

REPORT OF THE
DEPARTMENT OF PUBLIC WELFARE

TO THE
BUILDING COMMISSION

AUGUST 27, 1965

POPULATION TRENDS

Mental Hospitals

The high point in total mental hospital population, 11,605 (11,329 mentally ill and 276 inebriates) was reached in January, 1955, and since that time the number of hospitalized patients has decreased steadily, reaching 6,528 (6,274 mentally ill and 254 inebriates) June 30, 1965. During 1964-65 the number of hospitalized mentally ill decreased nine per cent as compared with a seven per cent decrease during 1963-64. At present it does not appear there will be a change in the downward trend in the near future. There has been little change in the number of new admissions over the past five years although the population of the state has increased. Readmissions are increasing, but time in hospital before release for both new and rescissions appears to be decreasing.

Two years ago it was estimated that by 1972 the mental hospital population would probably drop to less than 5,000 including 300 to 500 inebriates. Decreases in the number of mentally ill the past two years have been greater than expected and the inebriate population has not increased. If the downward trend continues even at a somewhat slower rate than the past few years, the number of patients in the mental hospitals may drop as low as 4,000 by 1975 and will probably not exceed 4,500 by that date even though there may be some increase in the inebriate population.

The above estimate does not take into consideration the possible effect of day care programs which have already started in a small way in Minnesota, nor the expected opening of small in-patient care units which might be added to the community mental health center program. Changes such as these in the care of the mentally ill might further reduce the state mental hospital population. Medicare payments for short periods of mental illness may also reduce admissions of older persons. On the other hand, if assistance payments can be made to persons in state hospitals, this may tend to increase the population. Also in the past few years there has been an increase in admissions among patients under age 25 and the number of resident patients in this younger age group has been increasing. Should this trend continue, it might offset to some extent the expected decrease in mental hospital population.

POPULATION TRENDS

INSTITUTIONS FOR MENTALLY RETARDED

In the three-year period June 30, 1962 to June 30, 1965 the number of patients in residence in or on short leave from the institutions for the mentally retarded decreased from about 6,400 to 6,100. This population reduction did not result in an increase in the waiting list, which has continued at a little under 700. An increased number of patients have been placed outside the institutions the past few years. It is expected that it should be possible within the next few years to place or keep enough additional patients in the community to almost eliminate the waiting list and yet reduce the total population to about 5,860, including 2,300 at Faribault, 1,600 at Cambridge, 1,500 at Brainerd, 300 at Owatonna, 130 at Lake Owasso and 30 at Shakopee.

The following new programs now going into effect or proposed for the near future will probably all contribute toward a reduction in the institution population:

The increase in day care centers for the mentally retarded may make it possible for patients who might otherwise have needed institutional care to remain at home.

With the continuing decrease in mental hospital population, it may be possible to transfer certain types of mentally retarded patients to mental hospitals where suitable care may be made available.

Provision of local facilities for mentally retarded infants and very young children may help reduce the number of admissions in this age group.

Also, possible regional diagnostic and treatment centers for the mentally retarded may help more mentally retarded patients to remain in the community.

REPORT OF BUILDING PROGRAM BY INSTITUTIONS

MENTAL HOSPITALS

Anoka State Hospital

Major Building Accomplishments

1. The major emphasis at this hospital since 1962 has been the reorganization of the physical plant for maximum utilization of space. Minor rehabilitation projects have been underway during this period. The 1963 Legislature made an appropriation of \$275,000 for the erection of a building and equipment for a new laundry. With the approval of the Department of Administration, laundry consultants were employed and after considerable study it was decided that it would be more economical to the state to combine the laundry operations of the Anoka State Hospital with those of the Cambridge State School and Hospital. This was discussed with the Interim Building Commission. The consolidation has now been completed and the major portion of the appropriation will be returned to the state treasury. The old laundry building is being remodeled into a patients' service building which will provide laundromat service to the patients who are able to take care of some of their personal laundry.
2. The rehabilitation and remodeling of Cottages 6 and 7 and the addition of the connecting link between these two cottages will hopefully be ready for bid in the very near future. A supplementary appropriation was provided by the 1965 Session to complete this project.
3. The 1965 Legislature also provided funds for the addition to, equipping and remodeling of Cottage 10 as a medical-surgical facility.
4. Funds were also provided by the 1965 Legislature for alterations and equipment for Cottage I as a rehabilitation center.

