

Excerpts from Minutes *

LEGISLATIVE BUILDING COMMISSION
203 State Capitol
Saint Paul, Minnesota 55101

November 17-18-19, 1965

Moose Lake State Hospital
Cambridge State School and Hospital

Lake Owasso Children's Home
Anoka State Hospital

MOOSE LAKE STATE HOSPITAL

The meeting was reconvened by Chairman Popp at 1:30 p.m. at Moose Lake State Hospital.

Present in addition to Commission members and staff were: William E. Stevenson, Assistant Commissioner of Administration; Paul Cummings, Assistant State Architect; Max Fowler, Assistant State Architect; Morris Hursh, Commissioner, Department of Public Welfare; from Moose Lake State Hospital: Donald C. Mills, Administrator; Lawrence R. Cotton, Business Manager; Dr. Keith Larson, Acting Medical Director; M. Anderson, Volunteer Coordinator; Victor Voelker, Chief Power Plant Engineer; and Orlo Hankes, Building Foreman.

Also presents C.L. Folz, Mayor of Moose Lake; Wesley B. Hamlin, Chairman, Moose Lake Planning Commission; Jerry Walsh, Executive Director, Minnesota Association for Retarded Children; Sheldon R. Schneider, Program Analyst, Minnesota Association for Retarded Children; Mrs. Bill McCrady, Duluth Association for Retarded Children; Senator Norman Hanson; Representative Joe Gimpl; and Maurice Hobbs, Minneapolis Star.

Brochures presented to the members are on file in the office of the Commission.

Mr. Mills presented a brief history of the hospital and its function. Details of this presentation will be found in the brochure. Mr. Mills then presented the requests for the next biennium.

The requests for Moose Lake State Hospital for 1967 are as follows:

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|--|-----------|
| 1. Patient Activity Center | \$400,000 |
| 2. Remodel and re-equip kitchen areas of Cottages
1, 2, 3, 4, 8, 10 | 90,000 |

* Duplicated by: Minnesota ARC
6315 Penn Avenue
Minneapolis, Minn. 55423

November 17, 1965

Moose Lake State Hospital

SCHUMANN: You state that your rated bed capacity established by the state board of health using 1955 regulations is 940, and that a recent review of this rating using standards for intensive treatment reduces the capacity to 708. What are your predictions on population trends?

MILLS: My prediction was that there would be a downward trend. However, there has been a slight increase; this morning the population was 878. One of the reasons for this is the increase in inebriate patients. At this time we can't make any definite projections; I would say that the population would remain fairly constant, or that there might be a small downward trend.

POPP: How many of your patients were transferred here from Ah-Gwah-Ching?

MILLS: About eighty.

POPP: How many of your patients have been transferred to local nursing homes?

MILLS: About 38 per cent of the decrease has been in patients over 65, and presumably many of these patients went to nursing homes.

BARR: What is the average patient age here?

COTTON: The median age is 59.5. The percentage of patients over 65 is 38 per cent.

BARR: I was wondering about this in regard to your request for a new activities building. Do you anticipate that this building will be used primarily by a certain age group?

MILLS: It would be used by all the patients except the geriatrics. These patients are housed in cottages 8 and 10 and are, for the most part, cared for totally in that area. There will be a request in two years for an activity area for these patients.

KIRCHNER: Do you foresee any early transfer of those patients over 65 to nursing homes?

MILLS: We have just formed a complete treatment team - a physician, a social worker, a psychologist, and two rehabilitation workers - to work exclusively with geriatric patients. We hope that this will result in increased discharges for patients over 65. However, the controlling factor must be the availability of resources to handle these patients in our northeastern Minnesota area.

BARR: Do you have any comparative cost figures for these nursing home beds?

HURSH: The state rate is figured on the average of all seven institutions. It is about \$225 a month. I would say that the nursing homes in this area would charge a little less than \$225, but in addition to this fee the patient must pay for his doctor, medicines, clothes - all those things which are included in our rate.

