DEPARTMENT OF PUBLIC WELFARE

TO:  Dr. Richard E. Dartman  
     Mrs. Frances Ames  
     Dr. Arthur Gallone  
     Dr. Arthur Funke  
     Mrs. Vi Hiltz  
     Mrs. Miriam Karling  
     Mr. Arturo Wrobel  
     Miss Karlia Butler  
     Dr. Galen Adkins, Medical Director  
     Cambridge State School and Hospital  
     Dr. Keith Larson, Acting Medical Director  
     Moose Lake State Hospital  
     Mr. L. Harritt Brown  
     Minnesota Association for Retarded Children  
     Attention: Mr. Gerald Walsh  
     Minnesota Association for Mental Health  
     Attention: Miss Florence Jahnsson  
     Mental Retardation Planning Council  
     Attention: Mr. John Broady  
     Hon. Karl F. Rolvaag, Governor  
     Attention: Mrs. Sally Luther

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

SUBJECT:  MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE  
          September 28, 1965  
          Centennial Building  
          St. Paul, Minnesota

Present:  Dr. David Vail, Chairman  
          Dr. Richard Dartman  
          Dr. Arthur Funke  
          Karlia Butler  
          Naomi Quinmell  
          Dr. Keith Larson, Moose Lake State Hospital  
          Julian Asp  
          Harritt Brown  
          Miriam Karling  
          William Smith  
          Dr. Arthur Gallone  
          Dr. Galen Adkins, Cambridge State School and Hospital  
          Donald Mills, Moose Lake State Hospital  
          Sheldon Schneider (representing Jerry Walsh of MAHC)  
          John Broady

Dr. Vail opened the meeting with a brief presentation related to background for the Cambridge-Moose Lake Project. He pointed out that forces had been moving for some time in the direction of greater cooperative planning between mentally ill and mentally retarded institutions. The mentally ill program had made a break-through, overcrowding was reduced, and community relations
developed. The mental retardation program was behind in staffing, overcrowded in the institutions, behind in the building program, and there was gross disparity between the conditions in the state hospitals and the state schools and hospitals. This became quite apparent on the Governor's bus trip in the contrast between Rochester State Hospital and the Faribault State School and Hospital. In addition the Minnesota Association for Retarded Children was pushing for more space, including consideration of space available in hospitals for the mentally ill.

Issues have been sharpened recently by the Senate Finance Committee on Buildings which had raised questions regarding future use of Hastings State Hospital. In May, at the Mental Health Planning Retreat, there was discussion related to use of hospital space available in hospitals for the mentally ill by mental retardates. A hospital could be redesignated for a different use or wards within hospitals could be designated for mental retardation plus other approaches of using an unclassified approach in which individuals with certain problems or behavior would be served in either hospital.

The Moose Lake State Hospital had been selected for transfer of patients from Cambridge on at least five bases—

1. This hospital was closest to a geographical structure of patient-programming and services.

2. Moose Lake had done well in the last legislative session, receiving 13 new positions.

3. An administrative change had recently taken place.

4. The northeast region was to be used as the site of a regional mental health service organization.

5. Moose Lake was willing and challenged by the problem presented.

On 9-18-65 Dr. Vail had presented the scope of the problem at the Superintendents' meeting in which there was good discussion on integration versus a designation approach. None of the hospitals for the mentally ill objected to the basic thesis.

The problem had been presented to Tank Force and section heads regarding Hastings and related to the time to start the Cambridge-Moose Lake Project. On the Cambridge-Moose Lake Project a deadline of 3-1-68 had been set. Related to Hastings, a separate committee would be set up on this and the hospital would conduct its own study and consider a different set of problems.

The committee structure of the Cambridge-Moose Lake Project committee is as follows:
Dr. David Wall—Coordinator and responsible as chairman

Dr. Richard Barton—Director—responsibilities for selection of patients and for working directly with the staffs of Moose Lake and Cambridge

Frances Ames—Assistant Field Director to act as a general assistant who is to attend all meetings of committees and to be the liaison person between community agencies and voluntary agencies

Dr. Arthur Callan—responsibility on the research aspects with some emphasis on the kinds of stress that could happen at various levels

Dr. Arthur Penke—responsibility for control planning, internal deadlines, and to ride herd on the project

VI. Hills—responsibility for retraining, orientation, particularly of the nursing departments related to behavior and expectations related to mental retardation

Miroslav Keril—responsibility for public information and relationships

Hospital Medical Directors—responsible for the hospital level of operations related to when, who, type of placements, speed of transfer, etc. They would be members of the Operations Subcommittee, together with the administrators of Cambridge and Moose Lake

It was agreed that Field Staff and county welfare departments should be included in the project planning from the very beginning and would be concerned with the role of interpreting to families, modifications related to anxiety, question of permission of the families for transfer and the weight that should be given to the families' wishes.