Major Building Requests

1. Remodeling and equipping the auditorium building.
2. Remodeling the Burns building for better utilization of space for continued patient care and treatment.

Fergus Falls State Hospital

Major Building Accomplishments

1. The rehabilitation and equipping of wards have been continuing building projects at the Fergus Falls State Hospital for a number of years.
2. The construction of a new administrative wing and remodeling of the present administration building has been accomplished.

Major Building Requests - (Fergus Falls Cont.)

1. Admissions Unit remodeling and new wing.
2. Continuation of ward remodeling.
3. Boiler and auxiliary services.
4. Remodeling of farm buildings, purchasing of fixed equipment and construction of a silo.
5. Exterior building repair.

Hastings State Hospital

Major Building Accomplishments

1. Construction of a laundry in 1963.
2. Complete rebuilding and equipping of the interior of the power plant.
3. The 1965 Legislature provided an appropriation for construction and equipping one wing and the center section of a patient ward building; constructing a tunnel; and improving utilities.

Hopefully architectural planning for these units will soon be underway.

Major Building Requests

1. Second wing of patient ward building.
2. Food Service Building.
3. Second 200 bed patient building.

Minnesota Security Hospital

Major Building Accomplishments

1. Since the administrative separation of the Minnesota Security Hospital from the St. Peter State Hospital in 1963, the building emphasis has been on rehabilitation of the existing buildings.
2. An outdoor recreation area was added in 1964.

Major Building Requests

1. Construction of a wing containing 30 single bedrooms, a lounge, canteen area, and a gymnasium.

Moose Lake State Hospital

Major Building Accomplishments

1. Because this is one of our newer institutions (open May 1938), little new building has been requested. Major remodeling has kept the original buildings in good order.
2. The 1965 Legislature appropriated monies to pay the state's share of the cost of the sewage treatment facility which will serve the needs of the state hospital and the village of Moose Lake.

Major Building Requests

1. Major repairs and improvements of the existing facilities.
2. Construction of patient activity center.

Rochester State Hospital

Major Building Accomplishments

1. In 1948 the program of rebuilding the entire institution began. Under a master plan, modern buildings including the administration building, power plant, six patient buildings, and a service building were constructed. The plans originally called for the construction of two more continuous treatment buildings for patients, but because of the decline of patient population, these were not constructed.
2. The 1965 Legislature provided monies for the air conditioning of the surgical suite and the adjacent medical-clinical wards.

Major Building Requests

1. Miscellaneous repairs and rehabilitation of existing buildings.
2. Completion of the tunnel system.

St. Peter State Hospital

Major Building Accomplishments

1. First continuous treatment building was completed and occupied in 1962.
2. Second continuous treatment building has been completed.
3. Third continuous treatment building is now under construction.
4. New power plant is under construction.

1. Addition to the service building including a n w kitchen and bakery above ground level.
2. Build and equip maintenance shop.

Willmar State Hospital

Major Building Accomplishments

1. Funds have been provided for an alcoholic treatment center which is in the building stage at the present time.
2. The 1963 and 1965 Legislatures provided funds for the rehabilitation and equipping of Cottages 4 through 16.
3. Installation of a ground lighting system.
4. Conversion of the old power house into a mechanic's garage.