November 18, 1965

Cambridge State School & Hospital

CAMBRIDGE STATE SCHOOL AND HOSPITAL

The meeting was reconvened by Chairman Popp at 2:30 p.m. at Cambridge State School and Hospital.

Present in addition to Commission members and staff were: from the Department of Administration: William E. Stevenson, Assistant Commissioner of Administration; Paul Cummings, Assistant State Architect; Max Fowler, Assistant State Architect; from the Department of Public Welfare: Morris Hursh, Commissioner; Ove Wangensteen, Assistant Commissioner; Dr. David Wail, Director, Division of Medical Services; Dr. Richard Bartman, Director, Children's Mental Health Services; from Cambridge State School and Hospital: John Stocking, Administrator; Norbert K. Johnson, Business Manager; Dr. Galen Adkins, Medical Director; Dr. M. O. Elvekrog, Chief Psychologist; Alan D. Beck, Director, Rehabilitation Therapies; Myrtle Kreis, Assistant Nursing Director; Maureen Whalin, Chief Dietitian; Arthur Jackson, Chief Engineer; and Roland Palmer, Acting Building Foreman.

Also present were: Donald E. Sundberg, President, Civic and Commerce Association; Senator Howard Nelson; Representative R. C. Becklin; Jerry Walsh, Executive Director, Minnesota Association for Retarded Children; Mrs. David Donnelly, Saint Paul Association for Retarded Children; and Maurice Hobbs, Minneapolis Star.

Brochures presented to the members are on file in the office of the Commission.

ADKINS: Minnesota is in an exciting transition period in the field of mental retardation. We are emerging from group custody into treatment of the individual. We are moving along very well, but we need help—people, methods or programs, and space. Today we will present our proposal relative to the increase in space.

Dr. Adkins then gave some information as to what Minnesota is doing in the field of mental retardation. Details will be found in the brochure,

Mr. Stocking then presented the requests for the next biennium. The requests for Cambridge State School and Hospital for 1967 are as follows:

- | | |
|--|----------------|
| 1. Total Rehabilitation and Remodeling of Cottages
4, 5, 6, and 7 (\$265,000 per cottage) | \$1,060,000.00 |
| 2. General repair and improvements of other
buildings and grounds | No estimate |
| 3. Construct addition to main food preparations
area and employees dining room, to include
equipment | No estimate |
| 4. Construct new warehouse | \$ 425,000.00 |

November 18, 1965

Cambridge State School and Hospital

HEUER: How did you derive the figure given for item I in your requests?

STOCKING: This figure was prepared by the state architect's office.

CUMMINGS: This figure is an educated guess derived from our experience at Willmar where we have had cottage remodeling which did not involve any substantial change in floor plans. We will have to study this further, however.

SCHUMANN: What is the present patient capacity of one of these cottages?

STOCKING: About 85.

SCHUMANN: What will the capacity be after remodeling?

STOCKINGS: We hope to have about 60 patients in these cottages. This would mean that we would have approximately 15 patients in each of four nursing units.

BARR: I see that the 1965 Legislature granted an appropriation of \$200,000 to rehabilitate and equip cottages and other buildings, and you state in your brochure that this work is now being done. Is this the same as your request for rehabilitation of cottages 4, 5, 6 and 7?

STOCKING: I think that perhaps the terminology is a little confusing here. The \$200,000 which was appropriated was used for general repairs and remodeling for all of the hospital buildings.

BARR: Is your proposed remodeling in line with the proposals for dealing with mental retardation mentioned earlier?

STOCKING: Yes, it is.

SCHUMANN: You state in your first request that you "presently have a large population of severely retarded, brain damaged, and hyperactive youngsters. Do you anticipate that you will continue to have these patients in the future?

ADKINS: Yes, we do. Our considered judgment is the alterations such as those we are proposing will allow us to implement the program that has been suggested by Dr. Bartman on a long-range basis. We will not only be able to handle the severely retarded, but we will also be able to handle less-severely retarded children.