The hospital professional departments, especially social service and rehabilitation, would be deeply involved.

HARC, MADDI, Mental Retardation Planning Council, and the Governor's Office would be utilized as consultant advisors.

This committee is to be a working party and would function as a task force.

Areas of concern of the committee are:

1. Operations—the actual steps of implementation
2. Training
3. Family-CMD
4. Public information
Each subcommittee is to work independently, set up its own mechanism, provide clear minutes. Mrs. Hase would attend all subcommittee meetings.

Dr. Veil pointed out that this committee's work would have powerful ramifications and that it would have a real impact on the mental health program of Minnesota and undoubtedly internationally. The committee is to avoid the chiblets of The Mentally Ill and The Mentally Retarded or looking upon individuals as two orders of human beings. They are to be considered as equally important.

Other possibilities may come out of committee work such as transferring from Brainerd to Moose Lake should there not be a big enough pool from Cambridge or possibility of Cambridge-Mora, Cambridge-Hastings, or thirdly--another unit to test different approaches.

The decision had been made that the Department should do the study of the Hastings utilization rather than DMA. This would be the Department's responsibility.

John Broady pointed out that the Task Force on Residential Care had recommended that consideration should be given to the use of the state hospitals for care of the retarded. There was no relief in sight for the overcrowding at Faribault and Cambridge. Factors that might be considered in the Cambridge-Moose Lake Study are attitudes of staff, are patients different, attitudes of parents and guardians. The task force had recommended that the Cambridge-Moose Lake committee carefully explore the plan of transferring from Cambridge to Moose Lake, considering questions such as integrating patients or segregating them in separate units. Although transfers have taken place in the past, this has not been done with a program design, on a planned basis, with orientation, with interpretation to community placing agency, and with consideration of attitudes and prejudices.

Dr. Keith Larson of Moose Lake State Hospital stated that their hospital considered this a real challenge. They have an open hospital setting, are fully integrated, and had found that when many of their backward schizophrenics had been placed with better patients, their adjustment had improved. He recommended a slow, gradual basis of transfer since this would be easier on the employees. It was agreed that we would not think of groups beyond four to six at the start to begin with, but later on, progression may go faster.

Dr. Bartman pointed out that more able individuals may have a more beneficial effect on those less able. It may also be important to study when the reverse might be true.

It was suggested that in view of the fact that Moose Lake State Hospital had four psychiatric treatment terms that it might be advisable for four to be transferred at a time, assigning one to each treatment term. At Moose Lake State Hospital, the term set-up is on an alphabetical basis.

There was concurrence that no psychopath, no psychopath, no severely disturbed or anti-social or none with sexual problems would be transferred.
The six programs for the mentally retarded in the state schools and hospitals were presented.

Don Mills spoke of the concept of the Moose Lake State Hospital's being developed as a regional mental health service organization. That hospital would foresee development as the in-patient facility for their region.

The following chart shows programs of each hospital and possible progression between hospitals:

From the six programs for the mentally retarded it would be necessary to get an evaluation of these programs and determine from which programs it would be feasible to transfer patients to Moose Lake State Hospital. Baseline studies at Cambridge would be indicated. On points to study, Cambridge would study staff problems, patient needs, and determine groups to be considered for transfers. At Moose Lake consideration would be given to staff and patient needs.

One problem to be considered would be that an institution may think that these transfers would be a subtle way of downgrading the institution. They may look
upon the transfer as a loss of good working patients. There was also the poss-
ibility that stress might be placed on those patients not being transferred in
that they may not think that they were good enough to be considered for transfer.

At Moose Lake State Hospital there may be stress on the staff and training must
start here. There may also be stress on patients with the new transfers, although
it was anticipated that the stress might be less at the Moose Lake State Hospital
than at Cambridge.