Major Building Requests

1. Continued rehabilitation of cottages, administration building and auditorium.
2. New chapel.

Brainerd State School and Hospital

The institution was started when the 1953 Legislature appropriated funds to purchase 120 acres of land. Since that time an administration hospital building, a service building, and patient buildings which will provide housing for 1,350 patients have been provided. The last construction of patient beds was in 1961 when the Legislature provided for four 108 patient bed buildings which have now been completed. The 1963 Legislature appropriated funds for a school and rehabilitation therapy building on which construction was started last spring. Originally it was planned that Brainerd would be a 2,000 bed hospital, but developments in the field of care and treatment of the mentally retarded point to smaller facilities and smaller wards, and the possibility of a slightly smaller institution. This will mean changes in the original plans for Brainerd.

Major Building Requests

1. Construction of two buildings, each housing 72 residents. The other patient buildings have provided space for 108 patients. The institution has requested the two smaller buildings and we are studying the feasibility of this smaller type building. Before the time of the Commission's visit to this facility, we will make a definite recommendation as to the size of any new buildings. It seems feasible now to provide space for only 1500 patients rather than the 2,000 originally planned.

Cambridge State School and Hospital

This institution was begun in 1925 and for many years operated with 1,000 beds. Within the past 12 years, 1,000 additional beds were added. The 1965 Legislature provided some monies to rehabilitate and equip cottages and other buildings but work is not yet under way.

Major Building Requests

1. Repair, rehabilitate and equip existing cottages.
2. Addition to employees' dining room, plus an enlargement and equipping of kitchen

It is requested that the building commission plan to visit the Cambridge State School and Hospital late next spring. This will give the institution and the central office additional time to develop the program for the remodeling and rehabilitation of the existing buildings.

This facility is operated as an Annex to the Cambridge State School and Hospital. Ownership rests with Ramsey County and the State occupies the buildings by virtue of a 5-year lease agreement. In lieu of cash rent the State maintains the buildings and grounds. No major expenditures are anticipated.

Faribault State School and Hospital

This is the oldest and largest of the institutions for mentally retarded. Since 1955 a new administration building, an activities building, two dormitories and a warehouse have been built. Some patient buildings have been remodeled and fireproofed. More recently a new laundry building was completed which also provides services to the Braille and Sight Saving School, the School for the Deaf, and the Owatonna State School. The 1963 Legislature appropriated funds for the construction of a central food service facility which is now under construction. The 1965 Legislature provided funds for constructing and equipping a replacement dormitory for male patients, and the construction of a new electrical distribution system.

Major Building Requests

1. Two replacement dormitories.
2. New wing on existing hospital buildings.

Owatonna State School

There has been no recent new construction at this facility. Recent emphasis has been on remodeling and repairing existing buildings.

Major Building Requests

1. Service building to house food service, sewing room, central linen, store, canteen, and general storage.
2. A security facility to assist in the behavior training of students who come to this institution with inability to exercise controls necessary for getting along in an open institution.

Minnesota Residential Treatment Center - Lino Lakes

Major Building Accomplishments

This center was opened in 1953; the buildings are all new.

Major Building Requests

1. Gymnasium-auditorium, including indoor swimming pool.

Minnesota School for the Deaf

Major Building Accomplishments

1. There has been no new building at this facility in recent years. Appropriations have been made for some repairs and renovations.
2. The 1965 Legislature provided an appropriation for a new boys' dormitory. Hopefully' architectural planning will get underway in the immediate future.

Major Building Requests

1. A classroom building and equipment, with a capacity for about 60 students.
2. Replacement of the present frame structure used as an infirmary.

Braille and Sight Saving School

Major Building Accomplishments

There has been no new major building at this facility in recent years. Some repairs and renovation has been accomplished.

Major Building Requests

1. A cottage-type building, capable of taking care of approximately 20 children who present special problems. (In terms of severe multiple handicaps).
2. An addition to the library building.