VAIL: The design of these buildings is based on the concept of flexibility in programming for specific groups of individual patients.

POPP: Does this remodeling meet with the approval of the Department of Public Welfare?

VAIL: Yes, it certainly does. They have worked very closely with Dr. Bartman for several months,

KIRCHNER: What might this plan do to personnel requirements?

November 18, 1965

Cambridge State School and Hospital

VAIL: I think it would require more staff members to handle the job properly.

OLSON: I notice in your 1965 requests that you asked for a new rehabilitation center. This request was not granted and it does not appear in your requests for this biennium. Is this program we are talking about intended to replace this request?

STOCKING: There is still a need for a rehabilitation center. However, the need for facilities to take care of these severely retarded youngsters and adults is even greater. We are not discounting the need for this center, but we feel that the emphasis should be put on taking care of the severely retarded, hyperactive patients.

OLSON: I notice that the request does not appear in your ten-year program. If this was urgent when you first requested it, I am wondering why it does not appear in this program.

STOCKING: The original request was made in 1959 after an architectural survey made by a private firm. It was their feeling at that time that there was a need for a rehabilitation center. Perhaps there was. We still have a large number of patients who could receive help from such a center. However, we have established some of the functions which would be carried on in the center in other locations. For example, the school is located in the basement of this building. The number of patients that we have who are classified as educable has dropped over the past few years; so, with this in mind, there is a lesser need for sophisticated classroom space.

BECK: Years ago the level of those who came to our school was a lot higher than it is now--we had patients who were functioning at seventh, eighth, and ninth grade levels. Today the average level of our school population is about the second half of the third grade--regardless of the age factor. Our classrooms are still inadequate even though we have done some remodeling. Our other rehabilitation programs have been spread throughout the hospital. There are certain facets of all of these programs that can well be contained in a centralized area. However, we must also provide these programs for those who cannot come to a centralized area. We feel that the proposal which we have presented to you today has a higher priority than a rehabilitation center.

OLSON: Referring to your population statistics on page 2 of your brochure--what caused the sudden jump in admissions between 1963 and 1964? Was this because of transfers from other institutions?

ADKINS: I don't recall this information right now, but we will get it for you.

BARR: How many employees were designated for Cambridge by the last session of the Legislature and how many of these have you been able to hire?

STOCKING: We were granted 80 new employees by the last session of the Legislature--50 nursing positions, 25 custodial positions, and 5 other positions. We have hired a total of 58 new employees; but we have had 42 resignations during this time, so the net number of new nursing personnel hired is 16. We can hire only one-fourth of the authorized personnel during each quarter.

November 18, 1965

Cambridge State School and Hospital

KIRCHNER: Do you think that you will need even more personnel than the 80 employees granted by the 1965 Legislature in order to handle your new program?

STOCKING: We did not receive the full complement of personnel that we requested from the last session of the Legislature, so we will be asking for more staff members at the next session,

KIRCHNER: I can't quite understand how this new program will add to the complement of personnel when you are centralizing the observation points.

STOCKING: In each cottage at the present time we have all of the 85 patients in two day rooms. We have 13 or 14 staff members in each cottage who are required to train, supervise, and sometimes feed these patients. The important point is that these staff members must be spread out over a period of 24 hours a day, 7 days a week. This is just not adequate; we are not able to give good supervision and good training. The location of the present nursing stations is such that it takes the nursing personnel away from the activity area.

BARR: you say that you had 42 resignations during the last quarter. Is this a normal number of resignations? Were these people who resigned nursing personnel?

STOCKING: These people were primarily psychiatric technician trainees who were here for about two or three months.

BARR: Is this a normal turnover in these classes?

STOCKING: I would say that we had a larger turnover than usual this summer.

POPP: Dr. Vail, would you tell us something about your program for transferring the mentally retarded to institutions for the mentally ill?

VAIL: This idea was brought about because of the disparity of the levels of care available and the amount of space which has become available in the mental institutions. Certainly one of the factors would be to relieve overcrowding. An even more important factor is that those in Group 5 (Adult Motivation Program) and Group 6 (Adult Social Achievement Program) can benefit from specific psychiatric programming such as is more readily available in the institutions for the mentally ill.