From the transfers and their families there may be stress related to the
nearer to family and relatives.

Creation was relented to whether new admissions would be considered at Moose
Lake State Hospital, but Dr. Vail suggested that we go slowly on this and not
consider any new admissions until the project was well under way.

Dr. Goldey pointed out that this was not purely an experimental project—
that good reasons for such transfers and the ability to integrate were now
available. The project had to be conceptualized as to why it was taking
place, how it would take place, and some emphasis placed on concern related
to fantasies or prejudices.

Dr. Loecke and Mr. Hille from Moose Lake State Hospital stated that they had
talked to most of their key people who looked upon this project as a challenge.

It was pointed out that the regional study being done by the mental health
study and planning program of mental health services in the northeast regional
area would be tied in with the Cambridge-Moose Lake Project.

Dr. Vail spelled out the following criteria for consideration of transfers:

1. Behavior—approachable, amenable to a psychiatric type of service

2. Controllable health problems—ambulatory

3. Ability to speak

4. Voluntary on part of patient and family

The project would try to handle those on permanent transfer with the plan
being that the patient would proceed out to the community or be maintained
at a more satisfactory level of adjustment at the Moose Lake State Hospital.

Retardation in programs 6 or 5 would be considered for transfer.

The following subcommittees were established, all of which were to meet
within two weeks and must provide minutes:

Operating Committee, composed of Dr. David Vail as chairman, Dr.
Richard Pontiac, Frances Bliss, the medical director and the
administrator of Cambridge State School and Hospital, and of
Moose Lake State Hospital, Dr. Arthur Funk, and Gary Alberg
of Cambridge State School and Hospital. — HUBBARD
Training Committee, composed of Vi Hiltz, chairman, Arno Krobel, Maurice Eyskens, Mrs. Josephine M. Fenterdahl, director of Nursing Education at Moose Lake State Hospital.

Family-CMD Committee, with Marian Butler as chairman, Harriet Brown, social service chief of Cambridge and of Moose Lake, Frances Ames, county welfare director, district rep of the Moose Lake State Hospital recruiting area.

Information and Public Relations Committee, with Marion Earline, chairman, representation from MSC, MAHI, Governor's Office, and our planning council, Sally Egan of the Association of Minnesota Counties, Norm Steventon of Cambridge State School and Hospital, and Allen Anderson of Moose Lake State Hospital.

It was essential that the MSC Mental Hospital Utilization Committee be in on the ground floor of all planning.

On the Family-CMD Committee, it was suggested that chairman of the Mental Health Committee of Welfare Directors' Association might be a member. Primary issues could be established at the first meeting. Dr. Vail would discuss the project with the Welfare Directors' Association on 9-30-65.

The main committee would meet every six weeks.

Dr. Arthur Funke would sit in on all committees as control chief.

Dr. Arthur Gallone would handle his responsibilities with the AD CCC Committee.

The Operations Committee would meet at Cambridge State School and Hospital on October 6 at 6:30 p.m. Central Standard Time.

The Main Moose Lake-Cambridge Committee would meet on November 16 at 1:30 p.m. Central Standard Time, at DFW, Room 546.

ccc: DFW Cabinet
Mental Health Medical Policy Committee
Citizens Mental Health Review Committee
Children's Mental Health Committee
Medical Directors and Administrators, All Institutions
Senator Pop

DFW: FCA4149
11/15/65
The major purpose of this meeting was to organize a committee which would concern itself with the incorporation of mentally retarded patients from the Cambridge State School and Hospital into programs at Moose Lake State Hospital. This would necessitate these selected individuals moving into residence on wards of the Moose Lake State Hospital. Most of the meeting was spent going over the attached memo.

1. Moose Lake was selected for this project for the following reasons:
   a. Geographic location
   b. Received most liberal allocation from legislature
   c. Were willing to cooperate

2. This program is basically that of selecting certain patients from the population of Cambridge and moving them to Moose Lake and placing them on the wards with other patients who are mentally ill and incorporating these mentally retarded individuals into the ongoing programs.

3. There are other alternatives than this:
   a. Placing mentally retarded transferees on separate wards in institutions for the mentally ill.
   b. Designating an entire institution presently being utilized for the mentally ill to be used for the mentally retarded.

