs. Stowe
Recreational Activities	Auditorium	Mr. Kroska
Play Party Games		Mr. Lowe
Wheel chair Activities		Mr. Parkos
Square Dancing		Miss Hoffmann
Music Activities	Music Room	Miss Hoem
Mixed Chorus, Harmonica Band		
Dance Band		Mrs. Lockner (Volunteer)

## Thumbnail Description of Programs Demonstrated

Cottage Group Work involves small groups of residents in personal development projects, such as feeding themselves, care of clothing, sewing, decorations, etc.

Dance band - this group plays for patient dances and parties, in addition to their many public appearances.

Handicrafts offer opportunities to develop leisure time skills and to have physically or emotionally therapeutic experiences.

Harmonica band - several men who amused themselves by playing the harmonica were recently organized into a group and enjoy the experience of playing together.

Hospital Nursery demonstrates the quality and amount of care given to severely retarded, physically handicapped children.

Industrial therapy provides opportunities for residents to work and learn in institutional industries as a step toward adult usefulness, whether in institutional or community living. Two residents will discuss their job training experiences.

Iris Cottage Program - From self-government these women decided to provide voluntary services to more handicapped residents.

Mixed chorus - a group of 40 to 50 adults who have a special interest in music sing two- and three-part songs. The chorus has made numerous public appearances.

Music therapy - seven blind children, who are also emotionally disturbed, engage in rhythm activities, singing, and listening to encourage their social participation.

Recreational activities for severely retarded children and adults, for non-ambulant residents, and for the mildly retarded will be demonstrated.

Remotivation encourages interest in the world among residents who require special stimulation. A small group meets for an hour to discuss any topic that may be of interest (e.g., cars, farms, animals, sports, food, etc.). Each member of the group is encouraged to participate.

School - classes for "trainable" and multiply-handicapped "educable" children of school age (5 to 18). Of 250 enrolled, approximately 80% are trainable and are taught self-care, communication and social skills, and useful activities. A class for deaf retardates and a pre-kindergarten class for severely retarded youngsters are included in the program.

FACTS ABOUT FARIBAULT STATE SCHOOL AND HOSPITAL

POPULATION

The Faribault admission district consists of thirty-six counties in Southern Minnesota, including Hennepin County.

Number of Residents, March 1, 1964	2,963
Number of Admissions, July 1, 1962 - June 30, 1963	168
Number Discharged, July 1, 1962 - June 30, 1963	80
Number Transferred " " " " " "	130
Number Expired	59

Resident Population Characteristics June 30, 1962

Age	%	Mental Status	%	Ambulation	%
Under 10	6	Severely Retarded	30	Ambulant	80
10-19	21	Moderately Retarded	50	Partially Amb.	6
20-39	36	Mildly Retarded	20	Wheel Chair	2
40 and over	37			Bed Fast	12

PERSONNEL

Administrative	3	Psychology Dept.	3	Chaplaincy Services	2
Medical Service		Nursing Service		Volunteer Services	1
Physicians	7	Nurses	28	Library	1
Consultants	(10)	Psychiatric Aides	430	Dietary Service	58
Medical Records	11	School Department	13	Housekeeping	39
Laboratory	3	Rehab. Therapies		Business & Clerical	25
Pharmacy	1	Recreation	11	Personnel & Training	3
Dental Department		Handicrafts	3	Engineering & Maint.	44
Dentists	3	Industrial Therapy	1	Transp. & Grounds	14
Dental Assistants	3	Music Therapy	1	Farm and Dairy	15
Social Services	6	Barbering and	4	Laundry	25
		Cosmetology			

BUILDINGS AND CAMPUS

Residents live in thirty-two cottages, the largest housing 204. A 10-year program for replacement of older buildings (dating as far back as 1894) has been submitted to the Legislative Building Commission. The institution also includes administration, activities, hospital, and service buildings; a central kitchen and bakery; a modern laundry serving the Owatonna State School, Minnesota School for the Deaf, and Minnesota Braille and Sight Saving School, as well as this institution; power plant, industrial shops, greenhouse; farm buildings; and staff residences. The institution has 1,139 acres of land, of which 722 acres are tillable and 120 acres devoted to campus area.

BUDGET

	<u>1963 - 64</u>		<u>1964 - 65</u>
Current Expense	\$1,157,665	Current Expense	1,155,694
Salaries	3,709,840	Salaries	3,791,403
Repairs and Replacements	47,500	Repairs and Replacements	47,500
Special Equipment	39,187	Special Equipment	-----

Approved Complement      766