Our experimental Cambridge-Moose Lake Project has several aims. One is to prove that such a project is feasible and that it will work out. Another would be to see what the effect will be on the institutions involved. We are also interested in studying the feasibility of moving these selected mentally retarded patients directly in on the general psychiatric wards of the mental hospital.

The patients we selected for this experiment are those whose homes are in the northeast area of the state. Part of the idea is to get them closer to their homes. These will all be adults who are able to speak. This is the only criteria which we have for intelligence at the present time. They will also be patients without serious physical disabilities, who have a chance of returning to their homes with specific psychiatric treatment.

November 18, 1966

Cambridge State School and Hospital

BARTMAN: I would just like to add that for many years I have been devoted to the conviction that psychiatry is necessary as part of the treatment of the mentally retarded.

POPP: How long do you think it will be before you can evaluate this experiment?

BARTMAN: I think that in terms of evaluating the staff reaction it will take about six months. In terms of evaluating the extent to which the patients benefit from this program it will take about a year.

POPP: Do you think you will have a good idea of the results by the time the Legislature meets in 1967?

BARTMAN: We will certainly try to.

WALSH: The Minnesota Association for Retarded Children is open to any proposal that will improve the situation for the mentally retarded. We are, of course, anxious that whatever change is made will result in better service to the retarded; this has to be the prime consideration. I am sure that Dr. Yail and Dr. Bartman are also concerned about this.

Although we are talking about placing some of the mentally retarded in institutions for the mentally ill, I think it is important to realize that there are great differences between these two groups. Of course there are some retarded who do need and who can use psychiatric services. I also think that portions of institutions for the mentally ill could be used for the retarded who do not require a great deal of psychiatric care and services.

We are very pleased with the way in which the Department of Public Welfare is approaching this problem. Besides this particular project, we have some ideas for ways in which other state institutions could be used to serve the mentally retarded. Our retarded population is increasing because of medical advances which enable them to live longer, so this is a problem which we will be faced with for many years.

OLSON: Will you have cost estimates for us on items 2 and 3 of your requests?

STOCKED: Yes, the state architect's office is presently working on this.

Mr. Johnson then presented a brief history of the Lake Owasso Children's Home and the requests for the next biennium.

The requests' for the Lake Owasso Children's Home for 1967 are as follows:

Repair and rehabilitation of buildings and grounds	
1. Tuckpoint and repair Taylor Building.	\$5,500.00
2. Raze sewage disposal building and landscape the site to include dirt fill and sodding	2,000.00
Total	\$7,500.00

Chairman Popp thanked Mr. Stocking and Mr. Johnson for their presentations. He then announced that the Commission would hold a short business meeting for the purpose of approving minutes and hearing requests from the Department of Administration.

November 19, 1965

Anoka State Hospital

The meeting was reconvened, by Chairman Popp at 10.30 a.m. on November 19 at Anoka State Hospitals.

Present in addition to Commission members and staff were: from the Department of Administrations: Wm. E. Stevenson, Assistant Commissioner of Administration; Paul Cummings, Assistant State Architect; Max Fowler, Assistant State Architect; Art McGlure, Architect; from the Department of Public Welfare: Ove Wangenstein, Assistant Commissioner; Dr. David Vail, Director, Division of Medical Services; Kent T. Hawkins, Institutions Administration Supervisor; from Anoka State Hospital: Bruce E. Fischer, Administrator; Clifford Nelson, Business Manager; Dr. John A. Docherty, Medical Director; Dr. Gordon Olson, Chief Psychologist; Anne McFarland, Director of Nursing; Tom Crowe, Chief, Rehabilitation Therapies; and Orel Larson, Acting Plant Maintenance Supervisor.

Also present were: Gordon Comb, Consulting Architect; Senator Vernon S, Hoium; Senator Howard Nelson; and Doris Schute, Saint Paul Association for Retarded Children; Pat Rustad and Sheldon R. Schneider.