4. Vall pointed out that this was an experimental situation to determine the future course of development of programs and services.

5. Vall felt that no hospital for the mentally ill really objected to the basic idea of their providing services for the mentally retarded.

6. Vall feels that dichotomizing the mentally ill and the mentally retarded as two different orders of human beings is not desirable. This program is intended to be an "unclassified" approach.

7. The medical director of Moose Lake felt that selection of transferees is of prime importance to the success of this program.
   a. Mentioned that sociopaths, sex deviates, and behavioral problems needing special care should not be transferred. (Is this an indication of a negative stereotype?)
   b. Stressed the fact that Moose Lake is an open institution and this is a factor to be considered when selecting persons to be transferred.

8. Selection criteria
   a. Pre-selection in terms of Bartman's 6 categories
   b. Exhibition of behavior which would be amenable to treatment at Moose Lake
      1) Neurotic 2) Psychotic
   c. Controlled health problems
   d. Ability to speak (an attempt to avoid IQ concept)
   e. Voluntary consent on part of patient and family
Problems involved in carrying out this program:

a. Transfer of some working patients from Cambridge
b. Would employees at Cambridge resent the loss of "good patients"?

c. Effect of this program of selecting certain patients on those who remain in Cambridge

d. What happens to those transfers who fail to achieve community placement? Do they remain at Moose Lake or are they transferred back to Cambridge?

e. Will these mentally retarded individuals be accepted by other patients on the wards at Moose Lake?
Mr. Melvin D. Heckt, Chairman  
Mental Retardation-Mental Illness Committee  
Minnesota Assn. for Retarded Children, Inc.  
2742 Hennepin Avenue  
Minneapolis, Minnesota 55408

October 7, 1965

Dear Mel:

Thanks for your letter of September 28, 1965. I certainly appreciate your sending along your ideas concerning mental hospital utilization for the retarded. We will, of course, take this under advisement, as the saying goes, but the Cambridge-Moose Lake Project is now in the works, and all the appearances so far is that it will be quite successful.

There were various reasons and quite good ones, I think, for selecting Moose Lake as our first site for such a venture. One very important principle, I think, is that demonstration projects really should be carried out not under ideal conditions but under average conditions. One of the great faults of demonstration projects is that they usually involve greater investments than the normal pattern of services in a given situation, so that one ends up demonstrating only that an elite staff operating under ideal conditions can produce results that the ordinary people can't. I think this is one important reason why so few demonstration projects are ever really taken over as permanent matters once the demonstration phase is over with. The Minnesota Daytime Activities Centers program would be a notable exception, but we do have many examples of this. Thus, to be more particular in this case, starting such a project at Rochester could demonstrate simply that a hospital which is in first-class physical condition, located a mile from the world's greatest medical center, and with a relatively great number of psychiatrists and other medical staff available, can produce a suitable program. I think what we really have to show is that a system as a whole could carry out such a program and thus I think it makes more sense to start with a hospital which is more nearly average in its characteristics. Besides there are other very important matters to consider in the sense of hospital acceptance. In this respect, Moose Lake is, in a way, quite ideal, since their attitude about this is quite positive and they are looking forward to the experience.

I will send this material on to Dick Bartman who, of course, is closely involved in this as field director of the Cambridge-Moose Lake Project, and of course Gerry Walsh is also on our Committee.

Thanks for your interest. We will be keeping in touch with you about this and other developments that are very promising and, indeed, exciting. Best wishes.

Yours sincerely,

[Signature]

David J. Vail, M.D.
Medical Director
MINUTES of SUBCOMMITTEE on TRAINING
CAMBRIDGE - MOOSE LAKE PROJECT COMMITTEE

October 29, 1965
CAMBRIDGE STATE SCHOOL AND HOSPITAL

Present:

Frances Cookley Ames, DFW
Ardo Wobol, DFW
Nanis Quinell, DFW
Alvina Milts, DFW
Maurice Klivkrog, Cambridge State School and Hospital
Al Beck, Cambridge State School and Hospital
Sandra Erickson, R.N., Instructor,
Cambridge State School and Hospital
Mrs. Anderson, R.N., Instructor,
Moose Lake State Hospital

Absent:

Donald Hills, Administrator, Moose Lake State Hospital
Josephine Westerdahl, Director of Nursing Education, Moose Lake State Hospital
Dr. Arthur S. Punke, DFW

Frances Cookley Ames gave the background on the factors which have lead to the Cambridge-Moose Lake Project. She emphasized that this is to be a demonstration and research project which is "based on the assumption that mental hospitals in the future will be called upon to provide care, and programs for those whom the past have been served by state schools and hospitals."

