

Public Welfare
Office Memorandum •

DEPARTMENT _____

TO : David J. Vail, M. D.
Director, Medical Services Division

FROM : Frances Coakley Ames, Supervisor

SUBJECT: Section for Mentally Deficient and Epileptic
Faribault Evaluation

DATE: December 27, 1966

Hospital-Community Relationships

Faribault State School and Hospital's responsibility for hospital-community relationships is stated in their completion of Guidelines for Describing Institution Programs. The reasons for the institution are stated as follows (underlining supplied):

1. Providing all services for mentally retarded and epileptic that are not available in community.
2. Maintenance of continuity with and assistance to community services for the mentally retarded and all other agencies or persons concerned with problems of health and adjustment.
3. Public and professional education to promote prevention, cure, amelioration and rehabilitation of mentally retarded; to secure understanding and acceptance of these people by society, and to contribute to human knowledge.
4. Research, practical and theoretical."

Item 2 of the above indicates a passive approach to community services.

Section B of Guidelines is completed as follows:

B. Kinds of community problems addressed

1. Is your institution now addressing any community problems?

"The entire institution is devoted to the community problem of mental retardation. It is a resource maintained by communities banded together (the state)."

2. If "yes," how is it addressing these?

"Through luncheon clubs and other civic organizations including churches, lodges, ministerial organizations and others cooperating with local day activity center, area vocational school, Faribault Public Schools, and conducted tours."

3. Do you believe your institution should address community problems?

"Yes."

4. If so, list those you think it should address.

"All aspects of human needs for health, growth, development, education, training, and integrity."

Item 2 above is most significant, for it indicates again a passive approach with emphasis on non-professional organizations and seemingly directed to public awareness rather than to an approach to community problems.

I discussed hospital-community relationships with Dr. Engberg who stated that most of the contacts with county welfare departments come through requests from county welfare departments. For Ramsey and Kennebec County Welfare Departments, conferences are set up about twice a year. These generally concentrate on community placement planning on individual cases. The institution has not taken the initiative to invite county welfare department staffs and board members to the institution for educational or policy making meetings. At no time has a total county case load review of institutionalized patients nor of county welfare department problems related to mental retardation been held.

In the Guidelines, Faribault describes the nature and relationship with county welfare departments as follows:

"A constant communication is maintained with the staffs of the local county welfare departments in the southern counties assigned to the Faribault State School and Hospital. This interchange relates to pre-admission histories, admission planning, progress reports and finalization of plans for placements." Liaison is maintained by means of telephone conversations, memoranda and conferences.

Recently a county welfare director has complained about the number of telephone calls made by Faribault directly to the county social workers. This form of communication does not provide the review by supervisory personnel which is possible with mail communication and has resulted in some poor planning.

For Community Mental Health Programs Faribault writes:

"The development of liaison in respect to constructive community mental health programs is still in process. The social service supervisor attends a meeting

of the Southwestern Mental Health Committee. The South Central Mental Health Center maintains an interchange of information with the institution and the Department of Psychology has numerous contacts. The Rice County Day Activity Center is always available to participate in training programs for staff, and the Day Activity Supervisors had part of their conferences at the institution. The professional staff participates in meetings relating to mental health."

From discussion with Dr. Engberg it would seem that there is very little reaching out to the community. Apparently there has been little effort to interest county medical societies in the programs for the mentally retarded other than through participation in the Rice County Medical Society. Dr. Engberg could think of no instances in which his medical staff had served as consultants for local physicians dealing with a problem related to mental deficiency.

Dr. Engberg stated that he was reluctant to have referrals of patients to services or facilities which were not as good as Faribault's.

Intake

Recently the Faribault State School and Hospital has assigned to one person the responsibility of admitting social worker. This social worker is one who was recently disciplined for slapping a patient. It was felt that it was undesirable to return her to responsibilities on the ward. She was assigned to a new responsibility as "admitting social worker." Her responsibilities are the following:

1. Serve as member of Admissions Board.
2. Carry out directives of Admissions Board.
3. Act for Admissions Board in emergencies and on routine matters.
4. Maintain waiting list.
5. Contact social agencies, courts and families to secure and give appropriate information on prospective admissions.
6. Prepare and present appropriate material to Admissions Board and Case conference.
7. Provide casework services to patients and families at times of admission.

The social worker, so assigned, has had experience in a social agency, but has had no social work graduate training. Generally, intake is recognized as one of the most vital services of a social service program and is staffed with experienced and trained social workers at a higher classification than most caseworkers. For such a position skill in analysis of the problems presented by the retardate and his family, knowledge of methods and resources for solving the problems, and ability to guide in the establishment of institutional goals for the resident are desirable.

This position seems to have been established with very limited expectations for intake service. It is doubtful at the present time that intake will carry a strong role in preventing institutionalization, helping diagnose the needs of the retardate and his family, helping establish institutional goals, and helping determine tentative discharge plans at the time of admission.

Intake has been recently assigned the responsibility of maintaining the waiting list. Little work has been done on this. In my discussion with Dr. Engberg I requested that the waiting list be analyzed as soon as possible.

Guardianship

The concerns of the Section for the Mentally Retarded and Epileptic relate to the total program at the Faribault State School as well as to planning on individual cases.

The program can be described as essentially static rather than dynamic. Emphasis has been upon custodial care rather than upon programming on the basis of individual needs. Little attention has been paid to the newer concepts of mental retardation which require analysis of individual capabilities, re-evaluations to determine changes and growth which may require different programming, use of different methods, development of new resources, and recognition and treatment of associated handicaps which may be impairing the use of intellect.

The purpose of institutionalization has not been determined nor re-evaluated and there has been great reluctance to refer for community placement those individuals for whom the purpose of institutionalization has been reached. The institution has frequently been unwilling to refer for placement even those individuals whose families or relatives may have indicated a willingness to assume responsibility.

Family and county welfare department responsibility have not been encouraged.

The attitude of paternalism has been of concern to those of us administering a guardianship program. Faribault has not been as willing to look at civil rights of patients as readily as other MR/E institutions.

The MRE Section has had to exert considerable pressure on a number of occasions to obtain release of a patient no longer diagnosed as mentally deficient. On at least one case obstacles to restoration to capacity were structured by the institution.

In the past year instances were noted where patients were maintained at the institution to provide medical care noted following the recommendation for community placement and which could have been obtained in the community.

Reports to county welfare departments made at the county's request seldom focus upon plans for the patient to meet the problems presented but merely summarize the current situation. Seldom is planning by the county welfare department requested to supplement the institution plans.

The Section has been concerned over the fact that some patients work a long number of hours per day (generally on split shifts) and long weekly hours. These generally are in the dairy and food service.

The Section has also been concerned that it has been difficult to obtain referrals for community placement particularly for patients working in the dairy.

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