Brochures presented to the members are on file in the office of the Commission.

Mr. Fischer presented a brief summary of past building accomplishments. Details of this presentation will be found in the brochure.

Mr. Fischer then presented the requests for the next biennium. Requests for Anoka State Hospital for 1967 are as follows:

1. Remodel and Equip Auditorium Building		\$ 100,000
2. Repairs and Remodeling of Miller Building		102,000
3. Demolition of Cottage 5		12,000
4. Demolition of six old small buildings		No cost
5. Road, Parking and Lighting Continuance		57,000
6. Emergency Standby Generator System		30,000
7. General Repairs		45,600
(a) Remodeling in power house	\$20,000	
(b) Water tank safety requirements	1,500	
(c) Tunnel repairs	20,000	
(d) Roof Repairs	1,100	
(e) Warehouse entrance canopy	3,000	
	TOTAL	\$ 346,600

BATTLES: Do you plan to request a new building in conjunction with the request for demolition of Cottage 5?

FISCHER: No, we will not be requesting a new building.

POPP: Why do you intend to put classrooms on the second floor of the Miller building?

DOCHERTY: In the last few years the hospital has seen a tremendous increase in the number of adolescents being admitted. Because of this, we asked to have an adolescent program established. We now have a professional staff to take care of this program and there has been a tremendous improvement in the quality of care that our adolescents receive. Because of this new program, more and

November 19, 1965

Anoka State Hospital

more adolescents are being admitted to the hospital. Today we have a 24-bed unit for male adolescents, and within the next few months we will also have a female adolescent unit. These patients are housed in the Miller building which is the most suitable building for this purpose.

However, there is one problem with our adolescent program - the educational program is very inadequate. As yet, we do not have enough teachers or space for the program. Some of our patients go into Anoka for school, but only small percentage of the patients are fit to participate in a normal educational program in the community. We very badly need educational facilities for them in the hospital. Some of these patients are here for as long as two or three years, and at the moment their education is practically at a standstill.

We feel that upstairs in the Miller building there is some space which could readily be converted into classroom space. I don't think it will take very much money to do this, but it is something which we need very much.

POPP: Is this a new trend which has been developing with these adolescents, or has the problem been with us all the time?

DOCHERTY: I think that to some extent the problem has been with us for a long time, but in recent years we have had many more adolescent patients. This is probably due to the tremendous increase in the birth rate following World War II. Also, our receiving district changed on July 1, 1964. to a primarily urban district. For example, Anoka county's population is very preponderantly adolescent. Our new receiving district is over twice the size of the previous one.

We are getting very good results from our adolescent treatment program, and there has been a tremendous increase in demand.

POPP: We expected a tremendous increase in your population when the receiving district was changed. What has happened to that?

DOCHERTY: I am probably one of the few people who kept predicting that the population would go down in spite of the increased receiving district. Our admission rate has gone up by more than fifty per cent and our discharge rate has gone up similarly. In the last few months our population has leveled off.

The major reduction in population is not in the adult psychiatric population. It is in tuberculosis patients and in geriatric patients. I think that when Medicare becomes operative our geriatric population will decline even further,

I think that the main reason our population has not gone up tremendously is that we have managed to recruit professional staff. When I came here, I was the only psychiatrist on the staff today we have twelve - seven of them full time and five of them part time. I think that by improving the quality of our professional staff we have been able to move our patients out of the hospital faster. I suppose there is a limit to what we can do in this area, but I do not think that we have reached the terminal point yet. I think that our population will continue to decline.

POPP: What percentage of your population is adolescent?

DOCHERTY: I would say that about 50 out of a total population of 784 are adolescent. I am sure that when we complete our female adolescent facility we will have even more.

November 19, 1965

Anoka State Hospital

POPP: Do you actually have vacant beds now?