It is anticipated, that the patients transferred will be a small number chosen from Group VI, and possibly Group V.

The selection for transfer will be considered on the following factors:

1. Ascerability to treatment
2. Ability to speak
3. Evidence of emotional disturbance
4. Tolerance to an open-hospital
5. Within the Moose Lake State Hospital Receiving District
6. Volition of patient and family
7. Reasonably good physical condition
8. Physically grown -- 16 years
9. Emphasis upon program needs.

Mr. Maurice Klivkrog will act as Co-Chairman of the Committee.

\(^1\)Memo by Dr. David J. Veal of Sept 27, 1965 entitled Cambridge-Moose Lake Project Committee
The objectives of the Committee in Training in the Cambridge-Hoa Lake Project are to define the responsibilities for: 1) orientation of the staff both professionally, the patient being transferred, his family and his community, the professional and lay public; 2) the amount and character of training to take place.

In relation to these objectives, several areas of concern were discussed by the Committee:

1. Adjustment of the transferred patient to the presently operating patient program groups at Hoa Lake

2. Needs of transferred patient in areas of recreation, education, socialization, and medical care

3. Need of Patient's friends and familiar faces; expectations of the patient and his family relating to the transfer to Hoa Lake and an interpretation of what hospital is like

4. Behavior of patient and the staff expectations of the patient at both institutions

5. Need for anticipating program problems

6. Definition of how local, public, and private resources can be helpful to families involved

The development of a plan of approach in terms of these areas of concern was discussed by the Committee. It was felt that going into a conference with an interdisciplinary team would be the best, whether for properly meeting all the needs of the patient by joint inspection of training problems, development, psychiatric, educational, medical, and social service potential toward a program related to the patient. These should be of interest to him; the patient has been doing thus well, he has been doing, and many realistic planning can be done for and with him.

The receiving hospital would need to make an evaluation of the patient's abilities and put into effect whatever it found in each situation. It might even be a transfer for the patient, if he had a volunteer relationship with a volunteer. He must be taught the difference in the expectations of the institutions and the present training of the patient.

A transfer could be used to advantage as an exchange of letters and meetings between institutional staffs. An exchange of letters for interaction between the two institutions might be arranged and help understanding of each other's problems be developed.

A problem that can be anticipated is in relation to the difference in his authority to pay the patient for work. It can be felt that while the patient would be handled by the Cambridge committee, it would need redefinition to assure feasibility to have the patients in either of the institutions receive higher. There is a need for a lack of differences in program. There is a need also for communication of tasks so that patient cards are adequate when the patient is needed. The Cambridge committee might do a need to take some responsibility for providing patient money for the patient.
An area which again falls within the responsibility of the Operations Committee, is in the realm of the clothing and personal appearance of the patient. What are the patient's individual clothing needs, what are the institutional policies regarding sterile lawn clothing versus personal clothing? Help for patients in the area of grooming and personal hygiene could be given by assignment of the patient to a nursing student and member of nursing staffs.

In establishing a system of communications between institutions, special efforts should be made to maintain direct departmental exchange of information (i.e., nursing to nursing). A training problem would be in developing a mechanism of identification of problems and means to get communication on problems.

In consideration of attitudes of staff, our teaching aim should be at alleviating the label of Mentally Defective at North Lake. We should attempt to minimize retardation and emphasize commonality. In our teaching program we need to maximize the individual, his needs and abilities.

It was felt that formulated training is not necessarily the emphasis in the assignment of our committee, but we are involved in the problem of continuing education related to the broad aims of well-rounded educational progress. As we are considering our specific areas of responsibility in effecting the transfer we need to study the availability of resources and become familiar with the facilities the institutions have.

At this point it was thought best to ultimately define differences in "Operations" and "Training" as they are no closely related. A recommendation was made that an exchange of minutes of the two committee meetings be arranged.