The Gillette Hospital was first opened at its present site in 1911. Several additions and some alterations have been made to its basic structure over the intervening years. At the present time, rapid changes are taking place in identifying the kinds of medical-orthopedic problems children have, as well as in the kinds of medical care being given. Because of our concern that the Gillette Hospital continue to play a vital part in meeting children's medical orthopedic problems, and yet not duplicate other facilities and services, a survey is being planned to study the program at Gillette, the possible changes that should take place in the program, and the feasibility of making additional changes in the structure in relation to the program. The results of this independent survey by a professional hospital planning service (to be financed by use of bequest funds) will be available in July of 1966. We will appreciate it if the visit and the specific consideration of Gillette's building needs can be deferred until late in the Commission's deliberations.

Ah-Gwah-Ching Nursing Home

Major Building Accomplishments

1. Remodeling of Hall Pavilion.

Major Building Requests

1. Power plant renovation.
2. Minor miscellaneous repairs.

Glen Lake State Sanatorium and Oak Terrace Nursing Home

When the State took over this facility in 1961, the Legislature appropriated monies to partially remodel the main building. This was completed and there has not been any other major building at this facility.

Major Building Requests

1. Enclosed fire escape for East Wing and attic sprinkler system.
(Fire Marshall's recommendation)
2. Street lighting system.
3. Minor miscellaneous repairs.

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BUILDING COMMISSION PRESENTATION
by Department of Public Welfare

8/27/65

Most of the discussion was centered about the needs and programs of the mentally ill. The following topics were discussed:

1. Recruit professionals from overseas;

Problem with mental retardation - Lack of pay and prestige.
Salaries not only problem: also status and prestige.

2. Certification (license) by State - Different

Two years at Anoka

3. Commitment procedures

Feels that this is area for work in 1967. Trial procedure.

4. Accredited Hospital (State)

Fergus Falls latest: Anoka, Hastings, and Rochester hopes remaining three will be accredited - St. Peter special case - retarded mixed up - can they be on federal level - a confusion. Hopes to get MRI up to same status.

5. Federal funds for research

Hospital Improvement Program - training grants - Research money - Rochester - lots of it. There should be continuity of service from institutions into community - approach is to use County Welfare Department. Discussion of sheltered living for mentally retarded. Population in hospitals for mentally- ill decreased greatly.

6. Criteria of "success" seems to be discharged. Has this concept of "care" transferred from mentally ill to mentally retarded?

7. Can buildings costs be lowered so can rejuvenate them to adapt to changing programs and knowledge and population.

8. Careful about money put in mental hospitals because may not need them in future because we will be curing these "ills". Will this thinking carry over to mentally retarded?

9. Consider air conditioning for new buildings - during discussions there is some differentiation made between mentally ill and mentally retarded.

DISCUSSION OF BEQUESTS FOR INSTITUTIONS FOR THE MENTALLY RETARDED

1. Cambridge - considering remodeling existing buildings - not requesting new buildings - remodel cottages to fit programs. Postpone tour of Cambridge in order that new program can develop - feels that excellent program developing.
2. Bartman: His discussion was primarily concerned with program development and changing institutional populations, complexity of populations, difficult to program staff shortages, etc. Staff encreases are encouraging, morale of people employed in institutions is rising.

Division of patients into six groups.

Cambridge changed long-range request - three million dollars - new construction - changed 1 million dollars for remodeling.

Feels little population change in past few years. Community programs will develop to such an extent that can reduce size of Brainerd.

Pressures for admission in future. More severely retarded and adolescent behavioral problems.

Reduction of institution population due to discharges and community facilities. Can reduce population to 5,800 in future.

New facilities in communities hope that waiting list will go down.

Make beds available in community for young severely retarded patients.

Move patients out of institutions into community.

Persons on waiting list are not critical cases - feels many on waiting list are in Community facilities.

Can reduce waiting list if make community facilities available (proprietary homes).

Wants state to share expenses for patients outside of state hospitals.

10% are mongoloid.

Longer individual remains in community the better his institutional adjustment.

Considerably different approach than used to get bill passed.

Bartman spoke very favorably of discharges from institutions to community.

Commission has real questions concerning program development.