DOCHERTY: No, today we are overcrowded except in the tuberculosis area. The reason for this is that Cottage 1 had been converted into a rehabilitation center and Cottages 6 and 7 are closed for remodeling.

SCHUMANN: Those who are attending the public schools now would continue to do so, wouldn't they? This new program would just be for those who cannot attend the public schools?

DOCHERTY: Yes. However, the majority of adolescent patients who come here are coming here because of some difficulty they have had fitting into a normal school program.

SCHUMANN: How many do you have in the public schools now?

DOCHERTY: We have eight or nine.

BARR: What did you do with the patients in Cottages 6 and 7 which are now closed?

DOCHERTY: The patients in Cottage 7 were transferred to the female side of the Miller building. To give you an idea of what has been happening to our population--the population of Cottage 7 was originally 110, today it is 46. The patients in Cottage 6 were transferred to the Burns Building.

BARR: How many beds were you able to gain by remodeling the apartments that had been used for staff housing?

DOCHERTY: We didn't use them for beds. What we did was to rearrange the facilities within the cottage. We are using them as small visiting rooms; there was also a kitchen which was turned over for patient use. The philosophy behind this is that it is better to have small units where patients can get together in small groups rather than large dayrooms.

POPP: You stated that you feel that your geriatric population will go down when Medicare becomes operative. About how much of a reduction do you anticipate?

DOCHERTY: At the moment we have about 150 geriatric patients. I really don't think that anyone can say what is going to happen when Medicare comes in; the reason for my statement is that each person over the age of 65 is allowed something like 190 days of psychiatric care during his lifetime under Medicare. Many of our elderly patients coming into the hospital die within 190 days. The reason that they are admitted is that they are deteriorating physically and mentally. I think that many of these patients will go into private hospitals in this area. This area is probably over populated with nursing home beds, and this is one of the reasons we have been able to reduce our geriatric population.

POPP: That will give you more space. What do you plan to do with this space?

DOCHERTY: One of the first things that we will do will be to reduce overcrowding and provide space for treatment area other than just sleeping area.

November 19, 1965

Anoka State Hospital

POPP: By department of public health standards what is the size of Anoka State Hospital?

DOCHERTY: I think it is 802. Our population is 780. However some of that vacant space is in tuberculosis area which can only be used for these patients.

POPP: Dr. Vail, why aren't these T.B. patients at Glen Lake?

VAIL: We are kind of stymied on this. We have some patients who are committed by court order as public health menaces, and they are a very difficult group of patients. They seem to devote most of their time to trying to get out of the hospitals; they present a real security problem. Furthermore, I think there is a legal problem involved here. As I remember, the law states that they must be confined at Anoka State Hospital.

POPP: Where are these patients housed?

VAIL: They are in Cottage 8.

POPP: What would the normal population of this cottage be?

DOCHERTY: By state board of health standards it could hold 78.

POPP: How many T.B. patients do you have there?

DOCHERTY: There are 24. This is the smallest unit that we have available. If we had a 24-bed unit we would have them there.

POPP: I think that someone should get busy on this problem.

VAIL: We would be more than happy to transfer them to Glen Lake. However, there is the legal problem and there is also some question as to whether Glen Lake could handle them without some remodeling.

WANGENSTEEN: I would like to speak to the question of Medicare. We have spent a great deal of time studying the situation lately. I think that we may lose some of these geriatric patients, but there is a limit to the number of days in a nursing home to which a patient is entitled. They also must be under treatment in a hospital first. Therefore, I don't think that Medicare will affect the number of geriatric patients too much.

POPP: Mr. Fischer, I would like to ask you a question about Item 1 in your requests. I see that this building was built in 1917, Are you sure that it would be wise to remodel instead of constructing a new building?

FISCHER: This building has been studied and is essentially a sound building. We think that with the proposed remodeling it will be quite serviceable.

OLSON: What are your plans for the Burns Building?

FISCHER: In the Last biennium we requested an appropriation of \$15,000 to study this building. It is the opinion of the state architect's office that we should not repeat this request, but that we should do this study ourselves with their aid.