The committee discussed the assignment of responsibilities at this time an gathering information and evaluation differences between institutions. The heads of Rehab Therapists and Nursing Departments would pool this information.

A coordinator of the immediate action of this committee would be needed and after considerable discussion, the Director of Nursing Education at Cambrige agreed to take this assignment. The duties of this coordinator were: second

1. To set up an conferences between Department Heads, to make and make suggestions regarding future development.

2. To coordinate the ideas and suggestions of Department Heads between the two institutions.

Minutes of meetings of the Committee at the North Lake State Hospital and Cambridge State School, and Hospital Project should be considered as a guide to future development in this Committee.
The Committee examined its discussion today on three aspects of responsibility:

1. Preparation of residents
2. Development of a case-conference approach with focus upon the individual
3. Need for a system of communication to focus on continuing relationships

Submitted by

[Llnl] Alvin Hiltz
Chief, Nursing Programs
Chairman
November 5, 1965

Mr. Gerald F. Walsh
Executive Director
Minnesota Association for Retarded Children, Inc.
6315 Penn Avenue South
Minneapolis, Minnesota 55423

Dear Gerry:

It was nice to talk to you today. I hope you will forgive me for answering your two letters with this one.

First, as regards the Cambridge-Moose Lake Project subcommittees, I think it would be quite reasonable to appoint the additional membership from the MARC as we agreed, namely, Betty Hubbard for Operations, Jane Donnelly for Family-County Welfare Department Relations, and yourself for Training. I will send a note on this next week when I have had a chance to discuss it with the staff. As Chairman of the Committee I can make appointments directly and will do so in this case, but I want to make sure that the subcommittee chairmen are in agreement.

As to the meeting on November 15, 1965, I will be very glad to come. Though I have a dental appointment earlier that morning, I think I should be able to get there by 10:00 A.M. or possibly a few minutes afterwards, if you can stall the group a little bit. I will discuss with Dick Bartman how the two of us might present the material. I think that probably the simplest thing would be for me to present the broad outlines of the program in the context of past developments, the present situation, and the future outlook, and some of the philosophy, and some of the very various patterns that might be tried. Then I think Dick might come in as needed to discuss more deeply the fine points of selection of patients and what kinds of expectations we have in a psychiatric sense.

I mentioned to you about the suggested study of the Rochester State Hospital that is now coming out of the Hastings Committee. I want to clear this through the Policy Committee, as there are some important reasons for getting the Policy Committee backing specifically on this, together with their suggestions on membership. As I told you, I think Mel Heckt would be a natural for this group.

Finally, I remind you about the proposed meeting on December 8, 1965, when I will give a general overview of my trip abroad, emphasizing the systems
idea, but not any particular program within the general system of programs. The information on the mental retardation programs, I think, could make a separate discussion in itself, and I would be very glad to meet with the MARC or any committee thereof to go over this on some separate occasion.

I guess that covers it for now. It was nice to talk to you again.

Best wishes,

Yours sincerely,

David J. Vail, M. D.
Medical Director

DJV:rcj
Meeting was attended by Jerry Walsh and Jane Donnelly.

Dr. Galen Adkins, medical director of Cambridge S.S. & H., opened the meeting by saying that the institution was changing from one which provided group custody to one which provided a treatment program. It is their desire to adapt certain buildings for a different type of resident. They are anxious to get away from the herd living aspects by providing for smaller group-living units. Their major request for the next biennium is for $1,060,000 to totally rehabilitate and remodel cottages 4, 5, 6 and 7 ($265,000 per cottage). They are also asking for $425,000 to construct a new warehouse. Their plan would be to remodel the 1st and 2nd floors of the above mentioned buildings, providing for lavatories, shower rooms, day rooms, and dormitories on each floor. Each building would be remodeled to house about 15 patients per nursing unit (4 units per building). There are now about 85 patients housed in these buildings (for instance, building 7 has 85 patients).

The Building Commission members asked if the institution had been able to fill the positions authorized by the 1965 Legislature. Dr. Adkins reported that between July and November, they had hired a total of 58 new nursing employees; however, they had had a number of resignations so that they ended up filling all of the positions authorized for the first six months of the biennium by the Legislature.

Representative Kirchner of Richfield asked if changing the buildings as proposed would require more personnel. It was pointed out that although they received a total of 80 new positions from the 1965 Legislature, this was less than half of the nursing positions asked for.

I was asked to comment on our views toward the Cambridge-Moose Lake Project, and made the following remarks: 1) We do realize as an Association that there are economic limits. We do not feel that the state has unlimited funds (this has been sort of a bugaboo with the Building Commission as far as utilizing existing facilities which might become vacant is concerned); 2) We are anxious that improvement of services for the mentally retarded be the prime consideration of any change; 3) We need to be aware that mental retardation and mental illness are different problems, although some mentally retarded need psychiatric services; 4) I pointed out that we have representation on the Cambridge-Moose Lake Project Committee; 5) Our attitude could have been one of complete rejection; however, we have been very carefully evaluating possible utilization of existing vacant spaces in institutions for the mentally ill; 6) Our Association has a special committee that is studying this entire matter; 7) We have several ideas for utilization of parts of state institutions for the mentally ill as well as possible use of other state facilities. There is a need, especially in the metropolitan area, to develop a network of smaller residential facilities; 8) The institutions for the mentally retarded will continue to exist for a long time and still need major improvements and developments; 9) The number of retarded is increasing because of the population increase, the fact that the retarded now live longer, and medical advances; 10) We should not expect the same pattern of decreased needs for residential services for the retarded that was true for the mentally ill.

Gerald F. Walsh, Executive Director
Minnesota Assn. for Retarded Children

Distribution: M.R.-M.I. Committee
Residential Facilities Study Committee
To: Mrs. Frances Ames
Dr. Arthur Gallesse
Dr. Arthur Funke
Mrs. Vi Hiltz
Mrs. Miriam Karlins
Mr. Ardo Wrobel
Miss Marlis Butler
Dr. Veronica Gaillitis
Cambridge State School and Hospital
Dr. Keith Larson, Acting Medical Director
Moose Lake State Hospital
Mr. L. Merritt Brown
Minnesota Association for Retarded Children
Attention: Mr. Gerald Walsh
Minnesota Association for Mental Health
Attention: Miss Florence Lehmann
Mental Retardation Planning Council
Attention: Mr. John Broady
Hon. Karl F. Rolvaag, Governor
Attention: Mrs. Sally Luther

From: David J. Vail, M.D.
Medical Director

Subject: Minutes of Cambridge-Moose Lake Project Committee
April 19, 1966
Centennial Office Building
St. Paul, Minnesota

Present: Dr. David Vail, Chairman
Mrs. Frances Coakley Ames
Dr. Arthur Funke
Naomi Quinnell
Ardo Wrobel
Moose Lake State Hospital Staff:
Dr. Keith Larson
Don Mills
Cambridge State School and Hospital Staff:
Dr. Galen Adkins
Dr. Arthur Gallesse
Vi Hiltz
Miriam Karlins
John Broady—Mental Retardation Planning Council
Dr. Vail opened the meeting with a resume of his impressions of progress on the Cambridge-Moose Lake Project. He felt that this project had been educational for all involved and was proceeding towards bringing the mentally retarded more into the main stream of society. On some of the transfers the screening committee had deliberately tried some borderline cases to see whether they would be able to adjust in this program. Tentative results seem to indicate that the selection element was one of the most important. He reported the following results related to selection:

1. Physical appearance or demeanor seemed to be more important than originally considered.

2. Intelligence was important but more especially verbal ability must be considered. When patients were near the level of an I. Q. of 30, there was real question whether they could adjust in the mentally ill setting.

3. Dependent, immature behavior was also a most significant issue. This type of behavior is extremely tough on other patients. This behavior could be shown by grotesque behavior, clinging, pestering, etc. It may be a pattern of institutionalization or could be a more basic condition of the patient.

One of the considerations of this project could be to determine under what limits could patients be selected for the program in the hospitals for the mentally ill. Could we sort out behavioral items to be considered?

Dr. Vail doubted whether Group 5 could successfully integrate into a regular psychiatric program. Group 6 appeared to be a very promising group. Serious thought would be given towards consideration of programming for Group 6 into mental hospitals. Perhaps Group 5 could be programmed into mental hospitals on a segregated basis—perhaps even on a separate unit legally established at the site of a state mental hospital.

Sixty patients at Cambridge had been screened for the 16 transfers which have been made to Moose Lake State Hospital.

Dr. Keith Larson of Moose Lake stated that a review of the 16 patients received from Cambridge State School and Hospital showed that all except one had made considerable progress. The one who had not shown progress was a non-retarded epileptic who had shown no seizures since transfer but whose problem is one of fondling and clinging.

Discussion followed related to the fact that the retarded required more time to produce results and that the lower I. Q., the more time required. Dr. Larson stated that they had found that a total push was necessary for these patients and that it did require special staffing and special attention to help them. Up to this time Moose Lake had no complaints from the staff other than the amount of time it took to work with these patients.
Dr. Addkins pointed out that Cambridge had found that as they individualized patients, the staff became frustrated in not having the staff or time to produce the results which they knew could be obtained with sufficient time and staff. As one individualized, expectancy on the part of the staff and for the patients became greater.

Ardo Wrobel made a significant point that we should start to concentrate on Group 2 so they would not become Group 5 within our state schools and hospitals. He also pointed out that if Group 6 were removed from the state schools and hospitals that this might raise the expectation level of the other residents of the state schools and hospitals. The residential facilities for the mentally retarded are moving in the direction of developing sophisticated vocational rehabilitation programs.

In relationship to discussion related to a segregated unit for the mentally retarded or an integrated unit, Dr. Gallesse commented that he hoped segregation would not be on the basis of mental retardation but rather on the basis of behavior. He hoped that with either unit there would be the expectation for movement from that unit into one where greater independence or responsibility of the residents would be the focus.

Dr. Vail reported for the Operations Committee that everything had moved along smoothly and that he was unaware of any problems related to the operation of this project at this time. Ardo Wrobel reported that funds were transferred with the patients leaving Cambridge in the form of a "mustering out pay." Dr. Larson reported that they were checking carefully on the use of funds and trying to help the transferees learn to use their money wisely. Only one patient had spent all of his money at once.

Dr. Larson presented the recommendation from Moose Lake State Hospital Staff for sterilization of one patient with the purpose of returning that patient to her family. Considerable discussion related to sterilization followed with the recommendation that Moose Lake State Hospital submit their recommendation in the usual form. If approved, the operation would be handled at the Anoka State Hospital.

Miriam Karlines reported for the Public Information Committee which was well over the hurdles of information. For the future the committee would be working on material for the Governor's Conference on Mental Retardation, legislative preparation would be considered at a later time. John Broady reported that on his trips throughout the state he had found no anxiety over this project.

Commendation was given to the Family-CWD Committee since the county welfare departments seem to have been well prepared. Commendation was given to the social service staffs of Cambridge State School and Hospital and Moose Lake State Hospital.
Dr. Gelles reported for the Research Committee. For each of the 15 transfers the following material had been prepared:

1. Pre-transfer psychological together with some personality studies.

2. Behavior rating scales were used, including a ward behavior scale.

3. At Moose Lake, rating scales are repeated on admissions. Three months later there shall be a repeat of the psychological testing and ratings, and every six months thereafter a repeat of psychologicals and ratings. Joe Lucero had been having conferences and discussions at Moose Lake with various staff members and was making progress notes. All indications at the present time were that the transfers were satisfactorily settling in to the different program at Moose Lake State Hospital. A formal report could not be given until all the transfers had been there for a six-months’ period of time. Perhaps by September, 20 to 25 persons will have been transferred and a report could be prepared at that time.

Dr. Wail reported that Cambridge was getting toward the end of the group to be considered unless there were more from Group 5 to be considered.

Dr. Adkins reported that there would be 12 for consideration at the next screening committee meeting on April 27, 1966.

At the next meeting consideration would be given to the expansion of this type of project to the other hospitals. Arlo Wrobel requested a report on this project for the September meeting of the Rehab Staff. The point was made that Brainerd State School and Hospital had marked shortage of doctors and that perhaps some consideration should be given towards those at Brainerd who are in need of psychiatric treatment.

Next meeting was scheduled for 2:30 p.m. on August 3rd at the Centennial Building, St. Paul, Minnesota.

Minutes prepared by
Frances Coakley Ames

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5/6/66

cce: DPW Cabinet
Mental Health Medical Policy Committee
Citizen’s Mental Health Review Committee
Medical Directors and Administrators, All Institutions
Senator Popp